

CFYB Newsletter

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Ruling may lead to rethink on spending cuts **Page 2**

Will era of austerity damage personalisation? **Pages 3-4**

The unkindest cut of all **Page 5**

Is this make or break year for social care reform? **Pages 6-9**

£5m boost for Britain's top dementia charities **Page 10**

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News

Ruling may lead to rethink on spending cuts

A LANDMARK decision over a local authority's plans to reduce care packages for the disabled could lead to a major rethink on spending cutbacks across the UK.

In a test case that is expected to have widespread implications, judges have ruled that Birmingham City Council's attempts to limit social care for the disabled are unlawful.

The council is planning to cut care packages to 4,000 people over the next three years in a bid to reduce its adult and communities budget by £118 million.

As part of its highly controversial spending reductions, Birmingham is planning to provide council-funded care only to those with 'critical' needs.

Families of four disabled people affected by the cuts decided to challenge the cutbacks by taking the case to the High Court in Birmingham. They included a 65-year-old woman with severe learning difficulties who receives 24-hour care and a 25-year-old man with a rare genetic disorder.

The judges ruled at the end of April that the council's plan was unlawful because it failed to comply with the Disability Discrimination Act.

A spokesman for Birmingham City Council said it would look at the judgement in detail before deciding whether to lodge an appeal.



'This is a decision about the eligibility criteria for adult social care,' he said. 'The generality of the budget is not affected'.

The case is the first of many legal challenges facing local authorities from elderly and disabled people facing care cuts.

The public sector union Unison applauded the ruling as a 'tremendous victory for thousands of vulnerable people across Birmingham who rely upon social care provision'.

The fight against local authorities raising eligibility thresholds for care as part of spending cutbacks is gathering momentum across the UK.

Groups supporting the Mencap charity's 'Don't Cut Us Out' Campaign – aimed at stopping cuts to social services – are among those considering taking cases to the courts. In West Sussex alone more than 10,000 people have signed a petition against removing council-funded care from those with 'moderate' needs.

Peter Hay, president of the Association of Directors of Adult Social Services (ADASS) fears that council officers will be made 'villains of the peace' as the cuts begin to bite.

He said officers are facing difficult decisions in difficult times and are trying to do their best with constrained finances. 'Somebody has to construct a way of operating on the fact there's less money,' said Mr Hay, Birmingham's adult/communities director. ■

News

Will era of austerity damage the personalisation of care?

CAN the personalisation of care survive and thrive in this new era of austerity? It's the big question as spending cuts threaten the future of council-funded care for many elderly and disabled people – and put a growing number of care providers in jeopardy.



April saw the end of an era – the 'end' of Putting People First, the programme launched in 2008 to personalise local authority social care in England. It also saw the dawn of a new era – the birth of 'Think Local: Act Personal', the 'son' of Putting People First.

Endorsed by 21 leading social care organisations – as well as the Department of Health and ADASS – it is co-chaired by Miranda Wixon who heads the Care Providers Alliance. In an interview with *Guardian Professional*, she explained the philosophy behind the new organisation.

'Think Local, Act Personal is about making services much more personal for people, in the place where they want to be. Putting People First was very much driven by local government. This is not. This is a broad alliance of organisations involved in social care, with a strong focus on co-production.'

'We have some funding to help, from Putting

People First and from the Department of Health, but that's just to help us steward this. We believe the strength of the finance is in the sector. We all have a big challenge how to make sure we do things more sensibly. But every organisation has a budget and if we pull

together, we will get all our budgets to go further'.

... 'This is really going to make a difference and it felt right that it should be chaired by the current chairs of ADASS and the CPA. We are all swimming against the tide, because of the terrible austerity measures, but this is a motivated group of people. You cannot argue with this - people want more control over their care. It is a no-brainer.'

The launch of Think Local: Think Personal was followed by the publication of a manifesto for 'making personalisation real'.

