

# Shaping public spending priorities for adult social care

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Chloe Smith  
and Matt Cavill

**This report investigates some of the key issues currently confronting those involved in planning and providing adult social care at a time of budgetary pressure.**

With local authorities preparing to introduce a series of cost-saving measures, adult social care budgets are under greater pressure than ever before. Ipsos MORI spoke to senior stakeholders to understand the challenges that they face and to find out how their organisations are planning for the future.

The key themes covered in this report are:

- prioritising spending by targeting resources for maximum impact, safeguarding support for the most vulnerable, adapting services to deliver them more efficiently and considering the effect of new commissioning structures on the adult social care sector;
- making the right decisions in order to strike a balance between long-term planning and short-term necessity, and to make the case for carer support and respite services; and
- involving service users by considering their role in the decision-making process, supporting their engagement and communicating the need for change.



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# Executive summary

The findings from this piece of work have revealed the extent of uncertainty and trepidation in the adult social care sector. Both local authorities (LAs) and service user/carer organisations are acutely aware that upcoming cuts will bring about radical changes and demand new ways of working in territory characterised by underfunding. They are beginning to think about the implications for the social care sector and the decisions ahead.

## Concerns about the future

LAs and service user/carer organisations share concerns about what the future will hold. LAs are talking about how to communicate decisions to service users and carers, and about the implications of wider policy changes (health and social care integration, GP commissioning, 'Big Society' agenda) and the Comprehensive Spending Review. LAs and service user/carer organisations are concerned that the cuts will not hit service users and carers equally and that there is a risk of families having to take on additional responsibilities. There is scepticism about the ability of the market place, providers and the voluntary sector to respond to the demands that they will face.

## Priorities for spending

In terms of spending priorities following the Comprehensive Spending Review, there are three main themes emerging: statutory provision, rationing demand and long-term prevention. Some LAs describe a fairly bleak outlook where the only services they expect to be able to offer are those they have a statutory obligation to provide. Others are considering how eligibility criteria and charges can be increased to reduce the numbers of people eligible for the social care services available, concentrating on those with the greatest and most critical needs. There is caution among some LAs that recognise the temptation to cut long-term preventative services and focus more narrowly on immediate critical needs, yet fear the negative effects this will have in the long term. Many were looking for support to strengthen the case for continuing to invest in preventative services.

## Engaging service users and carers

The role of service users and carers on the road ahead is unclear. While all LAs acknowledge the valuable perspective that service users and carers bring, there are fears that involving service users and carers will not be realistic given the pressure to take decisions quickly. There are also concerns that there will not be money available to involve service users and carers; or, if there is, that the cuts will be so drastic that negotiation about what is cut will be limited. Some talked about measures already taken to keep lines of communication open with local groups at such a difficult time.

## Future needs

In terms of what the sector needs, some key themes emerge around making the case for long-term prevention, stimulating the debate and securing advice on effective partnership working in the future.

There was a strong sense of the pressure that LA decision-makers were experiencing, and uncertainty about how to make decisions that will not unravel existing good support or result in more unmet needs and higher costs in the future.

## Differing start points

The interviews revealed a range of perspectives, with only a proportion of LA stakeholders talking about using the opportunity to reshape services for the better. This suggests that, in the months and years following the Comprehensive Spending Review, we may see a widening gap between the performance of LAs in providing quality care and support. Those LAs that are already ahead of the curve – that have strong relationships with service user-led and carer-led groups, providers and other agencies – will be better placed to motivate, innovate and reshape. Those currently behind the curve may be left even further behind.

# Introduction

## Background and objectives

The Joseph Rowntree Foundation (JRF) is interested in how local decision-makers are thinking about spending cuts in social care – especially in light of the chronic underfunding of social care that has often been highlighted, including in much JRF-supported research. Ahead of the Comprehensive Spending Review, JRF commissioned Ipsos MORI, with advisory input from Shaping Our Lives, to carry out research to identify the key issues currently faced by the sector and to gain insight into how local authorities (LAs) and service user/carer organisations are thinking about and adapting to the challenges they now face. This report summarises the findings of in-depth interviews undertaken to explore key stakeholders' perceptions of these issues.

