



HOME TRUTHS:

HOW DYSFUNCTIONAL RELATIONSHIPS BETWEEN
GPs AND SOCIAL CARE STAFF ARE DRIVING DEMAND
FOR ADULT SOCIAL CARE

INTRODUCTION

How dysfunctional relationships between GPs and social care staff are driving demand for adult social care

The social care system is heading for breaking point and is one of the biggest problems facing our society today. The combination of an ageing population and shrinking council budgets is squeezing the system: if we don't act soon, social care could be all councils can afford to do within 10-15 years.

Despite the fact that older people usually prefer to stay in their own homes, residential care for older people is the biggest area of spending in adult social care. By preventing need, providing early support and identifying alternative ways of supporting people within communities, the scope for improving outcomes and delivering savings is huge. Although some progress has been made in reducing entry to residential care by councils and the NHS, much more could be done.

Building on iMPower's trailblazing work on demand management and behaviour change, this report presents ground-breaking new research which reveals that dysfunctional relationships between GPs and social care staff are driving demand for social care, in particular residential care.

Our research reveals that over 60,000 people a year could avoid going into residential care every year, with a saving of £600million even allowing for costs of alternative support, if we could influence a small number of GPs in every local authority area.

This points to an even bigger opportunity for tackling the social care funding crisis. iMPower agrees with local and central government that changing the interface between health and social care is a crucial part of the solution. However, we believe that massive wasted effort is going into pursuing the "fool's gold" of structural and process changes. Councils are spending much more time with GPs as they (through clinical commissioning groups) pick up new managerial responsibilities as part of the NHS changes. Ironically, this precisely misses the point – what matters is GPs' direct, individual impact on their patients' choices.

In fact, the opportunity lies in changing the relationships between individuals within social care and health – an integration of hearts and minds.

This is not a call for a grand "new relationship" between councils and the NHS. With more than a million people working in health and social care, the focus must be on changing targeted individual relationships in order to build behavioural insight – and using this insight to reduce demand for services. Applied across a wider set of relationships, the savings could run into billions.

This report argues for a completely new starting point for health and social care integration - and outlines practical steps which councils can take to realise savings now.

Jeremy Cooper, Director, iMPower

A. HOME TRUTHS – WHAT IS REALLY DRIVING DEMAND FOR RESIDENTIAL CARE?

The combination of a rapidly ageing population with the deepest cuts to local authority budgets in a generation is posing a serious threat to the viability of the adult social care system, with concerns from councils, the LGA and central government that if current trends continue, social care budgets will soon squeeze out other local authority services. While we await the much-promised and anticipated new financial settlement for adult social care from central government, it is clear that this alone cannot solve all the challenges facing the care system.

The need to spend less – and more effectively – on services for older people is well-established. The question is: how?

iMPower undertook ground-breaking new research focusing on the highest spend area of adult social care: residential care. Residential care for older people costs approximately £5 billion per year¹, and has been rightly identified as an area where significant savings could be achieved.

A wide range of national and local initiatives have already tried to bring the NHS and social care closer together in order to reduce entry to residential care. Care pathways have been revised, “signposting” to alternative options has been improved, different intermediate care options have been introduced. These have had some success, yet a significant problem remains.

“Traditional service options are used too frequently because ‘that’s the way it’s always been done’”, Iona Colvin, Corporate Director Social Services & Health, North Ayrshire Council

“We need to ‘up our game’ when it comes to delaying entry to residential care and challenge widely held perceptions that residential care is the only option”, Richard Parry, Corporate Director Adults and Local Services, Cumbria County Council

“The ageing process is inevitable; dependency isn’t”, Bev Maybury, Director of Adults, Health and Social Care, Calderdale Metropolitan Borough Council

“Most older people want to stay and die at home”, GP interview

“The scale of the challenge has not been fully gripped by local government”, Richard Jones, Executive Director for Adult and Community Services, Lancashire County Council

“The funding challenge for social care is huge”, Kate Kennally, Director of Adult Social Care and Health, London Borough of Barnet

¹<http://www.adass.org.uk/images/stories/Publications/Policy%20Documents/FundingAllocationModelsNov11.pdf>

Our interviews with GPs, directors of adult social care and social workers revealed agreement that there are still many people in residential care who don't need to be there.

