

BUILDING RELATIONSHIPS...

“The Heart of Darkness”

– an ethnographic approach to partnership working between the local authority and the independent sector (!)

APSE Social Care Advisory Group
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Who am I?

- [Chief Executive] Lancashire Care Assoc (paid CEO (unusual!), non-provider, 3/5FTE)
www.lancashirecare.org.uk
- [NED] Complete Care Network (0.?FTE)
www.completecarenetwork.co.uk Helping
- [consultant] GM Care Sector Council, (0.2-0.4FTE, Mar-Jun, 2011)
- [ex-student!]: SCIE Social Care Leadership Dev Prog
- [son] <http://www.guardian.co.uk/society/2007/may/30/longtermcare.guardiansocietysupplement1>



What goes 'round comes 'round

- 2002 Judicial Reviews were 'in fashion'...
- Sense of crisis, 'zombie zoo', 'voice' = complaint
- 2004-2009 'partnership' working = predominant model, effective (?)
- Economic crisis/ LA settlements -> square 1?
- Forest Care Homes case...
- = 'game changer' (?)



Not just about care homes

- Care homes 'narrative' ("Last Refuge Revisited") – is there a care homes' 'story'
- Why do we still have them?
- What do 21st care homes look like?
- What are the critical components of the right care?



FOREST CARE HOMES

- Two categories of lesson to be taken:
 - (1) JRs have a role
 - (2) The judgement gives good practice 'toolkit' (consult, cost, assess impact, plan)
- BUT...
- If there is a funding gap, and is to be a £6bn+ gap by mid 2020s, so funding remains the elephant in the room



Mr Justice H's 'toolkit'

- Consultation / engagement
- Costings: Independent costings models (esp. 'L&B 'Fair Price' model)
- Impact assessment (not just budgets)
- Strategic planning
- 'transparency'



Working with the independent sector

- ...as a resource
- ...markets as a mechanism
- ...rules of the 'game' (profit, return)
- ...'intra' and 'inter'
- ...systems approach (BUT: licence, opportunity)
- ...developing a new 'task system' (dominoes)
- -> Social Care Partnership



'Two tribes'...

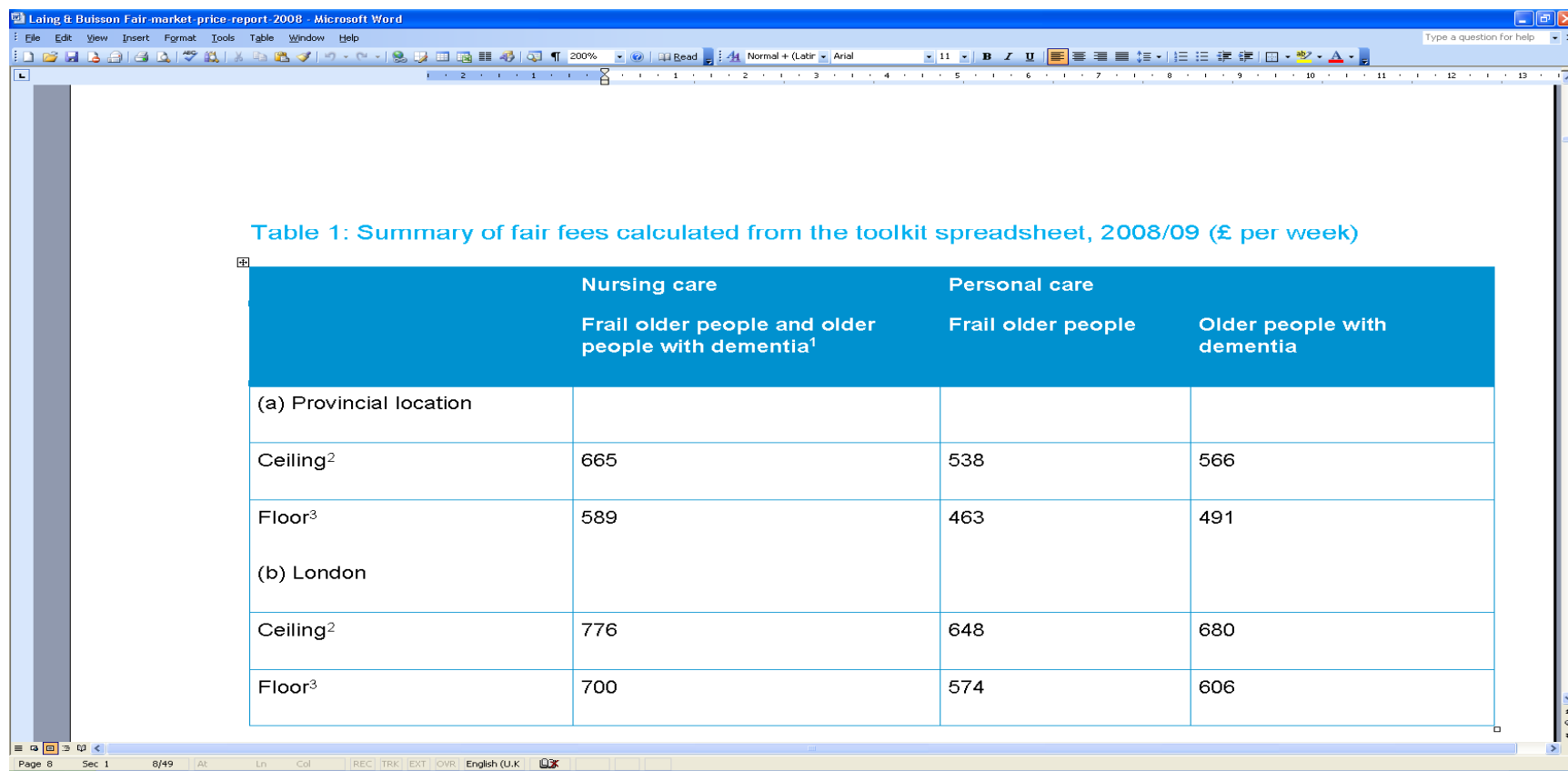
- Cultures & ideology
- Dealing with inter-group stereotypes
- (in)compatible drivers
- Big – small (SME)
- Public – private (markets/ business principles 'vs' public sector approach)
-