Called Laying the Foundations for Think Local: Act Personal, it has been produced by five highly influential figures who represent many thousands of people involved in social care and support: Alex Fox, chief executive of NAAPS, who represent very small providers; Martin Green, chief executive of the English Community Care Association; Peter Beresford, chair of the service user organisation ➡

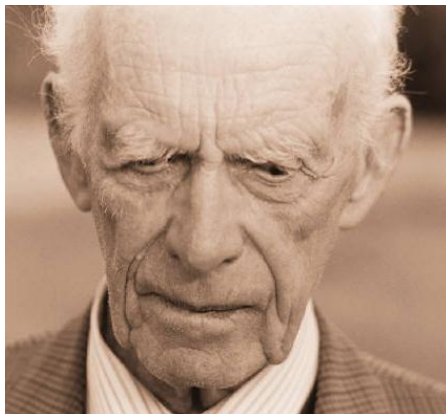
News

Shaping Our Lives; Anne Roberts, chief executive of Crossroads Care; and Carole Cochrane, chief executive of the Princess Royal Trust for Carers. Their manifesto outlines seven specific areas crucial in providing personalised care and better support for the hard-pressed care sector:

- Better leadership;
- Improved partnerships at national and local level, including engaging with sectors such as employment, education, welfare, health and housing;
- Better knowledge and information for providers and individuals;
- Support for all those involved in changing working practices;
- A change in the way organisations think about risk, to have safeguarding that is risk aware, rather than risk averse;
- Encouragement for innovation;
- Getting a more diverse range of bodies involved in care, support and advocacy.

In a hard-hitting article in *Society Guardian*, Martin Routledge, the new head of operations for the In Control charity, warned that personalisation of care and support was in danger of 'being badly - and unnecessarily - damaged in these austere times'. He said: 'In a period of severe resource pressures, and with worrying reports of significant budget cuts in disability and older people's services in some areas, we wait and hope for a funding solution from the government's Dilnot commission (due to report at the end of July).

'In the meantime, there is a high risk of distraction from, and perversion of, the things that make personalisation real. In some places we see crude cuts being justified in its name, or restrictions on the use of personal budgets, which make no financial sense yet seriously hinder opportunities for creativity and efficiency. Where rigid local rules only allow individual budgets to be spent on "personal



Personalisation of care in danger of 'being badly damaged in these austere times'

care", this means people can't make their money work harder by, for example, supporting themselves into work.

'As a result, some people start to see personalisation as part of the problem rather than central to the solution. It's vital that councils and providers demonstrate the difference being made and share the results with local people'.

A survey by In Control shows an improvement in quality of life for two-thirds of people with a personal budget, and an improvement in dignity in care for more than half.

Mr Routledge says the Think Local: Act Personal Partnership argues that when resources are tight, they have to be used especially well. 'This means a preventive approach. It also means personal budgets delivered without unnecessary bureaucracy so that people can target resources, based on their expertise in their own needs and lives. At times like this we mustn't take our eyes off the prize for which people have fought for so hard and so long. Instead, let's work, argue, influence and fight for true personalisation.' ■

Comment by Paul Roberts

We should be ashamed that care workers are paid so badly

The unkindest cut of all

WHEN you hear a government official saying that 'job satisfaction is more important than pay' you know there is always a significant sting in the tail.

It is a shocking fact that almost one in ten social care workers are paid below the minimum wage of £5.93 an hour in Britain.

Of course the vast majority of people don't work in social care for the money, but because they like caring for other people.

We should all be ashamed that so many get so little financial reward for their efforts when day-to-day living costs are soaring.

There was hardly a murmur when the Low Pay Commission announced in April that 1.5 million social care workers earn less than the minimum wage.

It was inevitable that a Department of Health spokesman would respond with the hackneyed 'job satisfaction is more important than pay' phrase.

I would like to know how he could live on less than £6 an hour – struggling to keep a roof over his head, to keep a car on the road and to pay for his next meal.

