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OVERVIEW REPORT

Dartington review on the future of adult social care

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‘You can never plan the future by the past.’

Edmund Burke
from *Letter to a Member of the National Assembly*, 1791 (Oxford: Woodstock, 1990).

‘A central feature of modernisation has been the sheer pace of change. This makes the need for high quality evidence particularly important, but it also makes it especially difficult to obtain. It is rarely possible in a fast moving policy context to provide the controlled conditions required of experimental designs, and is often inappropriate to do so. More imaginative ways have to provide robust evidence not just on what works, but under what conditions and with what implications.’

David Behan, Director General for Social Care
from foreword to *Modernising Adult Social Care – what's working, Department of Health* 2007

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Introduction and approach

The aim of this review is to offer an authoritative and evidence-based assessment of the development of adult social care between now and 2020. The origins of the review lie with the Partnership Board of research in practice *for adults* who set the challenge of producing an independent review on the future of adult social care. A timescale to 2020 was selected so that while there is an element of 'futures thinking', the review is firmly rooted in the achievement of practice over the next decade. Following an initial overview, it was decided to commission three supplementary evidence reviews on key issues: international experiences; the social care workforce; and climate change and sustainability.

The core questions addressed by the review include –

- What are the trends and forces that will shape the future of social care services over the next 5–10 years?
- How will the huge sweep of demography, social and technological change leave its mark?
- To what extent will economic recession and public spending squeeze retard progress in transforming services?
- How will the outcome of the next two general elections change the political environment and policy framework?
- What will the care and support system look like and how different will it be from current arrangements?
- How far will innovations in technology improve efficiency, lower costs and transform the way services are delivered? And the way people engage with services?
- What will it be like in 2020 to be:
  - a 70 year old with advanced dementia
  - a person with a learning disability in their early 20s
  - a carer of someone with a severe mental health problem
  - a retired couple in poor health struggling to cope at home

  and what will be their experience of care and support?

This report assesses the current position of adult social care, using recent developments and current performance as a starting point to address prospects for change. The trends and developments that are likely to influence and shape the future trajectory are identified and summarised. These are used to generate four possible scenarios for what the adult social care system might look like in ten years time. The intention is that these should provide the basis for informed debate and policy response. The specific features of workforce development, climate change and sustainability, and lessons from international experience are presented in three accompanying reports.

Where we are now

Introduction

Social care involves a wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships.

Recent research reveals a lack of public awareness about social care, confusion about how services are funded and a widespread lack of preparation or planning for future care needs.[1] A major review of the status of social care similarly described it as a poorly understood sector, lacking in vision and confidence and often perceived by the public as offering poor quality – for the most part, an 'invisible service'.[2] Yet the human and financial reach of social care is immense. 1.8 million people used adult social care services in 2007-8.[3] A further 400,000 arrange their own care, either at home or in care homes. There are at least 5.2m carers. Almost 1.4m people work in the social care sector.[4] This means that approaching a fifth of the adult population has direct experience of the social care system. Social care touches the lives of millions.

Public spending on care and support in England was an estimated £20b in 2006/7, most of this through council spending on social care.[5] As well as £2b in fees and charges paid by individuals towards public care (co-payment is firmly embedded in service funding), there is significant private spending by those who entirely fund their own arrangements. One estimate suggests that for older people in 2004 this was least £5.9b.[6] Thus all spending on adult social care is approaching 2% of GDP.

By any standard, social care represents a significant and growing sector of the economy, even using conventional methods of measurement. The traditional juxtaposure with health – the '...and social care' problem – has concealed the size and scale of the sector. It has lacked the unifying organisational focus or the emotional resonance and strength of a powerful brand name such as the NHS, as work carried out by Ipsos/Mori for the Department of Health has shown.[7] Nevertheless its economic salience has been accompanied by a sharp upward shift on the political agenda in the last two years. Social care stands at an important intersection of personal need and public policy, reflected in growing media interest in areas such as dementia, the needs of carers and how we pay for long-term care.

Where are we now?

The pattern of services offered by today's social care system is very familiar. Of the 1.8m people using services arranged or funded by councils, the majority – 1.58m – receive community-based provision, predominantly home care, equipment and adaptations. In 2007/8 numbers in residential care fell slightly by 1% (compared to the previous year) and in nursing care by 3%. For those in council-run residential care the drop has been 10%, reflecting a further contraction in direct provision that has occurred since 2003. People accessing personal budgets, including direct payments have risen sharply – almost 93,000 by March 2009.[8] But overall there has been no significant shift from residential to community-based services, as figure 1 overleaf shows.

Unpaid carers are receiving more attention. An estimated 414,000 carers were offered an assessment or review between 1 April 2007 and 31 March 2008, of which 378,000 (91%) were taken up. Around 121,000 of these carers were assessed or reviewed separately from the client they care for. Of the 378,000 carers assessed or reviewed, an estimated 336,000 carers (89%) received a service following their assessment or review – the same percentage as the previous year.

Adult social care has certainly benefited from increased government investment over the last ten years – a 40% real terms increase since 1997/98, but other public services have fared even better. For the NHS spending over the same period has doubled, on education it is nearly 60% higher, transport over 70% and the police and criminal justice systems over 50%.[9]

Where does public money on adult social care go? Of the £15 billion spent by councils in 2006, over half – £8.4b – was spent on services for older people; and 21% on people with learning disabilities (aged 18-64yrs).[10] Since 2003, overall expenditure on adult social care has grown in real terms by 16% although this conceals wide variations across different groups. Learning disability services enjoyed the highest rate of growth – 31% – whereas the lowest increase was on older people at just 13%. Figures reveal that between 2006/7 and 2007/8 council spending on older people's services actually fell by £148m – a 2% reduction, whilst spending on learning disability provision continued to rise.[11]

FIGURE 1
Estimated number of clients receiving services by service type and age group, England 2005-06 to 2007-08

England — Thousands

Service	2005-06 All Ages	2005-06 18-64	2005-06 65 and over	2006-07 All Ages	2006-07 8-64	2006-07 65 and over	2007-08 All Ages	2007-08 18-64	2007-08 65 and over
Total number of clients receiving services[1]	1,748	518	1,231	1,774	543	1,231	1,774	553	1,221
Community-based services[2]	1,494	472	1,022	1,522	497	1,025	1,535	510	1,025
Day Care	244	108	136	237	107	131	227	103	124
Meals	165	10	155	150	10	140	136	9	126
Home Care[3]	596	105	491	586	106	480	577	106	471
Overnight respite - not clients home[4]	68	19	49	57	16	41	..	..	..
Short term residential - not respite	64	12	51	62	13	49	77	16	61
Direct payments	37	25	13	49	31	18	67	40	27
Professional Support	444	216	228	503	248	254	507	255	251
Equipment and adaptations	499	112	387	491	109	382	519	119	400
Other[5]	120	46	74	126	51	75	129	54	75
Residential Care[6]									
Independent sector residential care	207	50	157	203	49	154	199	47	152
LA staffed residential care	32	4	27	28	3	24	25	3	22
Nursing care	108	11	97	105	10	94	102	10	92

