

# The Big Society and innovation in care and support for adults

Key messages from SCIE expert seminars



First published in Great Britain in November 2010  
By the Social Care Institute for Excellence

© 2010  
All rights reserved

This report is available online  
[www.scie.org.uk](http://www.scie.org.uk)

Social Care Institute for Excellence  
Goldings House  
2 Hay's Lane  
London SE1 2HB  
Tel 020 7089 6840  
Fax 020 7089 6893  
[www.scie.org.uk](http://www.scie.org.uk)

## Contents

Introduction and background .....	1
Summary of key messages .....	1
Messages and findings.....	3
Person-centred, co-productive approaches .....	3
Role of national and local government .....	3
Regulatory reform .....	4
Culture change.....	5
Leadership .....	5
Collaborative working.....	5
Prevention.....	6
New methods of evaluation and commissioning practice.....	6
Mobilising social capital and the role of volunteers .....	7
Local social enterprises and micro services .....	7
Start up and sustainability .....	8
Scaling up and mainstreaming .....	8

## Introduction and background

This paper presents the key messages from two SCIE expert seminars:

- *Innovate and Fly: Supporting quality and efficiency in tough times* (co-hosted with The Innovation Unit) 9 July 2010
- *Big ideas, Big Society: innovation in care and support* (co-hosted with the Department of Health) 5 August 2010.

Following presentations by a range of innovative adult social care projects, delegates discussed solutions to the current challenge to develop innovative, personalised support in adult social care with fewer resources. This report summarises their views, which were put forward on a Chatham House (non-attributable) basis.

Delegates at the *Big ideas, Big Society* seminar were asked to consider the issues in the context of the Big Society, the devolution of central government power to the frontline and major public sector spending reductions.

## Summary of key messages

**Person-centred, co-productive approaches:** The outcomes that people who use services and their carers want, and their expertise, should help to define and drive developments and future initiatives. There is a strong link between the Big Society agenda and the drive for personalisation in adult social care (Putting People First). Both involve empowering people to be active citizens who control their care and support and can contribute to their communities.

**Role of national and local government:** The Big Society agenda promotes a 'smaller state'. This means that national and local government, and associated agencies such as regulators, will need to focus more sharply on two key issues:

- things which can only be done at that level (e.g. setting national standards for care safety and quality)
- finding and supporting ways to facilitate creativity and innovation in the provision of person-centred care and support.

Current funding arrangements from central to local government are bureaucratic and complex. Merging funding streams could reduce administration and associated costs.

**Regulatory reform:** Very small community organisations and local micro social enterprises struggle to cope with legislation and regulatory approaches which are often designed for larger provider organisations. These difficulties can also stifle the growth of local micro-services. Can more flexible regimes be devised?

**Culture change:** Local government has an important part to play in creating the conditions in which new local support initiatives and social enterprises can thrive. This often means culture change to embrace new ways of doing business. An important element of this is tackling risk averse behaviour. Innovation and risk taking inevitably mean some ideas will fail.

**Leadership:** The care and support sector needs transformational rather than transactional leaders. This is the opposite of command and control approaches and means that staff and people who use services need to be empowered to take positive risks and respond creatively.

**Collaborative working:** Central government can help to stimulate innovation and a range of new community-based providers by creating incentives to share or pool separate funding streams locally, particularly between health and social care. Local small provider agencies and social enterprises may share the same challenges and should be supported, perhaps by the local authority and agencies like SCIE and the Local Government Improvement and Development Agency, to learn from each other and share knowledge.

**Prevention:** Councils, primary care trusts and, in time, GP commissioning consortia, should continue to support and invest in primary, low level prevention work as it will reduce demand on more acute social care and health services. Volunteers, local social enterprises and small scale community initiatives can provide that 'little bit of help' which can support crisis prevention.