The interviews were structured around the following key questions:

- What are the biggest challenges facing those working in adult social care services and how will they shape the sector in future?
- How are individuals and organisations responding to these challenges? What decisions are they making and how are resources being prioritised?
- How do experiences vary between organisations and where is the common ground? What would help them most in their future decision-making?
- What scope is there for service users/carers to have a say in the decision-making process?

## Methodology

Ipsos MORI was commissioned to conduct a series of in-depth interviews with key figures working in the adult social care sector (see Appendix 2). Fifteen of these stakeholders were recruited from English LAs (typically responsible for strategic direction of adult social care services) and five were recruited from organisations of, or representing, service users and/or carers. These interviews took place between 28 July and 31 August 2010. An additional interview was conducted with the Care Quality Commission.

Ipsos MORI has compiled and analysed interviewer notes and transcriptions from each of the interviews and has summarised the main themes in this document, drawing on the examples suggested by stakeholders and using verbatim comments to illustrate key points.

# Key themes

## Main concerns in the sector: the impact of budget cuts on the provision of social care

All the stakeholders interviewed spontaneously identified budgetary pressures as the biggest challenge currently facing the social care sector. Representatives from local authorities (LAs) and service user/carer groups point to the unprecedented level of budget cuts that their organisations are facing.

*I think everyone is accepting that there needs to be cuts, but I think the figures of between 20 to 30 per cent are hugely problematic. On one hand it's just the scope of it, but actually there's a huge difference in planning on 20 per cent and planning on 30 per cent. And I think it's that uncertainty that's causing the greatest amount of difficulties.*

Service user/carer organisation stakeholder

All acknowledge that these cuts will have a significant impact on social care provision. However, it is clear that the budget cuts are viewed in different ways across the sector, as discussed below.

### Long-term vs short-term priorities

In times of uncertainty, there is typically less focus on long-term planning as short-term efficiency savings become the key priority for all involved. Early intervention and preventative measures are seen by many stakeholders as the most cost-effective way to safeguard people's health and well-being in the long term. Similarly, representatives from service user/carer organisations warn against cutting grants to the voluntary sector as this type of funding can offer substantial savings in the long term.

*If you invest in prevention then you can actually save costs further down the line.*

Service user/carer organisation stakeholder

However, they also acknowledge that it can be hard to protect funding for these initiatives. Often, the benefits of preventative measures are only realised over many years, making it harder to prove their impact. Indeed, the benefits that result from long-term, preventative measures may often be diluted because of the delay in seeing results.

### New ways of delivering services

Budget cuts will affect the types of service available, and also the way in which services are delivered.

*I think that the only way they [local authorities] could cope with cuts at that level is through divesting themselves of services they currently provide. And that means shedding staff and that means shedding their footprint, so selling off some of their estate.*

Service user/carer organisation stakeholder

Nearly all stakeholders say there is a need for greater collaboration between the different agencies currently delivering adult social care, be they LAs, service user/carer organisations, NHS practitioners or private companies. There is a lot of interest among LAs in adopting social enterprise models to build local capacity to deliver adult social care services.

*It will be better for people because social enterprises can be user-led, they can draw in funds from elsewhere, so I would think there are lots of opportunities through having tighter budgets because it makes you do a stocktake and rethink and think the unthinkable.*

LA stakeholder

It seems clear that some local areas are better equipped in this respect than others. For example, some service user/carer organisation stakeholders described how they are already working closely with LAs to provide services efficiently, with minimal overheads.

*We run independent support planning on behalf of the local authority. The KPIs [key performance indicators] on outcomes are much better than the local authority delivers ... You could start to see wholesale services like that being transferred out of local authority responsibility into third sector responsibility.*

Service user/carer organisation stakeholder

On the other hand, some LAs are structured in such a way that they directly provide many services in their local area. Stakeholders from these LAs concede that it is perhaps not the most cost-effective model.

*We've still got a significant number of in-house providers, so that's a big issue for us here because it's increasingly looking as though they're expensive services.*

LA stakeholder

However, the same stakeholders express concerns about the capacity of private companies to provide the level of care required, as they do not believe that the local private and voluntary sector social care market is sufficiently developed to meet the needs of their service users.