The figures for 2005-06 are estimates based on the figures from 150 P1 forms and 150 P2f forms
The figures for 2006-07 are estimates based on the figures from 150 P1 forms and 150 P2f forms
The figures for 2007-08 are estimates based on the figures from 150 P1 forms and 150 P2f forms

Source: RAP proformas P1 & P2f

1 The 'Total of clients receiving services' is the number of clients receiving one or more services at some point during the year, excluding double counting.
2 A client may have received more than one type of community based service during the year and thus there may be some double counting across service categories.
3 For 2005-06 and 2006-07 this covers both 'home help/ home care' and 'overnight respite - client's home'. From 2007-08 all respite care is now recorded as a service for carers on the C forms.
4 From 2007-08 Overnight respite is now recorded as a service for carers on the C forms.
5 From 2005-06 'Transport' is no longer collected separately but should be counted as 'Other' if Transport is the only service received by the client. If the client receives another service (e.g. day care) as well as transport, they will be recorded under that service (i.e. day care) and not under 'other'.
6 Clients may move between different types of residential care during the year so there may be some double counting.

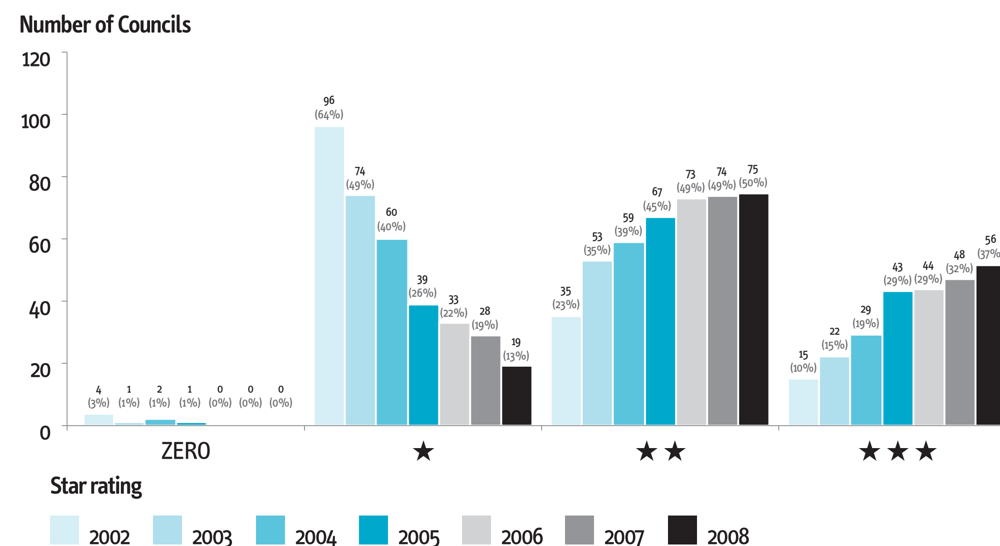
(Source: Information Centre for Health and Social Care)

Of particular note is the balance of spending on residential care – almost a half of all adult social care spending – compared to that on day and domicilary services which accounts for just over a third of spending. This proportion appears to have changed little since 2003. Although expenditure on direct payments has increased dramatically over the last 2 years, it represents just 2% of total gross expenditure by Councils.

For people using publicly funded services, the story appears to be positive. Councils' performance in arranging adult social care has improved for the sixth year in a row (figure 2).[12] More councils have achieved two and three stars year on year. Improvement slowed in 2006 and 2007, but in 2008 gained momentum, with 28 councils (19%) improving their star rating and 11 councils (7%) losing ground, indicating an increase in the rate of improvement over the previous two years. Evidence continues to point to generally high levels of satisfaction by people using what are for the most part traditional services[13] (although care should be exercised in not confusing satisfaction with gratitude or relief).

But evidence of dissatisfaction between individual aspirations and what is available has grown.[14] This has fuelled interest in alternative models, building on the popularity of direct payments, the development of individual budgets and the groundbreaking work of in-Control and the new operating model of self-directed support.

FIGURE 2
Distribution of star ratings 2002-2008



(Source: Commission for Social Care Inspection)

A more detailed analysis of these trends can be found elsewhere,[15] but there are some clear headlines.

Firstly, a sharp increase in people using personal budgets, including direct payments, should not conceal the fact that despite the rhetoric of personalisation, nearly three times as many people are receiving care in residential and nursing home settings. Even if the very high rate of growth achieved since 2007 could be maintained, it would take over 12 years before the majority of people had their own form of personal budget. The most recent survey of councils' progress in implementing personalisation identifies wide variations – for example, the proportion of older people having a personal budget within individual councils ranges from 1% to 31% (the average is 5%). Personal budgets account for just 5% of councils' gross expenditure on adult social care.[16] CSCI has noted that the shift from residential to community services, in terms of net expenditure, appears marginal – just 1% over each of the last 5 years.[17] Geological rather than transformational might be a better description of the very modest pace of change. The topography of traditional services has been subject only to modest erosion since the categories of residential, day and domiciliary care described nearly 40 years ago in the Seebohm Report.

Second, these trends have occurred against a backcloth of mounting concern about access to services – the growing number of people deemed ineligible for council-funded care and inconsistencies arising from the application of the Fair Access to Care Services (FACS) framework. This has brought into sharp focus the wider question of whether social care is funded adequately. Increasing demand on social care budgets is well documented and is continuing.[18] Councils have sought to contain demand by restricting access to services. By 2006, fewer households were receiving supported home care than in 1997, and fewer older people were receiving publicly-funded care at home than in 2003. By 2007 72% of councils had set the threshold at 'substantial' or 'critical'. A major review carried out by CSCI for the Government confirmed the extent to which the current system is failing to meet needs. Responses to an online survey suggested that

- 25% of those seeking help fell outside of councils' eligibility criteria
- Of those not receiving help, 35% said they managed without; 32% got help from family members; 23% made private arrangements and 10% were assisted by a voluntary organisation
- 1 in 5 of people identifying themselves as carers, and 1 in 8 of those who could benefit from social care, were not offered an assessment of their needs, in one third of such cases on the erroneous basis that they were not financially eligible for help; thus many are diverted from the system at a very early stage
- Of those who did meet eligibility criteria, only 30% reported receiving all the help they needed; around half got some help.[19]

Third, there is a significant private social care economy, comprising individuals who make their own arrangements for care and support without recourse to public funding or even professional assessments by council staff, as noted above. Relatively little is known about this hidden part of the system (except they are not really part of it). As growing numbers of older people fall outside of the financial thresholds for publicly funded care, the so-called self-funders will form a bigger proportion of people using services. Ironically social care appears to be only part of the political economy where private means do not ensure a better service. As one study has observed:

