

## Ambition, confidence and risk: holding nerve in difficult times

Andrew Cozens

Strategic Adviser (Children, Adults and Health Services), Improvement and Development Agency for Local Government

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### Summary

*These are challenging times for children's services and adult social care in England. The political climate is changing and the recession has brought into sharp focus questions about the evidence of impact from unprecedented investment, particularly in children's services. There is a tide of public concern about how children are kept safe and about how long-term care is currently funded. This paper explores how the ambition for, and confidence in, these services can be sustained during political and economic turbulence.*

### Scope and timeframe of ambition

*Every Child Matters*, and the subsequent Children Act 2004, laid the platform for an ambitious, ten-year programme of change that included the integration of education and children's social services into new departments and the creation of children's trusts as commissioning bodies. *The Children's Plan: Building Brighter Futures* followed in 2008. It marked a slight shift in emphasis from the original outcomes framework towards greater attention to narrowing the gap between those with the best and poorest outcomes. This was prompted by growing evidence that, although outcomes generally were improving for children, this gap was widening.

This emphasis was evident in the five principles of the Plan:

- Government does not bring up children – parents do – so government needs to do more to back parents and families;
- All children have the potential to succeed and should go as far as their talents can take them;

- Children and young people need to enjoy their childhood as well as grow up prepared for adult life;
- Services need to be shaped by, and be responsive to, children, young people and families, not designed around professional boundaries;
- It is always better to prevent failure than tackle a crisis later.

As well as being a showpiece of the Labour government, this programme enjoyed the benefits of a strong cross-party and professional consensus behind it. In this respect, adult social care's reform programme was a more Cinderella proposition. Its roots can be traced to a combination of user and carer-led challenges to the status quo and professional leadership. Political engagement with the key issues has been less strategic with, arguably, a history of piecemeal legislation adjusting the core arrangements set by the National Assistance Act 1948. Key legislation in relation to direct payments and carers' rights followed strong sector lobbying.

The framework for current reforms was first set out in a Department of Health Green Paper in 2004, and then wrapped up in a wider White Paper that focused primarily on health service reform, *Our Health, Our*

*Care, Our Say*. The outcomes are a mixture of values and instrumental activity. People, irrespective of illness or disability, should be supported to:

- Live independently;
- Stay healthy and recover quickly from illness;
- Exercise maximum choice and control over their own lives and, where appropriate, the lives of their family members;
- Sustain a family unit which avoids children being required to take on inappropriate caring roles;
- Participate as active and equal citizens, both economically and socially;
- Have the best quality of life, irrespective of illness or disability;
- Retain the maximum dignity and respect.

While the reform of children's services has a ten-year timeframe, that for adult social care is much less specific and more long term. A central platform, the promised Green Paper on the funding of long-term care, is expected to launch yet more consultation on a new settlement which may take several parliaments to achieve – even if there proves to be sufficient political will.

## **Currency and relevance**

The shift in orientation of these key services, from service delivery to improved outcomes, chimes with the wider principles that underlay both the Department of Communities and Local Government White Paper (2006), *Strong and Prosperous Communities*, and the associated changes in the Audit Commission's approach to evaluating local public services. The White Paper signalled a "focus on understanding and delivering the improvements places need and the outcomes local people want, rather than relying on traditional service delivery channels".

This approach also requires a strong focus for commissioners on understanding what supports social movements and community development. There is a new or renewed interest in, for example, pride of or sense of place; community cohesion; how to promote participation in activity and democracy; the tackling of inequalities; promoting better health; and in developing notions of well-being.

Closer attention to outcomes and satisfaction, rather than inputs and outputs, requires different measures of progress. Our work in the Improvement and Development Agency (I&DeA) has been greatly influenced by Mark Friedman's results-based accountability perspective<sup>1</sup>. He, importantly, distinguishes between population indicators and programme performance measures. In the first, the measure is of curves turned away from the baseline and projected trajectory. In the second, customer progress and service quality is measured but drawn only from those actually using the service.

The changes in council performance rating from 2009 are based on a shift from service management and organisational assessment, to a collective judgement on public services, and a greater emphasis on quality of life and customer satisfaction.

The Comprehensive Area Assessment (CAA) has four key aims:

- Supporting improvement in local services and outcomes;
- Protecting vulnerable people;
- Improving value for money and effective joint working;
- Supporting local accountability.

It will judge the risk to achieving priority outcomes for public services in that place, focusing on (but not limited by) Local Area Agreement targets. Councils and their partner organisations will be keen to establish that assessing performance in this

way does not create risk aversion and stifle innovation.