Eleven years ago I worked 60 hours a week at a caravan park in Somerset, earning the then minimum wage of £4 an hour.

I couldn't afford to buy a car, walked four miles to and from work each day, lived on a poor diet and was barely able to pay rent on the room I lived in.



My boss told me – and all the others working at the park – that job satisfaction was more important than pay.

When he was challenged to live on our wage, he said we should 'count ourselves lucky to have jobs' and not be ungrateful.

What the DoH spokesman failed to acknowledge was that many social care workers are having their pay cut – even those receiving below the minimum wage.

Social care providers across Britain are cutting staff wages because their care fees are being reduced by local authorities as part of the spending cuts.

The decision to increase the minimum wage by 15p an hour in October has consequently caused uproar among some social care providers.

There are fears that the increase will lead to more job losses as providers cut their staff levels to enable them to survive the cuts in fees.

So this is hardly the time to talk about job satisfaction being more important than pay with so many care workers living beneath the bread line and facing the dole. ■

Article: by Paul Roberts

Is this make or break year for social care reform?



How will social care be funded in the future? The first recommendations are due to be unveiled in July

THIS year heralds the dawn of a new era of critical change for health and social care in Britain. The first steps towards achieving the most important reforms for more than 60 years will be taken in the next few months.

This is a watershed for us all – an opportunity to be part of a process that will shape our care services for the next generation. The cynics among us will no doubt question the Coalition Government's

ability – or will – to bring about significant transformation. Some, with good reason, will argue that we have reached this point in the very recent past and accomplished nothing but inaction, indecision and a trail of broken promises and infantile disagreements.

When Gordon Brown unveiled a White Paper in March last year outlining plans for a National Care Service for England there was ➡

Article

little prospect of the proposed reforms becoming reality. His party was in disarray as a General Election approached and the pledges of historic change became lost in the wreckage of election defeat.

Significantly, the Coalition Government has announced a timetable for revolutionising care early in its prospective five-years in power. Whatever we think of its radical, ground-breaking, controversial and, many would argue, over-ambitious plans, it has given itself time to define a blueprint for genuine change.

Having said this, the path ahead is going to be immensely difficult. There is no quick fix, there will be opposition to many proposals being put forward and uncomfortable compromises will need to be considered, particularly in these tough and uncertain times with businesses going to the wall and more people losing their jobs and homes.

We are being bombarded with white and green papers for reforming virtually every nook and cranny of health and social care. In fact, I observed in jest recently that so many documents outlining proposals for change have been revealed in the run up to and start of 2011, we may soon be able to see them from outer space!

It's worth reminding ourselves of the Coalition Government's daunting programme for health and social care reform:

- *A Vision for Adult Social Care* (setting out a new agenda for adult social care based on a power shift from the state to service users) was unveiled in November 2010
- The consultation document,

Transparency in Outcomes, a Framework for Adult Social Care, was published in November 2010 (with observations sought by February this year)

- The Public Health White Paper (outlining plans for the biggest re-organisation of the NHS in England since it was established in 1948 and including proposals for abolishing primary care trusts and giving responsibility for their £80 billion budgets to the country's 35,000 GPs) was published in 2010
- The Law Commission is due to publish its review of adult social care legislation in the spring of 2011
- The Commission on the Funding of Care and Support is due to publish its findings in the summer of 2011
- The Government is due to publish its Care and Support White Paper at the end of 2011
- The Government is due to publish its Social Care Reform Bill in the spring of 2012

What are the key challenges for the Coalition Government in turning its *Vision for Adult Social Care* into reality and in finding a workable solution for funding social care?

The cutbacks in public spending are putting an enormous squeeze on all finances, including those of local authorities who are being asked to take the lead in making social care services more personalised, more preventative and focused on delivering the best outcomes for those who use them. ➡

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There is little, if any, evidence that personal budgets have created a better choice of services and providers

With purse strings getting even tighter over the next four years, can we really expect our councils to be truly effective in commissioning a wide range of preventative and early intervention services, developing community capacity to take on increasingly important roles in care and in developing the workforce of the future?