> People who fund their own care and support might be thought to have the greatest choice and control of all – they can use their money as they please. In practice, the study found that self-funding people on the contrary were often the most disadvantaged and isolated in the whole system. Rather than making active choices, many appear to end up in their situations as a matter of chance.[20]

Together with concerns about continuing care, the blurred distinction between personal care and nursing care needs and the variations from one local authority area to another – the so-called postcode lottery - have created a groundswell of opinion that the current system is 'irrational, confusing and unjust'[21] and 'incoherent, unfair and unsustainable'.[22] A report from the Department of Health confirms wide variations in how resources are used from one council to another and the very different outcomes for individuals that flow from this.[23]

Fourth, the social care sector is no different from any other public service in generating instances of service failure, ranging from dignity in care for older people to individuals with learning disability who have not been safeguarded from abuse and exploitation.[24] These stories illustrate that narrative can be much more powerful than numbers in creating a compelling case for change.

The need for reform has long been recognised. A programme of modernisation was initiated by the 1997 Modernising Social Services White Paper but progress has been variable. An overview of 11 research studies commissioned by the Department of Health and carried out between 2003 and 2007 (the Modernising Adult Social Care research initiative- MASC) reached the headline conclusion that:

> ...social care has come a long way. National strategies and service frameworks are helping to drive up standards, regulation is gaining acceptance and there is better protection of vulnerable adults. Improvements in access and assessment processes are providing more consistency and there is greater targeting of resources. There is evidence too of more effective partnership working, enabling a more coordinated approach to meeting needs. Personalised budgets are offering greater choice and control and there is a wider shift towards outcomes-based and person-centred ways of working.[25]

It went on to warn however that

> ...it is also clear that more remains to be done. The MASC studies reveal some key tensions within the modernisation process, between the drive for consistency and the need to ensure flexibility, for example, or between the support for independence and the need for protection. Joint work remains hampered by differences in health and social care priorities, as well as by a confusion of roles, and better links need developing with other services central to the well-being agenda. We need to pay further attention to leadership and staff development and to increasing the contribution of service user movements. Disappointingly, the research suggests that user and carer engagement remains underdeveloped at critical points within the social care system.

However, the 'what' in the question 'what's working' has changed. The modernisation programme begun in the late 1990s has been succeeded by the 'transforming adult social care' initiative (considered further in the next section), in which the incremental improvement of existing services has been eclipsed by a much stronger emphasis on achieving individual outcomes, building on the 2005 Green Paper *Independence, Wellbeing and Choice*,[26] the subsequent White Paper *Our Health, Our Care, Our Say*[27] and the Putting People First programme for transforming social care.[28]

In summary, there have been clear and measurable improvements in adult social care in recent years, with significant extra resources, and the green shoots of innovation are evident, if patchy. However, the overall pattern of investment in services has changed little. Additional investment has been used to respond to rising demand but largely through commissioning more of the same services; the pressure on resources is still rising and public dissatisfaction with the system is growing.

The effects of further demographic change, increased life expectancy and rising costs will challenge the current system still further and, following a commitment made in the 2007 Spending Review, directly prompted the Government to initiate a public consultation on the future of care and support.[29] This culminated in the publication of the Green Paper Shaping the Future of Care Together[30] in July 2009.

This brief assessment of past trends and performance forms the backcloth against which future prospects for adult social care can be explored.

'We now have a once in a generation chance to reform the social care system and we should work together in common purpose to achieve that.'

Jenny Owen, President, ADASS
Harrogate, October 2009

Trends and developments

What are the trends and forces that will shape the future of social services over the next 5-10 years? Many studies have examined the immediate and shorter-term pressures that will drive demand. For obvious reasons these have tended to be quantitative, for example, population numbers, workforce capacity, dependency levels and unit costs; they have been concerned primarily with forecasting demand for existing services or planning future workforce requirements rather than forecasting future trends.

The current policy of social care transformation and the national debate about the future of care and support does however raise a set of more profound questions about the changing needs and expectations of individuals, families and communities and how the dynamic interplay of a range of forces will shape future arrangements. So instead of replicating existing models of need and demand forecasting,[31] this paper sets out a wider, strategic analysis of the wider trends and challenges that will drive the evolution of social care policy and practice over the next few years, using an approach similar to horizon scanning.[32] In considering the trends and forces that will shape the future of social care services over the next 5-10 years, this poses a range of questions:

- How will the huge sweep of demography, social and technological change leave its mark on what we presently describe as adult social care services?
- To what extent will economic recession and public spending squeeze retard progress in transforming services?
- How far will personalisation unleash truly individualised forms of support, independence and choice that have eluded previous waves of reform?
- In what ways will the outcome of the next two general elections change the political environment and policy framework?
- What will the care and support system look like and how different will it be from current arrangements?
- How far will innovations in technology improve efficiency, lower costs and transform the way services are delivered? And the way people engage with services?
- What will it be like in 2020 to be:
  - a 70 year old with advanced dementia
  - a person with a learning disability in their early 20s
  - a carer of someone with a severe mental health problem
  - a retired couple in poor health struggling to cope at home

  and what will be their experience of care and support?

The principal drivers considered here are:

- The framework of **public policy** – the government's public service reform agenda, its application to adult social care specifically through
  - _the Transforming Adult Social Care initiative, including personalisation; the effects and implications of new operating models based on self-directed support
  - _the architecture of organisations through which it monitors, regulates and supports the delivery of the government's policy aspirations
  - _related policies that impact upon and influence social care practice eg NHS, housing and local government
  - _the underlying political framework, including the post-war political consensus on personal social services and the emerging policies of opposition political parties that might form future government policy
- **Demography** – changes in population size, characteristics and structure; the impact of migration, implications for the labour market, and ethnic diversity
- Global and domestic **economic trends** – impact of the recession and financial instability at home and abroad in terms of generating additional social need, the implications for councils, private and third sector providers, deteriorating public finances and the wider consequences for reaching a new funding settlement, and the opportunities that might arise from financial retrenchment
- **Social and lifestyle trends** and expectations that are moulding the aspirations and circumstances of the next generation of people with care and support needs – the so-called 'baby boomers'; and the implications of changing patterns of wealth and inheritance for the inter-generational contract
- the impact of advances in science and **technology** that will create new possibilities for public service delivery, offer innovative ways of meeting traditional needs but also throw up new ethical and other challenges.

Public policy

Adult social care policy is anchored in the Government's wider public service reform agenda, driven over the last decade initially through top-down performance management, national standards and targets for key priorities, independent regulation and additional focussed investment. As a recent review put it 'The governing idea of the next phase of reform is that services need to be personalised according to the needs and preferences of users'.[33] Applied to social care, there are two central and inter-linked policy pillars – reform of the delivery of social care, through the *Putting People First* transformation programme, and reform of the funding of care and support, encapsulated in the Green Paper *Shaping the Future of Care Together* in July 2009.