Thus, there should be a change of emphasis from better services (for their users) to better outcomes for the whole population, for those with particular needs, and for individuals. The key questions being as follows:

- For populations – what conditions are we trying to improve for everyone? What does success look like?
- For services: how much; to whom; did we make a difference?
- For individuals: how much control; how much choice; how do services help me meet my personal goals?

## Confidence

Public confidence in government, governance and regulation has taken a battering recently from a number of directions. These range from the macro-economic factors underlying the recession, asset investment decisions by public bodies and MPs' expenses, to lack of trust in political parties and the integrity of government.

These have provided a backdrop to equally significant service issues in child protection; the quality and availability of care for older and disabled people; and growing disquiet about big public policy issues like the funding of long-term care and school admissions.

Sustaining political confidence is a challenge heightened by the recession. Legitimate questions were being raised about return on investment and progress in delivering improved outcomes before the publication of the recent Children's Plan. This found expression in activity intended to narrow the gap in outcomes between the population as a whole and those falling behind. Lord Laming's review of progress since his inquiry into the death of Victoria

Climbié, while endorsing the integrated approach to children's services, called for greater attention and pace in improving outcomes for children in need and children at risk of harm. The Secretary of State's response included a new National Safeguarding Unit to promote this.

The political profile of adult social care was, and remains, much lower than that of children's services. Until the appointment of the recent Minister of State, Phil Hope, it has languished in recent years within the responsibilities of the most junior minister in the Department of Health. It has also competed, mainly unsuccessfully, for air time and attention with the NHS. Because it is not a universal service, and notoriously hard to explain to a lay audience, no recent political party has made it a central plank of its manifesto. Proposals for reform have dribbled out in a series of Green Papers or as part of White Papers about the reform of the NHS or local government more widely. It is typical of this, perhaps, that its current direction is set out in a concordat between central and local government, *Putting People First*<sup>2</sup>, championed by the previous Care Services Minister, Ivan Lewis, and very much influenced by radical ideas from users and their advocates in the sector. These proposals are built around an extension of the concept of direct payments (of the full value of the care package) for the user to manage themselves into individual budgets. These ring fence an individual allocation but allow the user to receive them in both cash and kind, allowing them to choose those elements they wish to direct themselves. This reinforces the importance of service design and brokerage, and the influence on that of wider issues that affect quality of life.

This approach also gives local authorities wider responsibilities to provide information and advice to all those entering the care system, irrespective of means or needs, and to ensure sufficiency of supply of services and, by implication, the workforce, to meet

the requirements of all those seeking care and support. This is a tough brief given the reality that most councils, taking the resources available to them into account, are only able to help those with critical or substantial risk of loss of independence, and limited personal means.

It is this reality that now has the highest profile as those encountering the care system for the first time realise its complexity and limitations. The Government has committed to reform the funding of long term care and a Green Paper is promised. This is unlikely to offer immediate prospects for change, however.

Aspects of both services have had a high media profile in the last year. As is usually the case, these have focused on the human costs of perceived failure, under-performance or non-availability. For children's services the annual debate about exam results has been overshadowed by the furore surrounding the Baby Peter case and the intense scrutiny safeguarding services have received across the country. While less intense, adult social care has faced a range of adverse stories, with reports about institutional abuse and the quality of providers, against the backdrop of concerns about long-term care.

A number of recent studies have reported the negative impact of this climate on professional confidence. The Government has responded by setting up the Social Work Task Force to review issues about training and support. Its earlier messages speak of a workforce that is overstretched and overwhelmed by administrative and performance monitoring requirements. The care workforce has high turnover and well above average levels of sickness.

Confidence in regulation has taken a similar knock, both in relation to service failures in regulated areas, and in relation to the process for judging the effectiveness of services overall. This is, naturally, also

caught up in the wider debates prompted by the banking crisis and the criticism of that regulatory regime.

Prior to this, both major inspectorates, Ofsted and the Commission for Social Care Inspection (as was), were moving towards both a risk-based approach for individual services and organisations, and to the wider judgement of local public services, wrapped up in the Comprehensive Area Assessment. Both Ofsted and the new Care Quality Commission, though proceeding with their contribution to CAA, are adopting a more comprehensive approach to safeguarding issues, for example.

## **Risk**

The issues affecting confidence in these services are also primary considerations in assessing risk to delivery of the ambition for children's services and adult social care. The most obvious is their capacity to manage risk of abuse or failure and, by implication, whether the scope of organisational responsibilities for the wider population is a distraction from their responsibilities for service users. This, and damage to reputation, has increased the risk of further structural change, new legislation, or a tougher performance regime. There is a general consensus, echoed by Lord Laming in his recent report, that this would be damaging. His message was to concentrate on pace and delivery. The Commission for Social Care Inspection took a similar line in their final State of Social Care report in 2009.