*[If] people have got individual budgets, they're not going to be exercising traditional choices of our services.*

LA stakeholder

*I think that where local authorities should ringfence money is thinking very seriously about working with third sector and independent providers to stimulate and accelerate the market that will need to be created in the new world.*

Service user/carer organisation stakeholder

In addition, service user/carer organisations interviewed as part of this study feel that many service users are familiar with how care is provided through their LA. Contracting out these services could disrupt current care arrangements. Stakeholders argue that, whatever the changes, care provision should continue to provide the 'peace of mind' service users need.

So, while many stakeholders see more of a role for collaborative working and sub-contracting services where it is cost-effective to do so, they are also concerned about the impact on service users. Some argue that developing an entrepreneurial and innovative culture *within* existing organisations (public, private and voluntary) would be the best way of maintaining and improving services without unsettling care users.

## Communicating changes

LA stakeholders highlight the risk that service users could be overwhelmed by the scale of the changes being discussed and risk being alienated and confused over the coming months. This is particularly true in LAs where eligibility criteria for adult social care services are under review. Many service users are likely to see cuts to the services they currently rely on. In these circumstances, stakeholders see a very real need for communications about the changes to ensure that service users are informed. The resources for engagement exercises are likely to be more limited than ever, and stakeholders from both LAs and service user/carer organisations acknowledge that it will be difficult to prioritise service user involvement.

## Increased reliance on informal care

A number of stakeholders are wary of the assumption they feel some LA leaders and the national government are prone to making, namely that families can be relied on to step in to cover care gaps as an 'elastic resource'. In fact, many stakeholders point to specific factors that limit the role that families and volunteers can realistically play in meeting these needs. Foremost among these are lack of resources, lack of time and lack of skills. There is also a sense that it is unfair to 'effectively penalise' service users who have family support by cutting their benefits and forcing their families to step in. Others acknowledge that, while placing more strain on families is not always desirable, it is inevitable in the current financial climate.

Moreover, some stakeholders feel there is a very real prospect that some families will simply be unwilling to take on the responsibility of providing additional care. This possibility is felt to be particularly acute during a time of recession when domestic budgets are already under strain and the support that carers receive from LAs is also shrinking.

Where families are able to step in to provide care, this is seen to have its own repercussions.

*We will have increased breakup of families because of the pressure of looking after a severely disabled person. There will be people whose physical and particularly mental health deteriorates significantly because they're unable to provide that level of care ... It will affect their health at work as well ... some people will feel they have no choice but to give up work in order to care and that'll have significant impact on their short- and long-term finance.*

Service user/carer organisation stakeholder

These knock-on effects associated with spending cuts are a major concern for many of the stakeholders interviewed. Several warn that it is these broader support services that are likely to be disregarded by decision-makers as they focus on the more immediate issue of balancing their budgets.

## Personalisation agenda under threat

Many stakeholders express concern about the impact that budget cuts would have on promoting the personalisation agenda. Some feel that giving service users more control over their personal budget would offer savings and ensure that money is used more effectively by focusing on individuals' needs.

*If they are going to implement personalisation then that has to go hand in hand with stimulating the market in order that people can then buy, have choice of control.*

Service user/carer organisation stakeholder

*Giving patients more say in how their care allowance is spent means that it can be channelled to their needs, rather than an inefficient one-size-fits-all approach.*

LA stakeholder

However, not all stakeholders are convinced that personal budget setting will offer savings. Some are of the opinion that this approach would mean LAs could no longer benefit from the economies of scale that result from a more traditional top-down approach to resource allocation.

Despite these differences of opinion, there is widespread support for the move towards more personalised services. Indeed, some stakeholders call for the personalisation drive to be expanded further.

*Attendance Allowance should be folded into the funding streams for personalised budgets which should be distributed through local government through adult social services. It should be a nationally defined offer, but very much locally implemented and I think that's absolutely critical.*

LA stakeholder

All stakeholders recognise the benefits that such an approach can have in terms of improving individual outcomes. Stakeholders also point out that the shift towards more user-centric provision of services provided service users with greater independence and autonomy, which they feel is an important trend to continue.