Managing change

- Effective - partnership group (from 'group' to 'team')
- Dealing with 'us' and 'them' (intra and inter 'group' affiliation/ behaviour)
- Systems approach
- Risk: taking and managing risk across boundaries

'Fair Price' 2008 update



The image shows a screenshot of a Microsoft Word document titled "Laing & Buisson Fair-market-price-report 2008 - Microsoft Word". The document contains a table with the following data:

Table 1: Summary of fair fees calculated from the toolkit spreadsheet, 2008/09 (£ per week)

	Nursing care	Personal care	
	Frail older people and older people with dementia ¹	Frail older people	Older people with dementia
(a) Provincial location			
Ceiling ²	665	538	566
Floor ³	589	463	491
(b) London			
Ceiling ²	776	648	680
Floor ³	700	574	606



'Fair' to whom?

- L&B, Sep 08: “Local authority in-house providers, voluntary organisations and private operators subject to [TUPE] arrangements typically offer staff higher remuneration (...pay rates, ...enhancements for unsocial hours and ...pension contributions) than do other private sector care home operators. It may further be argued that even the higher pay currently offered by councils and voluntary organisations is inadequate to bring about the creation of a more qualified and professionalised social care workforce, as widely advocated. The choice of which pay rates to enter has a major impact on the ‘fair market price’ that is calculated by the toolkit spreadsheet, and indeed raises the question of ‘fair to whom?’ – investors in care homes or staff? For the purposes of this report we have opted to enter pay benchmarks in the spreadsheet toolkit that specifically reflect ‘more efficient’ private sector costs. These benchmarks may, however, be modified in the spreadsheet and the effect of such modifications analysed. It will become apparent that the cost of ensuring a ‘fair price’ to care home investors at the same time as ‘fair pay’ (however defined) for staff could be very high.” - *“The horror. The horror?” - Kurtz’s last words in Heart of Darkness*