**New methods of evaluation and commissioning practice:** Several delegates thought block contracting with a limited number of large providers was no longer appropriate or viable. This could be in tension with the need for maximum efficiency in using declining resources. There was more consensus that commissioners should measure the outcomes people want and whether they are achieved, rather than the amount of care and support that is provided. People who use services value the quality of relationships.

**Mobilising social capital and the role of volunteers:** Social capital means designing inclusive communities as well as care and support services. Volunteering would be encouraged if the benefits system could be more flexible so that people can be supported to volunteer. Because people can feel more 'ownership' of them, statutory and voluntary organisations may be able to tap into social capital more easily than private sector care providers.

**Local social enterprises and micro-services:** These will need to have start-up support and strategies for sustainability. The Big Society Bank could help to stimulate the creation of more social enterprises, for example with start-up funding. There is an over-emphasis on 'scaling up' from what works locally to what might work in other areas. The priority should be to achieve appropriate local outcomes for individuals. However, commissioners and providers can change leadership, individual and organisational behaviour and create the conditions in which local innovation can flourish.

## Messages and findings

### Person-centred, co-productive approaches

The core values and outcomes that people using services and their family carers want should drive developments and future initiatives. This will lead to local support being co-designed and co-produced by people who use services, carers, providers and commissioners. This approach should extend beyond social care to other public services.

There is a strong link between the Big Society agenda and the personalisation programme, Putting People First. Both involve empowering people to be active citizens who control and manage their own needs and can contribute to their communities.

Citizens should be able to share their ideas with local and central government officials and politicians. There need to be mechanisms so that commissioners and policy makers can find out what works for people using services, carers and frontline staff. Co-production remains an important principle. People who use services and frontline staff should contribute to discussions about efficiency and effectiveness.

Citizens, including people using care and support services, should help to determine the quality and value of social care, and be involved in how it is regulated.

If someone is actively involved in designing the support services they need, this can give them a sense of ownership and control. It can help them to focus on their abilities and strengths and make them feel less dependent. The current system can encourage people to be dependent. This is partly because of the assessment criteria that people need to meet in order to get publicly-funded care and support services. These tend to emphasise what people cannot do for themselves rather than maximising what they can.

### Role of national and local government

The Big Society agenda promotes a 'smaller state'. This means both national and local government, and associated arms-length agencies such as regulators like the Care Quality and Audit Commission, will need to focus more sharply on those things which need to be – and can only be – done at that level. This would include setting national standards for the safety and quality of care services, and the provision of local data on performance. These organisations will also need to find and support ways of facilitating creativity and innovation in the provision of care and support.

Some of the areas where central and local government and their agencies could promote the themes of the Big Society in care and support services include:

- removing and simplifying structures and barriers that stifle innovation, such as reforming regulation to allow social enterprises to grow and flourish

- making the structures designed to engage local people in the development, delivery and evaluation of public services, simpler, more accessible and more responsive
- supporting people to work flexibly or have time off to do local voluntary work
- maximising social capital by empowering people locally and encouraging citizenship approaches. This is particularly important if people feel no ownership of services, regardless of what type of organisation provides the care (e.g. statutory, private or voluntary sector).

If people are genuinely to have more say over how public funding is used to pay for the support they have identified that they need, then the role of central and local government will need to continue changing. It will need to become far more enabling and facilitative, generating and sustaining rather than imposing or directing local community social enterprises and voluntary activity.

Big Society actually means a focus on **local** society. Some level of support is needed to help create and sustain this local society. For example, some delegates thought central government could consider making it a statutory responsibility of local government to build and sustain local voluntary and community sector care and support.

The current funding arrangements between central and local government are costly, bureaucratic and complex. For example, over 160 national funding streams come into a local authority. Each stream has a different remit and needs to be processed in a different way. Central government should streamline and merge funding streams to reduce administration costs. 'Community budgets' and other types of combined funding arrangements could play a helpful role here.