## NHS reforms

A recent white paper (*Equity and Excellence: Liberating the NHS*) indicates that GPs will be given greater powers over health service commissioning in future. Many stakeholders mention the potential impact that new healthcare commissioning structures will have on their work. At the time of interviewing, it was unclear exactly how the new structures will operate, but stakeholders agree that it will change social care provision. Moreover, the uncertainty about precisely how the new structure will operate means that it is hard for LAs and service user/carer organisations to plan accordingly.

It is clear that some LA stakeholders feel better placed to respond to these changes than others. Many LAs already have strong links with local GPs and healthcare services, working closely with them to ensure they meet service users' needs. However, it remains to be seen how those LAs without the experience of working with healthcare services in this way will fare. Some point to a perception among GPs that LAs' current approaches to healthcare commissioning 'lack professionalism'. However, they argue that GPs could learn from the experiences of LAs as they take on new responsibilities. This type of dialogue between services will help ensure that they are prepared to deal with the new arrangements in a collaborative and constructive manner.

## Changing demands

*It's a case of having to do more, for more people, with fewer resources.*

LA stakeholder

Budget cuts are not the only challenges that social care providers currently face. Many stakeholders point to the pressures placed on services by an ageing population and the rising cost of new treatments. Service users' expectations are greater than in the past, driven in part by the policies that LAs have to deliver.

*We've been encouraging our staff to be innovative in terms of helping people make individual choices and therefore service users have been demanding more and their expectations are greater.*

LA stakeholder

It is also important to note the wider implications that the financial climate will have on the social care sector. For instance, many stakeholders point out that the recession has affected people's ability to pay for care.

They therefore anticipate that more and more people will have to become full-time carers, and this in turn will have an impact on their own physical and mental well-being.

Some stakeholders feel that the government does not fully comprehend the unintended consequences of its budgetary decisions. They point out that, although NHS spending will be protected to some extent, the decision to cut resources for adult social care will push more people to rely on the NHS. This will limit the effect of ringfencing and create greater strain on health services because those turning to the NHS from social care are more likely to have complex needs. Similarly, others warn against cuts in funding for respite care as this will put carers under greater pressure, in turn affecting their ability to care and exacerbating the situation. Instead, they argue that respite care should be prioritised in order to safeguard the sustainability of care services.

## Conclusions

The social care sector undoubtedly faces great uncertainty and difficult decisions. Decisions will have to be made quickly in the window between the Comprehensive Spending Review and finalising budgets for the next financial year (2011/12) and the findings provide a useful context and a snapshot of the main concerns in the sector about the future of social care provision in the short term.

## Priorities for spending

When asked about priorities for spending in future, most stakeholders point to their statutory obligations. Beyond this, there is no consensus about the detailed priorities for spending, although there is some agreement about the broad themes. Many organisations are thinking about how best to reduce the scope of services that they offer and about finding more efficient ways of delivering them.

*As always, our biggest focus are [sic] those who are the most vulnerable. They've always got to be the ultimate priority because that's what we're here for, to protect vulnerable people.*

LA stakeholder

## Rationing demand

Many stakeholders indicate that assessment thresholds will need to be reviewed, leading to only the most vulnerable being eligible for support. Indeed, one LA stakeholder felt that service provision would focus solely on those services that are literally 'a matter of life or death'. If this is the case then it must be decided exactly which services fall into this category.

*I think they will look very hard at all the things that are discretionary and they will just drop off the list if they haven't got the money.*

Service user/carer organisation stakeholder

Such a move is expected to have a damaging effect on users. By focusing care provision only on those whose needs are already critical, social care providers could be prevented from making crucial early interventions.