- Directors of Adult Social Care we spoke to estimated on average that 30-60% enter residential care too early
- 57% of the social workers we surveyed agreed that a large proportion of older people enter residential care too soon, and more could be done to support and encourage some older people to stay at home
- 82% of the GPs we surveyed believed that a large proportion of older people could avoid or delay entry to residential care if better support was available
- 95% of the social workers we surveyed agreed, at least to some extent, that most older people want to remain in their own homes, with 35% agreeing strongly

This is backed up by recent research from PSI² which suggests that 25% of older people in residential care consider they do not need to be there, and by Department of Health³ analysis which shows the huge variation in the proportion of different authorities' adult social care budget which is spent on residential care for the elderly (ranging from 70% to 30%), suggesting that some areas are much better at keeping people in their own homes than others.

It is clear that in order to save money and offer older people a better deal, councils still need to significantly reduce the numbers in residential care. Further introduction of alternative support options, "signposting" or process reviews are not going to solve the problem. So what needs to change?

A new starting point – focusing on relationships

iMPower's work on demand management and behaviour change has demonstrated the huge financial opportunity which lies in transforming the relationship between citizens and the public sector.

As we set out in our recent report 'Changing the Game'⁴, changing this relationship enables councils to reduce demand on services – thereby managing the twin challenges of reduced funding and rising demand being experienced across all public services, which are felt most acutely in adult social care.

'CHANGING THE GAME'

Behaviour change and demand management offer very significant opportunities to save money over and above traditional savings approaches. For our recent research report 'Changing the Game' we calculated the financial opportunity in local government services where demand management could be applied to represent billions in savings for English councils.

"It's not clear we have much of a relationship with social care", GP interview

² <http://www.psi.org.uk/publications/archivepdfs/Elderly/TAB8.pdf>

³ http://www.csed.dh.gov.uk/_library/Resources/Personalisation/Personalisation_advice/298683_Uses_of_Resources.pdf

⁴ <http://www.impower.co.uk/public/upload/iMPowerChangingTheGame.pdf>

However in an area such as adult social care, changing the 'state to state' relationships is also key – to ensure that 'the state' – and the many individuals who work within it – is starting from a shared viewpoint in its conversations with citizens. Our experience of working with authorities has demonstrated that the sharing of views, motivations and behaviours – in short, hearts and minds – is more important than the integration of structures, budgets and processes.