## Regulatory reform

Very small community organisations struggle to cope with legislation and regulatory approaches which are often designed with larger organisations in mind. These difficulties can also stop the growth and emergence into the market of local micro-services. Some delegates wanted central government to help small community enterprises by making sure that all legislation is 'proofed' to support very small providers. They could also provide advice on how to interpret existing legislation (e.g. what are the implications of licensing and insurance requirements for someone who uses their car to take neighbours shopping and receives payment towards fuel costs?).

The way care services are regulated needs to be reformed. The current system can stifle the growth of small social enterprises and local micro-services because it is designed for large scale providers. Can more flexible regimes be devised, whilst maintaining some core national standards which encourage quality?

Business opportunities need to be opened up to let small local organisations contribute to the social care and support market. Central and local government should encourage new social care enterprises and provide business start up support. The proposed Big

Society Bank could play a key role in providing start-up funds. Business advice is also crucial.

## Culture change

Local government has an important part to play in creating the conditions in which new local support initiatives, micro services and social enterprises can thrive. This often means changing the culture to one which embraces new ways of doing business.

Social care services and local government can be very risk averse because they are worried that something may go wrong or a new idea or service may fail. While this is understandable, it can stop new developments and innovation. Positive risk taking is valuable. A very risk averse approach can simply protect the way things have always been done, even if it no longer works. And some innovative ideas will inevitably fail but that may well be a price worth paying to unleash energy and creativity.

## Leadership

The care and support sector needs transformative rather than transactional leaders. This is the opposite of command and control approaches.

Effective leaders will genuinely believe that successful transformation within social care and support is about sharing power and control. They will demonstrate this in the way their organisation is run.

Good leaders will provide a vision of how the organisation will work to meet the current and new needs of the people it serves. They will value their staff and develop and empower them to take positive risks and respond creatively.

They will create a culture that encourages positive attitudes and healthy relationships. This will enable staff to be open, learn from mistakes and continually improve.

## Collaborative working

Local services, including local government and the NHS should make better use of small amounts of money by pooling funding which is targeted at specific local need. Central government can help to stimulate innovation and a plethora of new community-based providers by creating incentives to share or pool separate funding streams locally, particularly between health and social care. 'Community Budget'-type approaches could be encouraged to get a range of agencies to contribute coherently and put sources of local funding together.

Local agencies and enterprises outside adult social care share many of the same challenges. They should share information about what they have learned with each other. They should be supported and encouraged by local councils and agencies like SCIE and the Local Government Improvement and Development Agency to share knowledge and learning.



Social care providers should learn from other sectors and organisations, particularly mutuals, co-operatives or partnerships. There should be a way to co-ordinate research, gather ideas from the independent sector and showcase innovative practice in the regions.

Local services should be incentivised to work together to use existing resources in different ways and as part of solutions to local need.

## Prevention

The current statutory system for assessing people's care focuses on relatively high level needs. It often does not pick up on low level needs which, if tackled, may prevent a crisis. Indeed, a health crisis is often the way in which people come into services. This is expensive and more attention needs to be paid to low level support which could prevent this. Volunteers, local social enterprises and small scale community initiatives can provide 'that little bit of help'.

Councils, primary care trusts and, in time, GP commissioning consortia should continue to support and invest in primary, low level prevention work as it will reduce demand on more acute social care and health services. There is emerging evidence to support this approach (e.g. POPPs).

## New methods of evaluation and commissioning practice

Several delegates thought that, with the move towards personalised services to meet individual needs, block contracts with a limited number of (often large) providers is no longer appropriate or viable. Others drew attention to the tension with the need to secure maximum efficiency from declining resources. It might be necessary to have a mix of contracting approaches. The key is to support individual choices and preferred outcomes.

There was a greater degree of consensus around the proposition that commissioners should measure the outcomes people want and whether they are achieved, rather than the amount of care and support that is provided. They should also take a broader view of what these outcomes might be and ensure they engage effectively with local people to get their views. This means that central and local agencies should accept that the range and mix of services will be legitimately different in different places and stop trying to impose uniformity except where it really matters, such as national standards of care.