*They have a duty of care to provide support to people who have a critical or substantial need and there's talk at the moment about moving the goalpost to just supporting critical. And I think that's a real possibility. All the evidence that is out there at the moment that I've read and seen says that in the medium term this saves you absolutely no money whatsoever.*

Service user/carer organisation stakeholder

## **Delivering baseline services**

A few stakeholders have adopted a resigned attitude towards the looming cuts and have undertaken only limited prior planning. They argue that the choice they face will not be a case of adapting services, but of simply losing some services altogether. Given such circumstances, they anticipate that they would have to confine their role to providing very little beyond statutory care. The immediate impact on service users would be 'a drastic reduction in the level of care they receive'. This has prompted fears that some LAs will respond to the budget cuts in a 'knee-jerk' fashion' and will not take into account the long-term implications of their decisions.

## **Delivering services more efficiently**

By contrast, other stakeholders are more positive about the potential impact of the cuts, speculating that they may act as a spur to LAs and government in general to take a more innovative and creative approach to service provision.

*The sheer scale may force lateral thinking because it might, simply might not be possible to deal with it through standard percentages.*

Service user/carer organisation stakeholder

Indeed, there are indications that decision-makers are already engaging with the need to make cuts in a creative and innovative way by reassessing how services are delivered. Overall, there is a general sense that there has been a move away from top-down targets towards more creative approaches to improving services, and stakeholders are generally keen for this trend to continue. For example, there were a number of examples of LAs looking at the use of a time bank model to encourage more community volunteering.

Many LAs are already working with volunteer and charity groups, with the aim of delivering the same level of service in a more efficient manner. They anticipate that the changes will involve adapting and improving existing services rather than cutting them. As one stakeholder pointed out, many of the issues currently being talked about as part of the new government's 'Big Society' agenda 'aren't anything new' and most LAs have been fostering such partnerships for many years.

## **Top-slicing all services**

Stakeholders highlight the potential risk that cuts would be administered by simply taking an identical percentage away from all service areas.

*What we're very likely going to see is a process whereby the cuts are dealt with partly through taking a standard percentage off everything, which will impact badly on the smaller units.*

Service user/carer organisation stakeholder

There is some concern that LAs will simply instigate a package of cuts across all services without thinking about priorities and regardless of the impact on vulnerable service users. This approach is not typically advocated by LAs themselves.

*What we'd like to see would be local authorities trying to take a more lateral thinking kind of approach. Rather than just knock a percentage off everything it would be good if authorities could sit down with their various strategic partners and stakeholders and try and think of different ways of doing things.*

Service user/carer organisation stakeholder

## Preventative services

Many stakeholders also feel that preventative measures and advisory schemes should be protected wherever possible, arguing that this type of early intervention is the most cost-effective way of meeting people's long-term needs. There is real fear among service user/carer organisations that these long-term measures will be the first to be cut, and LAs acknowledge that this may happen in order to protect services that people need now. At the same time, some LAs say they are making a concerted effort to think beyond the short term and to find ways to ensure that preventative services are not scrapped completely.

*It will be really interesting to see whether they go for a slash and burn and just trying to survive in the short term or whether people take a long-term view of this and say we need to reshape our offer to the public and it's going to take three or four years, but this is what it's going to look like. And I think that this is the critical point.*

Service user/carer stakeholder

## Scope for greater service user involvement

Local authorities and service user/carer organisations are faced with crucial decisions about how they currently operate and the level of services they can expect to provide in future. All stakeholders saw a role for service users in how these decisions are made, although the level of involvement expected and desired varied from organisation to organisation.

### Limited scope

Some stakeholders feel that the decision to cut funding has already been made and therefore services would simply have to be cut accordingly, with no real debate over the implications. Instead, budgetary decisions will be taken by elected members within the local authority and LA officers would have to plan accordingly with no input from service users. Tellingly, they do not always think this method will guarantee that the 'correct' decisions are made.

### Ongoing consultation with service users will continue

Most stakeholders are more optimistic, and many had already made arrangements to ensure that the opinions of service users are reflected in planning and prioritisation. Some have started consulting service users about how spending should be prioritised in the future (for example, through leaflets and public meetings) and are keen that these views should be taken into account in any decisions that are made.

*It's big, big engagement which involves leaflets, events, conferences, stuff gets played into local press, stuff gets put in to our own council newspaper, us writing out to every one of our care recipients, canvassing their views, inviting people to phone in, make comments on the web, etc., etc. It's very extensive.*

LA stakeholder

Many LA stakeholders say that their organisation meets regularly with carers and service users, and several have dedicated liaison teams that are responsible for ensuring service user views are represented.

