1. Background

‘Coping with cuts’ has come out of a number of conversations with social care colleagues about current pressures on social care provision. These include:

- Decreasing overall resource for social care
- Increasing cost pressures (e.g. sleepovers, national living wage, auto enrolment etc.)
- Projected increase in demand and (contested) increase in expectations
- Exit from the market and provider failure – large scale (UK care homes and care at home) and recent business resilience survey which showed 60% of respondents as having withdrawn from, or refrained from participating in procurement exercises because they could not make it financially viable.
- Question of the impact on supported people- if we drive down price while costs increase people get less support, or end up paying more in care charging.

![Diagram](image-url)

Figure 1: Growing pressures on social care provision

2. Approaches to the problem

To date, there have been more Strategic analyses and approaches to solving this problem than practical or operational ones.

**Strategic approaches** include:

**Rights based:** takes the focus off resource and on to the rights of the person to have their needs met; live their life and participate in their community. An important reminder of the core purpose of social care is not to manage a limited resource but to support people who need it. This can include everything from human rights based approaches to arguing simply for the discharge of local authority duty to meet need under the Social work Scotland Act, 1968.
Assets based: seeks to improve social work conversations and change the focus from deficits to assets. Financially seeks to leverage in community, family and personal resources (at low, or no cost to the state) alongside paid-for support. While this approach does improve outcomes for supported people and help with community linking, where it is driven primarily by savings it can deny the individual their right to professional support- and place an inappropriate expectation on families and communities to meet need.

Push the hourly rate price down: This approach effectively decouples the cost of care (wages, on- costs, overheads, training, registration, management etc.) from the price paid. Can lead to 'Kafkaesque' contracting, where living wage and fair work are criteria within the bid but the hourly rate is too low to allow this to be paid.

Put more money into the system: a more political, Scotland-wide argument that seeks to change Scotland’s taxation system and budget priorities to put more money into the system.

Innovate/change service and commissioning models: A popular solution at the strategic level, this recognises that some provider business models and service offers need to change to meet changing needs and expectations. Scottish Government is pushing the Buurtzorg approach (for example) which is a flat structure nurse- led visiting support model where individual workers are paid comparatively well but self-organise reducing the need for management and HR functions. However, focusing on service models can lead to overlooking the commissioning models which shape them and which therefore may also need to change.

Decouple hourly rates from individual budgets: Using Self-directed Support as a starting point this approach uses existing individual budgets (under Options 1 or 2 of the Act) and asks providers, supported people and social workers to work out how this budget can meet a person’s needs flexibly and within their existing entitlement. Although this also risks decoupling of price from cost it does give increased freedom through a decrease in service specification and monitoring and a focus on outcomes.

Looking ahead to a proposed programme – Our questions
Q1: Have we analysed the problem correctly?
People generally agreed with this analysis of the need. But it’s not just about coping with cuts – we can’t! We need to change, to be proactive. We want to find out what others are doing to cope – and change.

Other factors involved in the need we’re trying to address include:
- **Behaviour** - competition drives behaviours that drive price down and decrease likelihood of partnership and collaboration
• **Diversity of providers**, business models and approaches to cuts— even different services within the same provider will have different approaches

• **Legislation** pulls the system in different directions e.g. EU principles (procurement) vs. personal choice (SDS) best value (procurement) vs. service continuity. Frontloading reducing resources to the person (SDS) or investing in the workforce to increase skills, increase support quality and improve outcomes.

• **Outcomes vs. funding**: Organisational drive to ‘do what should be done for supported people’ vs. ‘doing what the commissioner/funder asks us to do’ to keep the lights on.

• **System** is getting in the way— need a radical change.

• **Collaboration** vs. looking after ‘our own’ interests.

• **Involvement** within personalisation (planning and reviews) e.g. individuals, providers, LAs

• **Contract inflexibility** (over-specification) is a barrier to innovation.

Q2: What would be the outcomes of a proposed programme to address the problem?

• A wider conversation about the future of social care – a national vision

• Honest space to say and hear what matters to us all – ‘Own it and say it’

• Better dialogue and communications between all stakeholders

• Strategic planning involving partners

• Positive examples leading to positive action

• Increased creativity

• Increased ownership – we are all part of the system we are trying to change

• Better use of resources to support outcomes

• Highlighting not hiding outcomes, risk and obligations

• We could be more proactive e.g. in the face of changes

The underlying thread to all of these ideas was that there is a need for inclusive conversations. To generate and share exciting ideas we need to include the widest possible range of people, including supported people, procurement colleagues, commissioners, strategic and policy colleagues, and staff from all levels in organisations.

Participants would need to give themselves and each other permission to try things out. This means having permission to ‘fail’. There was also a proposal that if they are part of the process, participants should not act against any principles that are agreed within the process, i.e. when back at their desks! This is about honesty and being the change we want to see in the world.

Q3: What should a programme look like to achieve these outcomes?

We need to start by being clear on the end product and outcomes we want to achieve.
Opportunities to say what’s happening and who is affected
We could hear from people who have been through cuts, and how they coped or changed
How to overcome/remove barriers
Producing shared statements of vision/ambition, with timelines and ownership for actions
Each event should have a distinct theme
‘The service user’ should be at the centre and able to influence things
We want to hear from speakers from other industries and sectors
After each input, there could be facilitated dialogue with ‘power’ holders – what can we learn from the example we’ve heard about, and why doesn’t/can’t it happen here?
Practical ideas to take away, test and use – we need permission to risk and fail!

Although we generally spoke about cross-fertilising ideas across sectors and organisational levels, there was also a suggestion or a tiered approach e.g.:
- Working group, to identify challenges and learning
- An operational or resource group, to think about how resources are deployed in response to learning
- A strategic group, to make decisions, directions, connections

Q4. What should a programme contain or cover?
Finance
Regulation
Commissioning plans, policies and budgets for workforces. Stakeholder involvement in these
Integrated Joint Boards
Whole system costing, to demonstrate the real cost of care and support (E.g. reducing a package leads to an NHS admission) this would help us see what real costs are and what real efficiencies can be made.
We need to take a real look at what kind of cuts we mean- the size and type of cuts are the main predictors for the actions that providers (and the wider system) will take.

3. What happens next
Next meeting Thursday 19th May
This will need to continue these design discussions e.g. about outcomes and programme shape and content. But it needs some practical purpose too, perhaps starting to address some of the topics above.

Ideas for this or anything else on the programme:
Dee: dee.fraser@ccpscotland.org
Coping with cuts
Notes from pre-programme meeting 13th April 2016

Graeme: info@wrenandgreyhound.co.uk

We are also holding Thursday 30th June for a first full event.

4. Did someone mention biscuits?
We are still not quite settled on ‘Coping with cuts’ as a title. We promised a prize[^1] of a packet of biscuits[^2] for better titles[^6]. Please add to this list by contacting Dee or Graeme:

- Challenging cuts
- Managing reduced finances
- The challenge of cuts
- Evolving support
- Rebalancing achievements
- Better, cheaper, faster – pick one!
- Flexible finances
- Better with less!
- Balancing budgets
- Controlling the cuts
- Doing less…better!
- Fat cats health improvement (?!)

[^1]: Free!
[^2]: Of your choice
[^3]: Or fruit
[^4]: Or cake
[^5]: Or vegan/gluten free alternative
[^6]: Titles first please, prizes later…