The transformation of social care was initially signalled in the Department of Health's social care Green Paper, *Independence, Well-being and Choice* (2005), reinforced in the White Paper, *Our health, our care, our say: a new direction for community services* in 2006 and confirmed in the *Putting People First Concordat* in December 2007. This sets out a radical prospectus for change commanding wide support. A wide range of stakeholders across the social care sector and six government departments are signatories to the concordat, lending some support to its claim that 'It seeks to be the first public service reform programme which is co-produced, co-developed, co-evaluated and recognises that real change will only be achieved through the participation of users and carers at every stage'.[34]

The commitment to personalisation as the cornerstone of government policy for adult social care was subsequently confirmed and elaborated in a local authority circular[35] and the key implications for the future development of policy and practice can be summarised as:

- a shift to prevention and early intervention to promote wellbeing and independence
- access to universal information and advice
- a new model of self-directed support, driven by self-assessment and person-centred planning
- personal budgets for all entitled to publicly funded care
- leadership role for councils and their Directors of Adult Services to achieve whole system change with partner organisations.

Transforming Social Care is at an early stage of implementation so robust evidence about its operation and effectiveness is not yet available. An initial assessment of progress – published mid-way through the three year programme and based on a national survey of all councils – reported good overall progress but wide variations between councils (as noted earlier in relation to the expansion of personal budgets).[36] More robust evidence can be gleaned from research into individual elements of the programme - the use of direct payments, the evaluation of individual budget pilot projects, the Prevention of Older Peoples pilots and from early experience of telecare and extra care housing.

The benefits of direct payments and patterns of take-up and user experience have been extensively documented.[37] Their success as perceived by direct payment users has been a driving force behind the extension of the scheme from 1997 onwards and provided much of the impetus behind the further development of personalisation. However these studies suggest that take up is higher amongst people with physical disabilities and younger age groups than older people and those with mental health needs. This has implications for the commitment to allocate personal budgets to all future users. Initial evaluations of the self-directed support model pioneered by in-Control indicated striking improvements in wellbeing, satisfaction and quality of life, albeit involving relatively small numbers of people.[38]

The evaluation of 13 individual budget pilot projects (the IBSEN report)[39] was similarly positive in terms of social care outcomes, psychological wellbeing and cost-effectiveness – but with marked variations between user groups. For example, the finding that older people were less likely to report higher aspirations and reported lower psychological wellbeing must be viewed as a matter of concern given that older people are the largest group with social care needs.

The IBSEN evaluation highlights a number of questions that warrant further discussion and research:

- the way resources are allocated and how transparency and fairness can be ensured
- different views about the legitimate use of social care funding, and balancing creative responsiveness to individual need with the safeguarding of vulnerable adults and the professional and organisational accountabilities that flow from these
- the incorporation of other funding streams and legislative and accountability barriers
- the extent of change required in organisational culture, capacity and skills and the impact on current commissioning practice.

Currently holders of personal budgets form a tiny proportion of the 1.8m people using services, as noted earlier. This underlines the sheer magnitude of the scaling up required to deliver the expectation set out in the *Transforming Adult Social Care* circular that personal budgets become the default operating model for all users (noting that *Transforming Adult Social Care* is a three year programme).

Evidence of slow progress and fundamental questions yet to be addressed justifies caution in considering some of the claims made for new models of personalised care. For example, self-directed support has been hailed by some as ‘simple yet transformational’, delivering ‘huge pay-offs’, ‘the best way to deliver on the government’s promise to introduce more personalised approaches to social care’, and a prediction that ‘within five years hundreds of thousands of people could be commissioning social care this way’.[40] Evidence of the transformative capacity of personal budgets has yet to catch up with the scale of these aspirations.

Another important pillar of the transforming social care programme is the shift towards prevention and early intervention, where the evidence too is limited but encouraging. The interim report on the evaluation of 29 ‘partnerships for older people’ projects (POPPs) looked at the experience of almost 100,000 people receiving a service within the POPP programme across 470 projects and within 29 pilot site areas.[41] Users reported improvements in quality of life, particularly in health-related domains; there was a demonstrable effect on reducing hospital emergency bed-day use when compared with non-POPP sites, suggesting that for every £1 spent on POPP, an average of £0.73 will be saved on the per month cost of emergency hospital bed-days (assuming the cost of a bed-day to be £120); there appeared to be wider benefits in terms of greater recognition of the value of prevention and early intervention, strengthened partnership working and better engagement with the voluntary and third sectors. These are encouraging findings, although the methodological challenges of measuring the effects of prevention, and the nature of the concept in itself, remain.

Increased access to assistive technology (AT), including telecare, is seen as a further policy instrument to maintain the independence, health and wellbeing of an ageing population.[42] £80m was allocated to councils by DH between 2006 and 2008 through the Preventative Technology Grant, with the intention that an additional 160,000 older people should benefit from telecare. Evidence suggests that AT devices do address issues that older people see as being important, such as fear of falls, becoming ill when alone, inability to do household chores.[43] However, as the Social Care Institute of Excellence (SCIE) has pointed out in a comprehensive review of existing research on AT for older people, most studies are based on case studies and observable evidence rather than systematic randomised trials or experimental studies. They conclude that ‘existing research supports the greater use of assistive technology but further evaluation and ‘local learning’ is needed’.[44]

The Department of Health has commissioned a Whole System Demonstrator Project to evaluate the impact of telecare in relation to people with long term conditions in four pilot sites.

The second major pillar of adult social care policy – the reform of social care funding – has developed in response to the future demographic, financial and expectational pressures described elsewhere in this paper. As this thinking has developed no further than general proposals for consultation, and in view of the timing of the general election, the impact of this aspect of policy is much less clear. The central proposal, to establish a national care service with a defined universal entitlement, has been broadly welcomed and many aspects chime with developments that are already underway through the transforming social care programme, eg prevention, advice and information. But there are aspects – notably plans for nationally determined assessment and eligibility - that are less understood and raise profound questions about the roles and relationships of central and local government and how resources can be aligned locally to achieve national consistency.

Most attention has focused, perhaps inevitably, on the options for the future funding of care and support, the rejection of a wholly taxation-funded system, and the advancement of three broad options that centre on a partnership model, with or without private or compulsory insurance. A very significant potential development signalled in the Green Paper is whether some disability benefits – especially attendance allowance – should be brought within the formal system of social care funding for older people. What this, and other aspects of the Green Paper's proposals, will mean for future funding arrangements for working-age adults is not clear, but the implication is that the majority will continue to receive services that are funded through taxation and mostly free at the point of use.