There is considerable support for the Government's plan to put more power in the hands of individuals and communities, and for people to have greater freedom in choosing the services that are right for them in a vibrant plural market. But can we be sure there will be sufficient sustainable services to enable people to make a choice? A key proposal in the *Vision for Adult Social Care* is to put all one million adult service

users in England on personal budgets by 2013, a four-fold increase on the 250,000 already receiving them. There is little – if any – evidence that the roll-out of personal budgets, particularly direct payments, in many areas in the past two years has created a better choice of services and providers.

The Government has emphasised the importance of councils moving away from traditional block contracts by working in partnership with private care providers, charities, mutuals, social enterprises and user-led organisations, many of whom have been at the heart of all that is best in community care for many years.

But many independent providers are struggling to survive. Numerous charities ➡

Article

and voluntary organisations are facing closure because of a lack of funds and volunteers. The future of specialist care services, particularly for the elderly, are under review because of the cost of maintaining them. Many have already disappeared as cut after cut has been announced.

How will independent providers, charities and voluntary groups be able to take on greater responsibility – playing a pivotal role in increasing the quality and availability of preventative and other support in rural and urban areas – in the current climate when they may not have the capacity or wherewithal to do so?

These are just a few of the challenges facing the *Vision for Adult Social Care*. The future funding of adult social care in England – be it from partnership, social insurance or hybrid finance models – will present new obstacles that have to be overcome if we are to have a cohesive, realistic and effective programme for real change.

In Scotland, the Labour Party is planning to succeed where it failed in England by creating a National Care Service, if it wins power in the Holyrood elections in May 2011. It is looking at merging health and social care budgets to help Scotland's elderly to stay at home longer and end the postcode lottery of care for people served by 32 local authorities.

The most important question yet to be answered is: Can real reform happen in such difficult financial times, with unemployment rising, the public sector facing unprecedented cutbacks and everyday living costs soaring? We should know within the next 12 months. ■



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Dementia News

£5m boost for Britain's leading dementia charities

BRITAIN'S leading supermarket giant has given a massive boost to the campaign to raise awareness of dementia by making the Alzheimer's Society and Alzheimer Scotland its 'Charity of the Year' for 2011.

Tesco hope to raise £5 million over the next 12 months to

help fund research, dementia community roadshows and support for people with dementia and the hundreds of thousands of unpaid carers who care for them.

An estimated 100,000 people will develop dementia in 2011. 'Together, Alzheimer's Society, Alzheimer Scotland and Tesco will help make sure they don't face it alone,' said a spokesman for Tesco.

The Dementia Community Roadshow – providing a lifeline for people whose lives have been affected by dementia – will tour



the many dozens of Tesco car parks across the UK over the next three years. Three special roadshow vehicles are due to be on the road later this year.

The roadshow will be staffed by trained Alzheimer's Society and Alzheimer Scotland volunteers who will

provide information and advice about dementia, signpost people to essential services in their area, and help bring people with concerns about their memory one step closer to achieving a diagnosis.

Alzheimer Scotland hope to work with Tesco to fund five new dementia advisors who set up dementia support, connect people to local groups and services, help local communities to be more dementia-friendly and support people with dementia and carers to influence the policies and services that affect them.

Brain 'shrinks' before beginning of dementia

PEOPLE with Alzheimer's disease may experience shrinking of parts of the brain up to ten years before diagnosis, a new US study has revealed.

With the help of magnetic resonance imaging (MRI) scans, researchers tracked two groups of people who had no signs of Alzheimer's for between 8 and 11 years.

They found early signs of shrinkage in the 15

people from the two groups who went on to develop the disease.

Scientists hope that the results will pave the way to identifying by MRI scans which people are most likely to develop Alzheimer's.

The research is published in the latest issue of *Neurology*, the medical journal of the American Academy of Neurology.