The second major risk factor is the effects of the recession. This has two components. The first is reduced levels of growth for these two areas, and the anticipated cuts in public spending. The second is growing demand for support from these services as a consequence of the impact on individuals, families and communities.

Both children's and adult services have benefited from major investment in the last decade. In adult social care this has allowed services to keep closer to the pace of growing demand and to support the development of new upstream services. Whole new programmes have been developed for children and families in early years' provision, Sure Start and children's centres, extended schools and better support for children and young people with disabilities and their parents. The Private Finance Initiatives have built new schools and primary care facilities. Much of this new activity was funded on a short-term basis, with councils picking up the costs in subsequent years, something that seems even tougher now.

The current Comprehensive Spending Review had already signalled a reduction in the level of growth. While spending is generally being maintained in 2009/10, most predict very substantial savings can be expected in subsequent years. Budgets for the current year include ambitious efficiency savings, as well as a real challenge to all service areas to prove their effectiveness and value for money.

The final risk factor to the stability of these services is the overall political climate and the prospect of a General Election by no later than May 2010. While, writing in early 2009, we can anticipate a plethora of policy initiatives to be announced by the Government and opposition, the legislative programme will be light and few will bite during this Parliament. Further, aspects of these services may well be the subject of political football in the campaign period.

## **Leadership challenges**

Faced with the combination of risks and uncertainties outlined above, I would argue that the key leadership requirement is to hold nerve about the direction of travel for children and adults services and the longer term benefits that are expected from the

reforms begun in recent years. Despite differences in approach, and some headline grabbing adjustments to processes, there is a general consensus between the main parties at a national and local level about improving outcomes and promoting greater choice and control.

For local leaders, there has been a significant shift in focus from the faithful reproduction of a picture devised nationally, to the development of a local vision to improve quality of life, with greater operational flexibility. The progress with this will be measured in the first round-up of Comprehensive Area Assessments. An earlier indication, drawn from the Audit Commission's recent study of councils' progress with planning for an ageing society, *Don't Stop Me Now: Preparing for an Ageing Population*<sup>3</sup>, is that some high performing councils under the previous CPA methodology may find this an even tougher test.

This local vision must be integrated across sectors, connected across services, and with deep roots and strong engagement with users and carers, staff, politicians and other local leaders. Devising and implementing it requires a delicate balance of influence and accountability, without the safety net of organisationally specific performance frameworks.

It also requires integrity in knowing and telling the local story, warts and all, to partner agencies, service users, other stakeholders and to regulators. Leaders in this context also need to be comfortable with growing levels of complexity and with recognising the indirect benefits or otherwise of their organisation's actions on others parts of the delivery chain or wider outcomes for the population as a whole. Commissioning for outcomes also requires a wider appreciation of the impact of spend in one area on improved outcomes in another.

## The challenge for councils

In summary, this changing context requires councils to reposition themselves as co-ordinating agencies to promote greater social and community integration. They have a key role to play in supporting and strengthening communities during times of growing adversity. At the same time, they need to harness wider public, private and voluntary sector energies to meet the needs of the whole population, while ensuring those furthest from these wider benefits at the moment do not become more adrift, and those directly at risk of harm are properly protected and supported.

### Footnotes

<sup>1</sup> Friedman, M. (2005) *Trying Hard is Not Good Enough*, Crewe: Trafford Publishing.

<sup>2</sup> Department of Health (2007) *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care*, London: DH.

<sup>3</sup> Audit Commission (2008) *Don't Stop Me Now: Preparing for an Ageing Population*, London: Audit Commission.

### Notes on Contributor

**Andrew Cozens CBE** is Strategic Adviser (Children, Adults and Health Services) for the Improvement and Development Agency for Local Government and a member of its Executive Leadership Team. In this role he advises central and local government and partner agencies in relation to children's services, adult social care, public health and local government's relationship with the NHS. He also is the LGA Group's Strategic Lead for Adult Social Care, managing the whole Group's activity in this area. He also oversees the Agency's work on culture and sport, and its relationship with the Centre for Public Scrutiny.

Before joining IDeA in 2006, Andrew spent ten years as director of social services in Gloucestershire and Leicester City. He also was Deputy Chief Executive for Leicester City Council from 2001-5.

Andrew was President of the Association of Directors of Social Services (ADSS) in 2003/4.

### Address for Correspondence

Andrew Cozens CBE  
Strategic Adviser, Children Adults & Health Services  
Improvement and Development Agency for Local Government  
Layden House  
76-86 Turnmill Street  
London  
EC1M 5LG

Telephone: 020 7296 6892

Mobile: 07917 831 704

Website: [www.idea.gov.uk](http://www.idea.gov.uk)