Much will depend on the outcome of what the Government has described as 'the big care debate' that it pursued as part of a consultation process until November 2009, the extent to which it flushes out the policy thinking of other political parties, and whether the subsequent promised White Paper will appear in 2010 before a general election.

Political context

Public policy arises in large measure from political processes, at national level, and within and between individual councils with social services responsibilities. Since 1945 there has largely been a cross-party political consensus on personal social services. Major reforms, such as the creation of Local Authority Social Services Departments in 1971, the Children's Act 1989 and the community care reforms in the 1990s, for the most part commanded cross-party support. On many other issues, however, the pace has been set by private members bills and bottom-up pressure from the independent living, disability and carers' movements, for example direct payments. Will the future development of adult social care be characterised by a continuing consensus across the party political spectrum, but with specific changes driven through external campaigning and lobbying?

Aspects of the current policy framework appears to be supported by all three principal political parties, notably the expansion of individual budgets, a bigger role for the third sector and closer working between health and social care, with most differences appearing to be ones of tone and emphasis. However, there will be a General Election at some point before July 2010 and speculation about its timing will itself constitute a major source of uncertainty. The pre-election period will tend to accentuate policy differences - it is difficult to see how a new cross-party consensus about a new settlement for care and support will be forged in the heat of political battle.

The Conservative Party has yet to publish formal policy statements but its website states that it will 'create new mechanisms for direct payments and individual budgets for long-term care … break down the barriers between health and social care, and provide personalised services in the community and the home, with a much bigger role for the voluntary and social enterprise sectors'.[45]

The Liberal Democrats are also committed to individual budgets and wish to see them extended to health care; like the Conservatives they propose closer integration of health and social care (through a new statutory duty to commission and develop joint services); replacing PCTs with directly local health boards (whose commissioning role could be transferred to the local council if supported in a referendum); introducing a 'care guarantee' setting out the entitlements of people needing care and carers, based on the Wanless partnership model for funding long term care; and a network of 'patient advocates' to help people navigate the complexities of the health and social care system.[46]

It is future policy for the funding of long-term care where there appears the strongest divergence, based on their initial responses to the Green Paper. The Government has stated its intention to produce a White Paper in 2010. It is not clear whether this will be before the General Election. The Conservatives intend to develop their own costed proposals,[47] whilst the Liberal Democrats propose an all-party commission.[48] Some of

these current differences appear to be about process and timing, whereas policy preference could eventually coalesce around some kind of partnership model of funding.

Three conclusions can be drawn from this brief analysis. Firstly, that irrespective of the outcome of the General Election, personal budgets in one form or another will almost certainly remain a central plank of public policy; second, that social care policy still tends to be viewed as an adjunct to NHS policy; and third that it is future funding of social care that seems likely to emerge as a policy fault-line between the parties. This could be especially significant if the outcome of the General Election is a hung Parliament and if the Liberal Democrats fully commit to a Wanless-style partnership model of funding.

Clearly much will depend on the outcome of the current consultation on the Green Paper – the 'big care debate' - whether this will produce clear proposals for funding reform this side of the General Election and the stance of the other political parties.

The possibility should not be overlooked that other policies adopted by political parties, for example, on welfare reform, crime and public services and – most significantly of all – fiscal policy - will have a greater impact on adult social care.[49] The underlying policy themes and principles of a Conservative Government, for example, appear to place a stronger emphasis on outcomes rather than targets, re-empowering frontline professionals and reducing bureaucratic requirements from the centre.

Finally, there is a crucial and established psephological truth that arises as a direct consequence of an ageing population: not only are there older people, they are more likely to vote - 75% of people aged over 65 voted in the 2005 General Election.[50] This creates a real danger that social care becomes seen as synonymous with older people, with a skewed policy focus that neglects the vital issues of concern to younger people with social care needs.

Demography

Population change is the most frequently cited factor that affects demand and expenditure on adult social care and most policy documents refer to the challenges of an ageing population. This is not a new notion. The expression 'demographic time bomb' is now over thirty years old and predictions that in its wake the welfare state would become unaffordable or unsustainable have not been borne out by actual experience. We persist in seeing ageing as a burden rather than a benefit, and that increased longevity is a problem not a success. Nevertheless current and future projections[51] are sobering:

- The population of the UK is growing at the fastest rate since the 1960s, increasing on average by 0.5 per cent each year and will reach 65 million by 2017 (an increase of 7 per cent) – the social care sector will not be immune from the concomitant pressures of congested transport systems, housing demand and environmental and economic strains. These will be addressed further in the specialist paper on sustainability and climate change.
- About half of future population growth is projected to come from net inward migration – 145,000 per year – rather than natural changes in birth and death rates and this will help boost the size of the working age population.
- The population will continue to age – people aged 65 and over will account for nearly 23 per cent of the total population in 2032, while the proportion of the population aged between 16 and 64 is due to fall from 65 per cent to 60 per cent. This is due to the effect of increasing numbers of people from the 1960s baby boom, who are currently of working age, reaching retirement age, combined with smaller numbers of people replacing them in the working population; there is wide variation in the geographical distribution of the older people (see figure 3).
- This ageing population is itself ageing – the fastest growing age group is those aged 85 years and older (the 'oldest old'), who have doubled in size since 1982 – and by 2032 will have doubled again – reaching 3.1 million and representing 4 per cent of the total population.
- Increased morbidity will increase the need for health and social care services. One study projects a 67 per cent increase in the numbers with disability[a] over the next 20 years – double for people aged over 85.[52] Another suggests that 1.7m more people will have a need for care and support in 20 years time.[53] Numbers with dementia will double to 1.4m over the next 30 years.[54] However there is continuing uncertainty about future trends in healthy ageing and a simple extrapolation of the past cannot be assumed.[55]

