Time for a new dawn

A new vision is needed for social care, say **Ewan King**, **Bill Love** and **Pip Cannons**. They emphasise models are available now to facilitate a shift to more support in communities

In 1997, the last time there was a Labour landslide, Tony Blair famously said that 'a new dawn has broken.' This time around the optimism has a different feel. Social care is in a difficult place, for the reasons we all know so well – lack of cash, workers, and rising demand, and a lack of strategic creativity. Recovering lost ground, never mind creating a new dawn for social care, will be hard. Rumours of another Royal Commission on social care will not have raised anyone's hopes of quick resolutions.

Social care needs new vision but when it comes to making things better now we shouldn't despair; many of the answers to these challenges exist already – proven models of care which, if consistently implemented across the country, could transform outcomes for people.

Where to start? We believe that in terms of direction of travel, we broadly know where we have to go. It's recognised in the Labour Manifesto and written into the Association of Directors of Adult Social Services Roadmap. More support needs to be provided in communities, with early intervention supporting people to live better lives.

We have models right now that can facilitate this shift. Firstly, there is Community Led Support, a strengths-based approach to organising local support which focuses on identifying, listening to and working with people early to connect them to less intensive forms of support – keeping them well and independent for longer. Operating in 34 local authorities, independent evaluations show this approach can greatly improve people's satisfaction and outcomes, improve staff morale and retention and enable the better targeting of resources.

Demand for support at home is rising, and without good solutions here we will continue to under-support people, leave them exposed to social isolation and increase the likelihood of residential care. Micro enterprises, networks of small local organisations which tailor support to fit people's needs, are evidenced to provide good quality, flexible and sustainable support, while creating local jobs and reducing the cost and need for more expensive forms of care; a 'win-win' for councils.

Another model of support which has huge potential to grow, but is often hindered by poor commissioning vision, are Small Supports. The fact we continue to have people in long stay institutions is nothing less than a national scandal, ruining people's lives at huge expense. And yet a solution is on our doorstep: Small Supports, local bespoke organisations which have the vision and capacity to sustainably support people with complex lives and high levels of support needs. What's more they

The first steps to healthier lives

Directors of public health have a responsibility to cut rates of non-communicable diseases, and by creating healthier places people will have the freedom to choose how they live, says **Greg Fell**

Every year, 41 million people worldwide die from non-communicable diseases (NCDs). That equates to around 70% of deaths worldwide, figures that are projected to rise to 52 million and 75% by 2030. In England, the statistics are even more concerning with NCDs causing 88.8% of deaths in 2019.

These conditions, which include many cancers, respiratory, heart and liver disease, mental health disorders and suicide, disproportionately affect people living in the most deprived areas, and often for many years before eventually claiming their lives. Not only do NCDs impact quality of life for individuals and their families, but they also place a significant burden on health and social care services and contribute to the growing number of people unable to work because of illness.

As directors of public health, we have a responsibility to reduce rates of NCDs now, and put in place measures to prevent, and even reverse, their predicted rise. As is often the case, there are a multitude of contributing factors, all interacting to increase or decrease our risk of developing one – or very likely more – of these life-limiting conditions.

We know that the building blocks for good physical and mental health are eating healthily, keeping active, living in good housing, having a good education and meaningful work, and enjoying social connections. We also know harmful products like tobacco, alcohol, unhealthy food, and poor air quality cause many NCDs. In fact, initial estimates suggest health-harming products contribute to between one and two thirds of all deaths, and around 80% of deaths from NCDs.

We need an environment where everyone is able to access the building blocks of health, while also reducing consumption of harmful products

We need to create an environment where everyone is able to access the building blocks of health, while also reducing consumption of harmful products. These two goals are very much connected. After all, we only have to look at the progress in smoking reduction to see that the most effective measures have been those that tackle industry influence at a population level, like restrictions on advertising and the ban on smoking in public places –

focus local spending in local communities and deliver better staff retention.