*The sector is a very broad sector and I think in terms of the voice and the representation we have, there's every chance of an opportunity for people to go in and contribute and help shape what is getting put in place.*

LA stakeholder

Where such structures are in place, there is a general consensus that they have a real impact on the quality of decisions being taken and can offer innovative solutions that may otherwise not have been considered.

*If you have end users involved in the creation and development of services I think it provides added value and richness.*

Service user/carer organisation stakeholder

Not only does this have a positive impact on the quality of service user outcomes, but it also helps to generate ideas about how money can be better spent.

*It drives efficiency because they understand what is required, they can say, look I've been there done it, this is what worked for me, this didn't work, this didn't work for me. They can pool their experiences and their knowledge to help inform developments.*

Service user/carer organisation stakeholder

Finally, most LA stakeholders also feel that engaging service users, carers and providers would help them when they come to communicating decisions made about changes to services and support.

### Lack of time and money

That said, all acknowledge that choices will be limited to some extent by the budgetary strictures they will face. Therefore, while it is important to listen to the views of service users and involve them in the decision-making process, there is an acknowledgement that it will not be possible to meet the demands of all groups.

*I know that we're consulting on things at the moment where we are having to say: "Look you can have this and have that, but you can't have all of them unless we get some core funding in play."*

LA stakeholder

The extent to which service users will be engaged in the debate will also depend on how much money will be available for the necessary communications and consultation structures, and on the time available. In spite of the fact that stakeholders clearly feel it is important for service users to have a say in the decision-making process, the extent of the cuts will mean that the funds available to support and encourage this type of involvement will be limited.

*We've been criticised for engagement because it cost us XXX, with a publicly-listed campaign to encourage our local communities and say, "You've got some choices to make, what are your priorities?"*

LA stakeholder

### Too difficult to engage with the most vulnerable service users

There is also some scepticism about whether the most vulnerable service users will be able to engage effectively with the decision-making process. There is a perception that some groups are very vocal and able to articulate their arguments very well. On the other hand, it is often the case that those with the most acute needs are less able to mobilise support. Stakeholders are concerned that these groups could therefore lack a voice at this crucial time. Representative organisations feel that they are well positioned to fill this gap.

## Gaps identified by stakeholders

### Stimulating the debate

Stakeholders stressed the need to focus on the shared aims of all those working in the sector – including LA stakeholders, service user/carer groups, providers – especially at a time when there will be more and more competition between services for increasingly scarce resources.

Stakeholders who are particularly pessimistic about the ability of LAs to make effective prioritisation decisions feel that government should be persuaded to protect at least some of the most vital services, such as respite services for carers.

### Making the case for long-term preventative measures

While all participants share the view that services for the most vulnerable service users should be a priority, many also believe that the sector should not lose sight of its long-term objectives. There seems to be a particularly strong desire to ensure that spending on preventative measures is maintained, as this is seen as the most cost-effective way of protecting people's health and well-being in the medium to long term.

*If you can get to people early you stop them then moving into substantial and critical in the amount of numbers. If you invest in preventative stuff then the amount of people you have to fund in critical or substantial, so the logic follows, is less.*

Service user/carer organisation stakeholder

As we have seen, defending funding for preventative measures can often be difficult, particularly at a time of budgetary austerity. In light of these difficulties, some stakeholders point to the usefulness of evidence about the benefits of preventative strategies and the impact they can have on service user outcomes.

*We've got to demonstrate what the outcome is and what the value is of what we put in; particularly in to our primary, secondary and tertiary prevention strategies.*

LA stakeholder

Examples of successful schemes can then be used by LAs and service user/carer organisations alike to justify the protection of funding and to guide future prioritisation.

*So if, for example, you're trying to make a case to ministers and you can produce your own evidence from your own enquiries, your own research and you can combine that, cross-refer to academic research then that adds weight to it.*

Service user/carer organisation stakeholder

### Social enterprises and partnership working

Another of the great challenges for service user/carer organisations is how to make care provision sustainable in the face of cuts to local authority budgets. To this end, many feel that there is a need for more advice for service user/carer organisations on how they can move towards making their projects self-funding and aid transition away from reliance on local government grants, which all stakeholders acknowledge will be harder to come by in future.