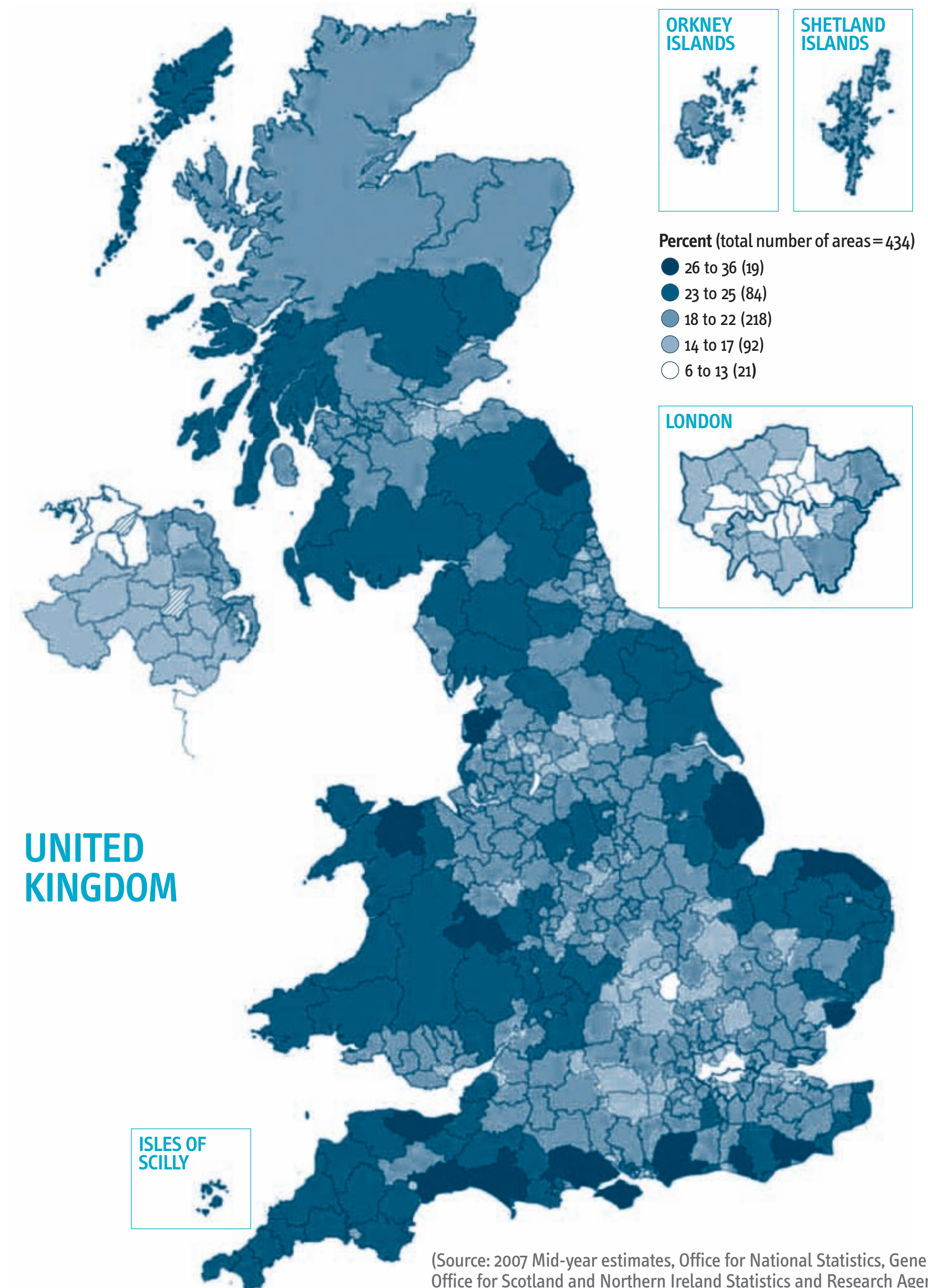
[a] 'disability' defined in this study as the inability to perform at least one Activity of Daily Living

- Demographic trends will also fuel a significant increase in the numbers of older people with learning disabilities and young people with complex needs and learning disabilities requiring support. One recent study suggests sustained growth in the need for social care services for adults with learning disabilities between 2009 and 2026, ranging between 3-8% annually (ie an additional 47,000-113,000 adults). If anything these appear to be conservative estimates.[56] The Government's strategy for learning disability, *Valuing People Now*, has concluded from this research that 'the numbers of people using services is set to increase by more than 50% by 2018…'[57]
- There will be more older people living alone, especially men, and informal care may be reduced by divorce and family break-up; increasingly children caring for their parents will also be caring for their own children and grandchildren – the so-called 'sandwich generation'; more support for carers will be needed
- As the population ages, so does the workforce and as adult social care is labour-intensive, this has potentially serious implications. The most significant demographic trend affecting the composition of the labour force over the next 20 to 40 years will be the decrease in the proportion of people in the working age group 16 to 49 and the increase in the proportion aged between 50 and state pension age. This could cause real difficulties for the social care sector in view of its current age profile and projected workforce numbers required.[58] The UK already has the highest employment rate in the European Union
- The population will become more diverse ethnically, due to inward migration and higher birth rates amongst some groups. Significantly, as the minority ethnic population grows, it is becoming less homogeneous, for example, the Indian population is 45% Hindu, 29% Sikh, 13% Muslim and 5% Christian.[59] Although people from ethnic minorities form a relatively small proportion of the older population this is set to change, reflecting patterns of immigration in the 1970s and 80s from Pakistan, Bangladesh and China. This signals a need for services to heighten and re-consider their responsiveness to cultural needs and preferences, although the continuing geographical concentration of ethnic groups in certain areas will affect individual councils differently. It is not clear whether the development of personalisation has taken sufficient account of these factors.

It is clear that demographic trends outlined here will have profound consequences for the future development of adult social care, because of higher overall numbers needing care and support, the impact of changes to working age population, family structures, the growing importance of carers' needs, and further ethnic and cultural diversification.

FIGURE 3

Percentage of people of state pensionable age, by unitary and local authority, 2007



(Source: 2007 Mid-year estimates, Office for National Statistics, General Register Office for Scotland and Northern Ireland Statistics and Research Agency)

Social trends and expectations

Closely linked to these demographic developments are a wider set of social changes, including shifts in lifestyles and expectations that will be markedly different from those of recent cohorts of people using social care services. Particular attention has been paid to what has been termed the 'baby boomers',[60] the first generation to benefit from the post-war welfare state, including free university education, having grown up in a consumer society, experienced better health, a higher standard of living and developed a more liberal set of values than their predecessors. As one study describes them:

> (The 'baby boom') generation is unlike any other, and has altered every stage of life as it has passed through it, from the invention of the teenager to the cliché of the mid-life crisis. On population graphs for countries and territories all around the world, the vast cohort born between 1946 and 1963 looks like a great wave. As it has swept through the world, this 'age wave' has transformed societies, markets and products, leaving in its wake entirely new expectations of how life should be structured and organised.[61]

People with social care needs drawn from this next generation will differ from their predecessors in many ways:

- they will be wealthier, due in part to house price inflation (despite recent falls in property values) and changing patterns of inheritance over the last 20 years;[62] a large proportion will not therefore be eligible for public funding, and will swell the nascent private economy of social care discussed in section 1
- they will be information-hungry and will want maximum choice and control over the options available to them[63]
- many will be avid users of technology to procure goods and services or as lifestyle or personal communication tools, having grown up with Facebook and MySpace, Ebay and Wikipedia
- this in turn will reinforce expectations of immediate and timely access to resources 24:7, that are likely to be transferred to expectations of care and support services
- their relationships with public services will be characterised by how satisfied they are with the experience and outcome, rather than by relief or gratitude for what they have been offered by those in authority.

These characteristics offer a forceful reminder that the challenge facing adult social care over the next few years is not simply about capacity - responding to higher demand with larger quantities of existing services ('more of the same') - but a radical change in the culture of the sector that goes to the heart of traditional hierarchical relationships between the individual, professionals and their organisations and the conventional modus operandi of public service delivery.