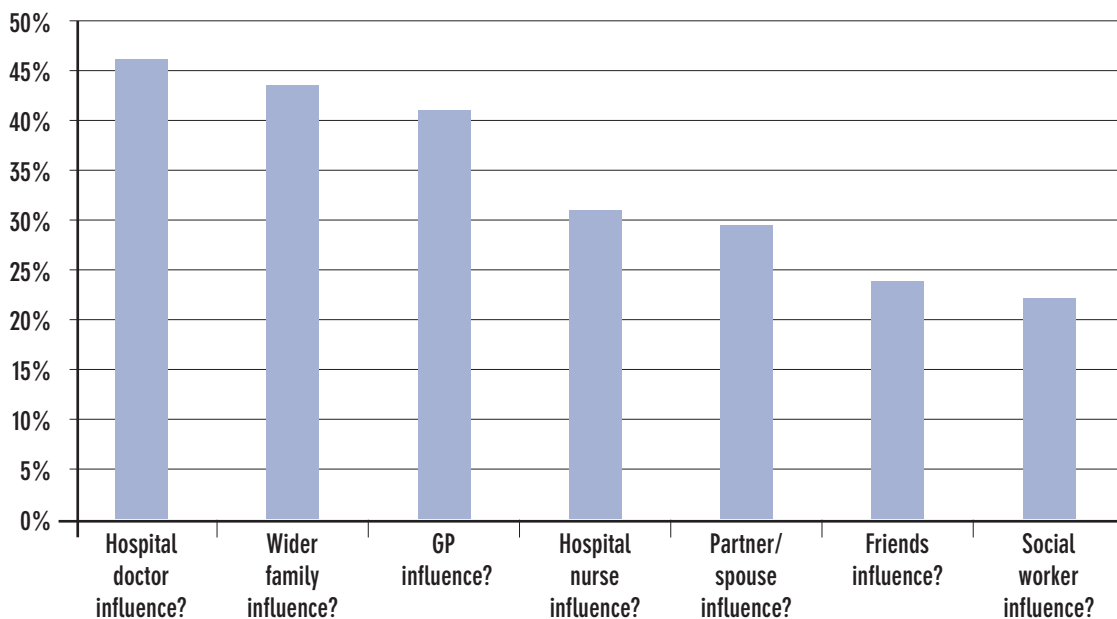
Building on this insight, we took a different starting point for thinking about how to reduce demand for residential care: the relationships that exist within the current system and the effects that these relationships have on demand for the service. We learned three key lessons:

1 The dysfunctional relationships between doctors and social care staff are driving demand for residential care

We uncovered one clear influence on residential care rates that has not had the focus it deserves: the relationships between doctors and social care staff.

We asked older people who would influence their decision to enter residential care. They told us that **doctors** (GPs and hospital doctors) **have as great an influence over their decision** as their own family – and **twice that of social workers, who come bottom of the list.**

Despite this, GPs themselves seriously underestimate the level of their influence over older people. In fact, only 9% think they have significant influence over older people's choice of social care options, and 38% think that they have little or no influence over the choice.



2 This is a problem – because doctors are strong advocates of residential care

Our research clearly revealed that doctors believe residential care is the best option for older people. 77% of the social workers we surveyed told us that GPs don't encourage – or even understand - options other than residential care.

And despite the fact that 82% of GPs believe that a large proportion of older people could avoid or delay entry to residential care if better support was available, over half – 56% - admit that they don't understand what other options are available, with only 15% agreeing that they do understand all the options.

This means that GPs' lack of awareness of and confidence in the alternatives is generating demand for residential care.

“Doctors tend to point to traditional services – they have very limited knowledge of the world beyond GP practices and hospitals”, Simon Williams, Director of Community and Housing, London Borough of Merton

“Even when the evidence against it is clear, we seem unable to move doctors away from the belief that residential care is the “safest” option”, Bev Maybury, Director of Adults, Health and Social Care, Calderdale Metropolitan Borough Council

“GPs are the strongest advocates of poor quality residential care”, Richard Parry, Corporate Director Adults and Local Services, Cumbria County Council

“We need earlier discussion of the care options”, GP interview

3 However, only a tiny fraction of the required effort has gone into raising GPs' awareness of the alternatives to residential care

We heard the same views from all the people we interviewed: no real attempts have been made by Local Authorities to influence GPs' behaviour by increasing their understanding of the alternatives which could reduce admissions to residential care.

In fact all of the Directors of Adult Social Services we spoke to 'strongly agreed' that not enough time and energy has been put into understanding doctors' views, and also that not enough time has been put into increasing doctors' understanding of social care options.

And GPs agree. Although three quarters of GPs told us that they respect the opinions of

social workers on what is best for patients, only a quarter (26%) say that social care staff and councils have helped them understand the range and benefits of all social care options. And perhaps even more worryingly, there is a mismatch between GPs' views of their own role and the influence that they have over older people, with 40% believing that giving advice on social care options is not part of their job.