Delegates also thought that:

- providers and commissioners should work together to reduce costs by building relationships with community resources and agencies outside the traditional local authority service structure
- commissioners and researchers should assess the economic value of volunteers. People who use services value the relationship with their volunteer, but the economic impact is unknown
- commissioners need to develop ways of evaluating if a local community group is working for all its citizens, including the most excluded.

A pilot project and evaluation of collective purchasing using personal budgets would be helpful to evaluate changes in commissioning behaviour.

## Mobilising social capital and the role of volunteers

The Putting People First policy framework encourages the development of social capital. Current assessment systems tend not, however, to consider individuals' or communities' strengths or assets when assessing care and support needs. Traditional services are still too often institutional and require people to behave in certain 'dependent' ways. Social capital means developing communities as well as designing support services. It is about how we can make somewhere a good place to live for everyone.

Organisations that use volunteers as the main way of providing services need to consider how they engage with the social care system as it currently operates. They should consider how to develop when traditional services no longer function in the same way, such as when more individual purchasing through personal budgets becomes the norm.

It would encourage more volunteering if the welfare benefits system could be made more flexible so that more people can take on voluntary work without this impacting on their benefits.

The development of the Big Society is designed to be 'sector neutral'. Some thought there was a risk, however, that some statutory services such as the NHS, as well as not-for-profit providers, will be able to recruit volunteers and tap into social capital more easily than private organisations that provide health and care services.

Current models of volunteering complement the existing care system, but this system is changing. Often volunteers commit to an organisation for a set and often short period of time. Employers and planners need to consider the challenge of balancing long-term delivery with short-term volunteer action.

## Local social enterprises and micro-services

### Start up and sustainability

Micro-providers and social enterprises are vital to developing a Big Society, particularly as more people get personal budgets. They provide choice in the market and a much more personal and flexible service than can very often be offered by a large business with a block contract. Mechanisms need to be found to support and sustain micro-providers.

Evidence suggests that community action does not happen on its own. It is stimulated, and often funded, by the local authority. However, some community groups want to operate completely independently of local authority restrictions.

New social enterprises and community initiatives will need some start up investment, but this is often only a modest amount of money.

Employers need to keep inspiring staff by valuing and rewarding ideas that work for people who use their services.

Local authorities should support and develop excellent networking and communication within and between communities. Ideas include bringing local 'pioneers' together to support each other to prevent innovators being isolated, to appreciate what works, replicate it and celebrate success.

Councils can support, encourage and sustain micro services and small social enterprises. A local coordinator or 'fixer' can help to mitigate and overcome the local and national barriers and inhibitors to setting up small social care enterprises.