It is clear that this fundamental shift in expectations is not some futuristic prediction but has already begun. First, much of the momentum behind the development of direct payments, individual budgets and self-directed support has been stoked by the aspirations of younger people with disabilities, in part through the work of the independent living movement and user-led organisations.[64] Second, there is abundant evidence from market research, public consultations and other studies that the majority of people, in the event of needing care and support, want to remain living as independently at possible, for as long as possible, in their own home, or 'closer to home'.[65] The next cohort of older people – likely to be the wealthiest ever[66] – will have the financial means to achieve this.

Many aspects of current policy chime with these kind of expectations, and have in part been crafted in response to them, particularly the emphasis of personalisation in creating individualised solutions; the wider use of assistive technology; and the importance of high quality information and advice services for the whole population (not just those entitled to publicly funded care), an issue that has now been flagged for some time.[67]

It remains to be seen whether the pace of these developments will keep up with the rising tide of expectations, and what might be the impact of a new settlement on those who are destined, under current arrangements, to become 'self-funders' should they need care and support, and so disappearing from the formal radar of needs assessment and planning. Without access to much better information and advice, there is a real danger that they will fare no better than current self-funders.[68]

Technology

Advances in science and technology have had profound effects on most aspects of economic, social, personal and family life, often intertwined with demographic and other social changes. Advances in medicine for example continue to drive improvements in life expectancy and have been an underlying cause of increased pressures on learning disability services. But while we can be sure that technological change will continue apace, it is difficult to gauge the particular forms that innovation will take over the next few years. There are at least five ways in which technology could help shape the future direction of adult social care:

The first is the application of information and communications technology to the way public services are delivered – the cornerstone of the 'transforming government' initiative.[69] This would include back-office efficiency improvements and service redesign, as well as outward-facing functions such as faster 24:7 access to online information. The accessibility of NHS Direct – via telephone, internet and digital TV – seems a major reason for its high popularity with the general public.[70]

The second is the direct application to care delivery through the use of assistive technology, such as telecare, covered earlier; in this sense technology represents a service in its own right or in conjunction with other services for example housing-based care support, or remote health monitoring for people with long term conditions; as well as their benefits, these applications may well produce ethical dilemmas for providers, commissioners and regulators.

A third area of potential for technology is to create enabling platforms for people to collaborate in co-producing their own care and support arrangements – Shop4Support, Carebay and 'Slivers-of-Time'[71] are early examples of internet and mobile phone telephony (converging technologies) that are beginning to be used to grow new kinds of market place in care and support. These have the potential to extend to users of care and support the kind of access and control available in other service economies eg buying and selling goods through Ebay, using text messaging to pay for car parking or receiving alerts.

This is closely tied to a fourth – and in social care, undeveloped - area of growth which is the use of Web 2.0 whereby content is created and shared by users. This has the potential to create new opportunities for communication and engagement between individuals, communities and public service organisations. Public services generally seem to be making little use of tools such as social networking. Leadbeater explores the use of Web 2.0 as part of a new culture of mass collaboration and argues that

> the future of public services rests on their becoming platforms for participation and collaboration, mobilising citizens and players-developers in creating public goods.[72]

Finally, it seems certain that further advances in medical technology, research and treatments will continue to enhance quality of life and outcomes, but will represent a significant cost pressure on health and social care budgets.[73] The impact of breakthroughs arising from the human genome project, stem research and biotechnology cannot at this stage be predicted with accuracy.

In summary, it is likely that in the short term at least, technology changes outside of the sector will have a greater impact than the use of technology within the sector, where the potential of products and tools now available has scarcely been explored. Increasingly people needing care and support in the future will be familiar and at ease with personal technology and expect to access information and services through these media.

Economic trends

Economic circumstances have always had a profound impact on all publicly funded services. The large real term increases in public spending over the last decade, noted earlier, were made possible by a long period of macro-economic stability, sustained economic growth and buoyant government revenues.

Recent turmoil in the global economy, domestic economic recession and spiralling public debt, are likely to affect the social care sector on a number of different levels.

The first and most obvious level of impact is upon individuals – and the increased demand for social care services that result, directly or indirectly, from higher unemployment, reduced household incomes, housing related needs arising from rent arrears and repossessions, stresses in personal and family relationships and heightened ill-health, especially mental ill-health. By November 2008, 90% of councils responding to a LGA survey had or were expecting higher demand for services.[74] A further survey has detailed the effects of recession specifically on social care[75] are awaited. The early findings of a major programme of research on need by the Young Foundation offer a strong pointer:

> We expect that the main effects of the current downturn will be psychological, starting with the corrosive effect of the fear of recession.[76]

The second level of impact is upon councils, who will experience falling income and rising costs as a result of recession. The LGA survey shows that councils are managing these pressures through revising their budget position, slowing down or freezing staff recruitment, and halting capital projects. Councils also report some positive opportunities arising from the recession, including the development of better local partnerships and across political divisions.

A third impact is on the providers of care, especially those who are highly leveraged and unable to refinance or extend existing debts because of the so-called 'credit crunch' or wish to refurbish or redevelop existing facilities. For example, Lang and Buisson have warned that

> shortage of capital on acceptable terms is likely to be a principal factor holding up new developments which may be needed and re-provision of outdated stock.[77]

In contrast, a separate survey of the care home market for older people is relatively up-beat, observing that demographic pressures were over-riding economic pressures.

> Some care home groups have experienced recent financial difficulties due in part to wider global economic forces; however, in spite of this long-term prospects continue to be strong. The sector remains robustly underpinned by demography, with the prospect of substantial growth in underlying demand in the decades to come.[78]

This is borne out by Laing and Buisson's 2009 market survey which suggests the market has begun to grow and projects a rise in independent sector care home residents from 419,000 in 2009 to 424,000 by 2014 and to 459,000 by 2019.[79] Much of this will be fuelled by more people funding their own care.

There is some evidence that not-for-profit organisations are having to reduce services in response to falls in investment income (because of stock market falls) and charitable giving.[80] It has been claimed that charities are facing a 'perfect storm' of rising costs, falling incomes and reserves being wiped out whilst at the same time trying to address rising levels of social need.[81] This should sound a note of caution about greater reliance on the voluntary sector to meet social care needs.