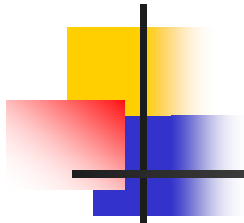
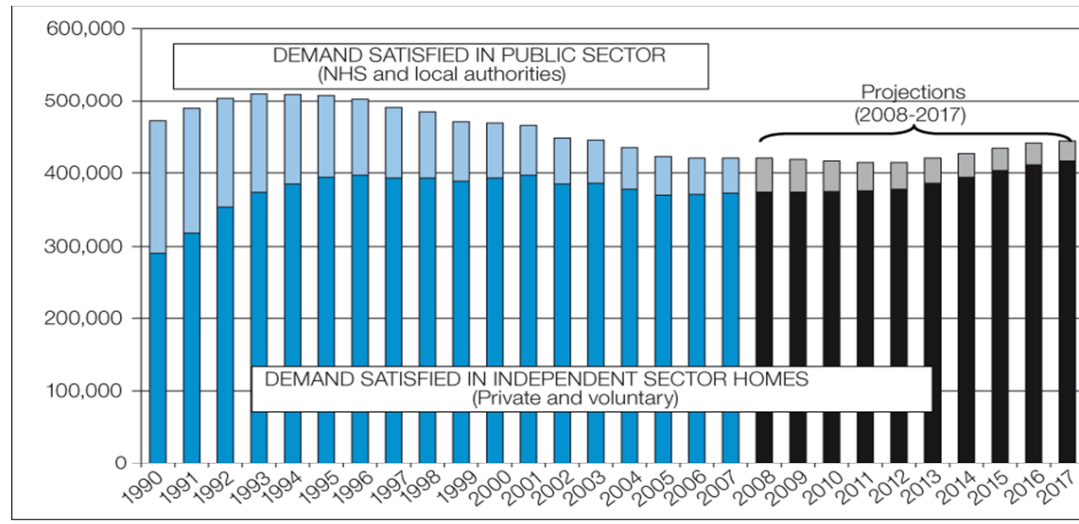


Figure 2: UK demand for places in care homes for older and physically disabled people, 1990-2007, and projections 2008-17



Source: Laing & Buisson (2007)

Laing & Buisson Fair-market-price-report-2008 - Microsoft Word

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Challenges

- **quality** (commissioning quality, shaping care markets)
- **models** (what goes on under the title “care”)
- **funding** (£6bn underfunding by mid 2020s)
- **‘narrative’** (“Revisiting ‘The Last Refuge’ ” – why have care homes?)
- **managing change** (managing overload)



Voice

- articulating the (a) 'voice' for care (homes): - needs to be constructive, well-articulated, listened to, evidence driven (what works) in the policy arena / with key stakeholders
- who articulates it if not associations? There needs to be some strategic/ collegiate provider voice
- how to develop associations?
- National assocs + the bigger and better organised sub-regional/ regional assocs
- What happens to 'voice' if more 'customerisation' through 'personalisation'



Trends

- broad demand – (see L&B table)
- ‘personalisation’ / ‘customerisation’: impact on commissioning)
- New LA/ health structures / clusters + ‘strategic partners’ and commissioning
- **whither/ wither local authorities?** Sec. Pickles:
DCLG Review of statutory duties placed on local government



Care homes: are they needed?

- L&B note 3 areas indicating they are: “(a) the level of **dependency** of care home residents now; (b) questions over some home care users’ QOL and the **relative cost** of delivering dispersed care services to the most highly dependent; & (c) the increase in care services required to meet the **demands** of an ageing population.”
- “.. UK population projections from the Govt. Actuary show that, if age-specific rates of usage per unit population were to remain as they are now, there would be 1.2m frail older people living in care homes or long-stay hospitals in the UK by the time the older population peaks in 2071, compared with 420,000 in 2007. Even with a substantial transfer of demand ... towards home care and extra care alternatives ...it seems unlikely that further investment in traditional care homes can be avoided.



Working with the independent sector

- LCA – www.lancashirecare.org.uk
- CCN – www.completecarenetwork.co.uk
- Other provider 'clusters'/ networks e.g., GMCSC
- Governance
- Capacity
- Strategic planning, SMART targets



Components of care

- true cost / 'Fair Price'
- care contributions (new 'compact')
- (real) partnership working (CSFs: top down pressure, domino dot, externals that don't overwhelm, dealing with inter/ intra group behaviour, managing 'constituencies', taking risks, legitimacy and opportunity to work across boundaries)
- Health AND social care: why can't Venusians and Martians work together in perfect harmony?



Care 2011 'More for less'

("the horror! the horror!")

- "I raised my head. The offing was barred by a black bank of clouds, and the tranquil waterway leading to the uttermost ends of the earth flowed somber under an overcast sky - seemed to lead into the heart of an immense darkness."
- Conrad, "Heart of Darkness"



SWOT: threat or opportunity?

- How do you think the independent sector and the local authority can work better together?
- Does underfunded residential care + low margin dom care + cash-strapped LA commissioning + new (cash-strapped) ways of commissioning through health + 'customerisation' through individual budgets = anything other than the perfect storm?