### **Scaling up and mainstreaming**

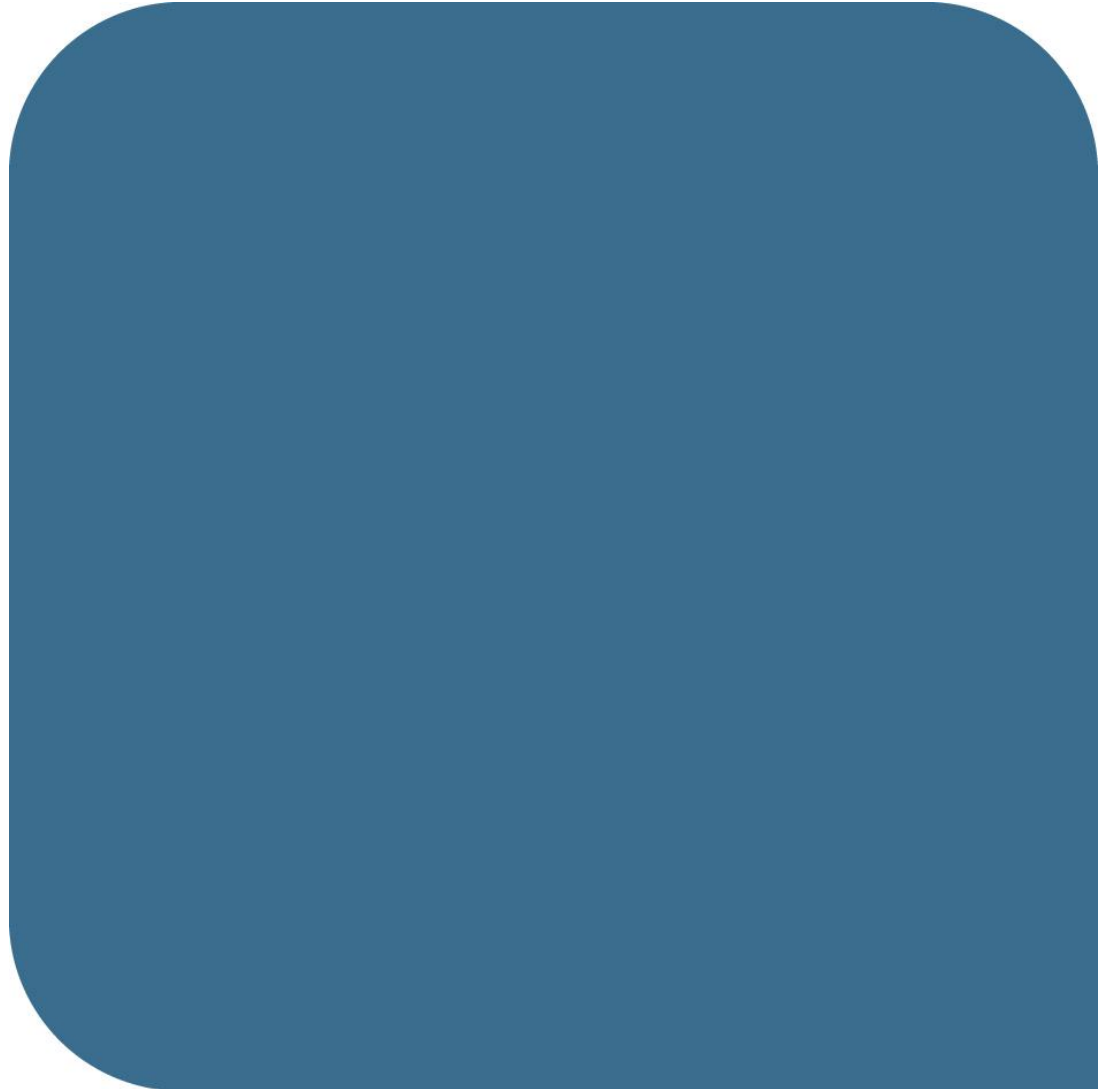
There is an over-emphasis on 'scaling up' from what works locally, to what might work in other areas or nationally. The priority should be to achieve appropriate local outcomes for individuals rather than doing everything the same. Each community will have its own risk factors and attitudes. These means that one size does not fit all and uniform approaches can no longer work where decision making is devolved to a local level.

Central and local government should be very cautious about routinely trying to scale up innovative ideas. What works for people locally may be unique to that situation. Providers and commissioners can, however, change individual and organisational behaviour and create the conditions in which local innovation can flourish.

A key challenge is enabling central and local government to support communities and individuals to take more responsibility and control without, in so doing, destroying the 'grassroots' nature and spirit of innovation and voluntary and social action.

With particular thanks to Sarah Carr, Senior Research Analyst, SCIE

NOVEMBER 2010



Social Care Institute for Excellence  
Goldings House  
2 Hay's Lane  
London SE1 2HB  
Tel 020 7089 6840  
Fax 020 7089 6893  
[www.scie.org.uk](http://www.scie.org.uk)