A fourth impact of the recession at national level is upon planned and future levels of government spending, not only on adult social care but on closely related areas such as the NHS where changes in expenditure can create additional pressures on local councils. Deteriorating economic conditions, especially rising levels of government debt, inevitably feed through to public expenditure constraints. The 2009 Budget Report forecast that total government spending from 2011 would increase by 0.7%.[82] Even before the current economic downturn, the Government was predicting a £6b 'funding gap' for social care by 2026 (bearing in mind that this projection is based on assumptions about the other drivers discussed here).[83]

Conceivably there could be positive opportunities arising from the recession, for example, by finally propelling public and political consciousness to a tipping point where the need for a new settlement can no longer be avoided. Financial retrenchment can make it less difficult to secure agreement to contentious local service reconfigurations. And might the intervention of the state in protecting individuals savings and averting financial meltdown serve to rekindle people's faith in the necessity for a strong state, thus creating more favourable conditions in which to define a rebalancing of the responsibilities of the individual and those of the state? Or alternatively might it induce stronger resistance by individuals to any kind of care and support arrangements that involve too much reliance on private, market-based solutions?

In summary, economic trends are likely to have a mixture of different impacts on the future development of social care, and the varied permutations of challenges and opportunities could take a number of different forms that will depend in part on the inter-play with other drivers. If financial necessity truly is the mother of invention, then councils and central government will be compelled to see through the transforming social care agenda and push through a completely new operating model. If there is no new funding settlement, then it seems likely that demography alone will ensure that the current framework of traditional services will continue, thanks to the growing army of self-funders.

What could the future look like?

The trends and developments described above have been used to generate four possible scenarios for what social care could look like by 2020. The scenarios have been informed also by discussions at the 2009 Councillors and Trustees Seminar organised by research in practice *for adults*, and by discussions with participants in the 2009 Directors' Policy Forum, and members of the Partnership Board.

The purpose of the scenarios is not to induce a fatalistic acceptance that the future is fixed but exactly the opposite, to support an evidence-informed debate as to how everyone involved in social care – from policy-makers to practitioners to members of the public – can help to shape what social care could become.

The four scenarios put forward for discussion are:

residual service

incremental betterment

care crunch

transformed wellbeing

Scenario one

residual service

1

Current trends continue and produce by default a residual service for relatively poor people; 'self-funders' boost the care home sector in the absence of any viable alternatives: In some ways this is an extension of the current 'status quo', characterised by:

- recession extending well into 2010, higher than expected demand for services resulting in even tighter rationing of publicly funded services
- Green Paper published, but no legislation before General Election; hung Parliament results in further political uncertainty – no new settlement
- more resources in the system (through property wealth of older people) but applied outside of public commissioning framework, leading to unplanned expansion of care home sector
- so publicly funded services for poor people becomes a poor service; majority with their own means making their own arrangements
- public dissatisfaction and political pressure creates a challenge to Councils' role
- resurgence of interest in third sector and private solutions
- potential impact of high profile scandal comparable to Baby P?

Scenario two

incremental betterment

2

Councils achieve modest improvement through implementing 'Putting People First' but wider challenges prevent fundamental changes to the system:

- General Election results in continuation of current social care policy framework – political stability
- no new funding settlement – too difficult; some protection to social care funding from 2011
- expansion of individual budgets produces evidence of market diversification and slow emergence of real alternatives to traditional services
- Council's make some progress in universal advice and information services and stimulating new developments in market
- telecare becomes mainstream service; roll-out of Web 2.0 platforms to create market-places for care e.g. care equivalent of 'trip advisor'
- but more radical change to social care inhibited by public spending constraints, rising pressures on NHS and recession-generated demand.

Scenario three

care crunch

3

Despite some of the improvements in scenario 2, demographic and other demand pressures bring the current system to the brink of collapse:

- some improvements made (as described in scenario 2) but
- services overwhelmed by demographic and recession generated demand for services; real-terms reductions in public funding from 2011
- pandemic flu outbreak and other NHS pressures triggers unprecedented strain on social care system
- reduced inward migration and fewer carers worsens workforce; shortages of staff
- attempt to restrain soaring expenditure through even tighter eligibility criteria causes vicious circle of decline
- loss of public and political confidence in current system
- Councils stripped of commissioning role – a national care service?

Scenario four

transformed wellbeing

4

The social care system as we currently know it is superseded by (i) universal 'offer' for whole population, (ii) a new funding model based on partnership (Wanless) or social insurance principles:

- clear political consensus on funding reform following General Election
- new settlement involving universal offer
- a new national operating system based on self-directed support
- further shift towards early intervention and prevention produces savings for reinvestment
- public spending reductions ameleriorated through further additional resources levered into system through new funding model, and creative use of personal budgets
- care equivalents to Ebay established as mainstream mechanism for care and support solutions.

These scenarios offer a system-wide, high level and strategic perspective on alternative futures.

To complement this, and to promote further discussion and debate, three particular areas have been selected for more detailed examination. These are:

1. International experience

what can be learnt from the experience of other countries and how can this illuminate the future development of adult social care in England

2. Workforce development

an area that is consistently identified as crucial to achieving positive outcomes for people with care and support needs

3. Sustainability and the implications of climate change

an area of future challenge that has scarcely been explored in the context of adult social care.

These are explored in the accompanying evidence reviews.

postscript

Several significant developments have arisen since the bulk of this report was written in 2009.

It is now clear that the recession has been the most severe for over 60 years and along with the financial crisis and global downturn has resulted in unprecedented levels of public debt. The timing and extent of economic recovery are uncertain. As a result public spending will be tightly constrained, forecast to rise by more than 0.8% in real terms from 2011 to 2014.[i] Although the NHS has been promised protection from budget reductions – but not efficiency savings – this commitment has not been extended to social care. The funding prospects for adult social care services over the next 5 years are bleak. As the Care Quality Commission warned in its first report on the state of health and adult social care "...as the population ages and financial pressures grow, we expect that access to publicly-funded care will become further restricted."[ii]

The consultation following the Green Paper, 'Shaping the Future of Care Together' has led to further debate about how to achieve a fairer and sustainable system of funding. The Prime Minister announced at the Labour Party Conference a new policy of free personal care for those with the highest needs at home – now the Personal Care at Home Act; and the Conservatives announced at their conference a voluntary insurance scheme to cover the costs of residential care. Whilst high levels of political and media interest have put social care funding in the national spotlight, the cross-party consensus that everyone agrees is essential to achieve sustainable reform has remained elusive. Days before the dissolution of Parliament, the Government published a White Paper setting out ambitious proposals for a national care service that eventually will be free at the point of use and funded through a compulsory, comprehensive payment to be determined through a cross-party commission in the next parliament.[iii]

There is a clearer awareness of the wider economic and benefits of investment in social care[iv] that reinforce the conclusions of the evaluation of the Partnerships for Older People project[v] and other evidence that demonstrates the benefits of a whole systems approach to the use of health and social care resources.[vi] Much of this work will lead to a renewed interest in ways of achieving the closer integration of health and social care. Fresh evidence of the compelling need for reform came from an update of the King's Fund original Wanless review of social care funding which set out the costs and outcomes of different funding options.[vii]

The 2010 General Election will be the first in which adult social care is likely to be a key campaign issue. It will be a significant milestone in the further evolution of adult social care and its outcome will help determine the impact of the many challenges described in this report.

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