Another big source of uncertainty is the effect that the introduction of greater powers for GP consortia is likely to have on healthcare commissioning. Several stakeholders suggest that encouraging

discussion with GP consortia at a national level could help to ensure that they work closely with local councils and service user/carer organisations from the outset.

More generally, there is a clear sense that stakeholders from both LAs and service user/carer organisations require more guidance about how best they should work together and more effectively within the government's 'Big Society' agenda. There is a lack of clarity about how the government intends to encourage collaboration between LAs, organisations and local communities. Providing more information on how it could work in practice, as well as how to develop local capacity and how to minimise the impact of cuts, would help to dispel some of the uncertainty surrounding this topic.

## **Communicating and engaging with service users and carers**

During this period of fast-changing uncertainty, LAs are unclear about how best they can engage and communicate with service users and carers. All stakeholders acknowledge that it is unrealistic to expect service users to be supportive of cuts to services, but at the same time they believe it is important to ensure that the reasons behind the decisions being made are clearly communicated. There is a general perception from LAs that it will be easier to implement the necessary changes if service users themselves are encouraged to 'buy in' to them. However, there does seem to be some confusion about how best to involve social care service users in decision-making.

On the one hand, stakeholders feel that service user engagement of this kind can often generate good ideas for practical, service user-oriented initiatives, which is an important consideration when adult social care services are moving towards an increasingly personalised model. On the other hand, they warn that options open to service providers are necessarily limited by the resources available and it will not be possible to meet all demands. Similarly, the budgetary pressures behind these cuts will leave few resources available for the type of comprehensive, inclusive consultation that many stakeholders feel is necessary.

It may be most helpful for LAs to focus on involving and engaging service users and carers in reshaping services and support with a view to reforming local provision and commissioning in a way that delivers differently and better within reduced budgets. Involving service users and carers in discussions about spending cuts risks putting service user and carer representatives in an invidious and unfair position.

# Conclusions

This piece of work has highlighted how much trepidation and uncertainty there is in the adult social care sector. As a period of difficult and intense budget-setting begins, following the spending review, local authorities (LAs) face questions about the way they make cuts and what they need to do to ensure that the decisions made are the *right* ones. Some key issues include asking how LAs can:

- make spending decisions with the long term in mind. In other words, they need to consider how they can make decisions that will not have serious and costly future repercussions, or undo some of the good support that has been put in place over recent years to promote independent living and quality of life;
- focus on reshaping services rather than top-slicing (which no LAs in this research advocated), and engage local service users and carers, as well as national representative organisations, in this process;
- deliver on their responsibilities to support well-being, while ensuring continued social care support to those with the highest levels of need; and
- develop partnerships where these do not exist locally already (e.g. NHS, GPs, community and voluntary sector, user-led organisations) and continue to work effectively in partnerships that already exist, but which will be under increased financial strain.

The research revealed a strong sense of the pressure that LA decision-makers were experiencing, and uncertainty about how to make decisions that will not unravel existing good support, nor result in more unmet needs and higher costs in the future. There was much trepidation, with only a proportion of LA decision-makers talking about using the opportunities created by a crisis in resources to reshape services for the better. This suggests that, in the months and years following the Comprehensive Spending Review, we may see a widening gap between the performance of LAs in providing quality care and support. Those LAs that are already ahead of the curve, with strong relationships with user-led groups, providers and key agencies, will be better placed to motivate, innovate and reshape. Those currently behind the curve may be left even further behind.

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## About the authors

**Chloe Smith** is an associate director at Ipsos MORI, specialising in qualitative research within the Health team. She is particularly interested in reputation management, communications and organisational development, and works with many public sector health clients to conduct their stakeholder audits and inform strategic decision-making.

**Matt Cavill** is a senior research executive at Ipsos MORI, where he specialises in research relating to attitudinal and organisational change. He is particularly interested in the formal and informal factors that influence decision-making processes and has a background in political research.

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