Prevention is the watchword of the new Government. Local Area Coordination is a proven approach that gradually reforms the 'front door' of local public service systems, helping people to avoid, delay and reduce reliance on public services, transferring resources away from interventions that don't work, into an approach that does. Scaling this approach and making it widely available would have a transformative impact on local people and local health and care systems.

The number of people of all ages needing support is growing. We know that people receiving support make essential contributions to our community. We also know costs are rising. Shared Lives is an evidence-based approach to providing support for adults with learning disabilities, and a growing number of older people, which is shown to deliver some of the safest and highest quality of social care, yet Shared Lives services support only 1% of recipients of adult social care. Its obviously time to grow this model, alongside these other innovations.

We have high hopes for a Royal Commission but let's be clear, we can't just kick the change can down the road.

Firstly, existing strategic levers, commissioning processes, individual funding and provider development can all be used differently. Used better. We need ambition and vision which is committed to backing a shift from residential provision through looking at the evidence, understanding what is possible and focusing investment into community and values-based approaches.

Secondly, there is a need for communities to be at the heart of decisions about care. Communities are where we find the best ideas, passion for great lives and practical solutions – let's tap into these to solve the challenges we face together.

Thirdly, we need to enable and ensure a broad range of support (provision) flourishes. Contracting and procurement frameworks will need to reflect that being larger doesn't make services more sustainable, that person-centred and small can deliver both better life outcomes and value for money, and that our focus (and therefor funding) needs to be not on time and task but on outcomes.

Let's make a new dawn for social care break now.

Ewan King is chief executive of Shared Lives Plus, Bill Love is executive director of the National Development Team for Inclusion and Pip Cannons is chief executive of Community Catalysts

X – @SharedLivesPlus

measures that reduce visibility, accessibility and affordability.

We must learn from this progress and the Association of Directors of Public Health is working with a wide range of academics and organisations to raise awareness of the parallels between the tobacco industry's tactics and the way other harmful products are marketed, sold and used. At the same time, we are working to identify effective ways to tackle these commercial determinants of our health.

By creating healthier places which support, provide and encourage healthy opportunities for all aspects of our lives, people will have the freedom to choose how they live – a choice far from free for the UK's 14.4 million people living in poverty.

To achieve this a lot needs to be done at a national level and we hope the new Government will work with us to develop evidence-based policies, free from industry influence, that will make a real difference. For example, minimum unit pricing – instrumental in reducing alcohol-related deaths in Scotland – would save countless lives if introduced in England.

In the meantime, there is much that can be – and is being – done by directors of public health and their teams on a local level by using the available levers and working in partnership with organisations from across Integrated Care Systems (ICSs), the voluntary and community sector, the NHS, and local businesses.

For example, Bristol City Council has introduced an advertising ban on unhealthy food and drink along with restrictions on advertising alcohol, gambling products and payday loans. In Newcastle, the council has followed Gateshead, and other councils, in introducing a ban on new takeaways near schools. And in my own area of Sheffield, as well as joining the growing number of local authorities introducing advertising and sponsorship restrictions, we have also seen the introduction of our own version of the sugar tax by Sheffield City Trust.

We hope the new Government will work with us to develop evidence-based policies, free from industry influence, that will make a real difference

What these policies have in common is aiming to prevent people from ever becoming sick, which is the only way we can reduce NCDs. Together with the Local Government Association and NHS Confederation, through the Public Health and Integrated Care Systems Forum, we are working to improve how public health measures are implemented through ICSs and advocating strongly for the new Government to prioritise prevention.

By reducing the accessibility and appeal of products which we know cause NCDs, committing to protect policy from industry influence, and continuing to educate and inform residents, local authorities can make a significant contribution to reducing the soaring rates of avoidable illness.

Of course, we also need to support people who want to live a healthier life – whether that is through providing stop smoking or weight management services or improving access to leisure facilities and open spaces – and we continue to work in partnership at a local level to do that.

Ultimately we need local efforts to be backed with a national commitment to protecting people from harm, so we can create a society where everyone, regardless of how much money they have or where they live, can access the things they need to live healthier lives for longer.

Greg Fell is president of the Association of Directors of Public Health

X – @ADPH