It is time to face up to some home truths about the rising demand for residential care. First: a big opportunity to manage demand is being missed. Second: we are spending more than we need to on adult social care.

"We need to re-educate GPs about the alternatives to residential care", Richard Parry, Corporate Director, Adults and Local Services, Cumbria County Council

"Housing options are often not understood by GPs; Telecare is the same", Richard Jones, Corporate Director, Adults and Local Services, Lancashire County Council

"GPs don't know what's around. They need to go on a journey to learn what's available", Linda Sanders, Director of Social Care, Health and Housing, LB of Hillingdon

"Language can get in the way – it became clear to us that the doctors saw anything out of the hospital as support 'in the community'", Bev Maybury, Director of Adults, Health and Social Care, Calderdale Metropolitan Borough Council

"We need better understanding of the role we as GPs play in the role of comprehensive healthcare providers to our elderly patients", GP interview

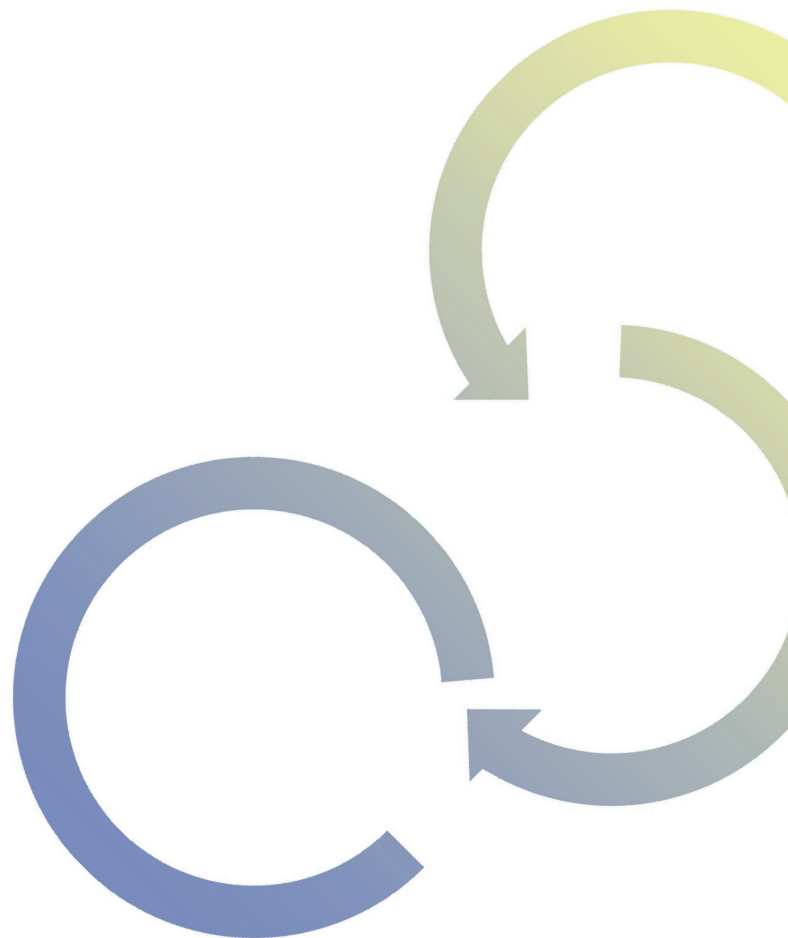
B. INFLUENCING JUST 52 GPs IN EVERY AREA – MANAGING DEMAND FOR RESIDENTIAL CARE AND SAVING MONEY

If local GPs and local social work staff worked more effectively together to help GPs to understand the profoundly important role they are playing in generating demand for residential care and the alternative options available, really significant savings could be made.

We have calculated that 60,000 older people could be kept out of residential care every year, diverting them to alternative, often lower-cost services. This could deliver £604million annual savings, even allowing for the costs of alternative support.

We have calculated this based on a 20% reduction of those in care, and assuming 50% would require continuing intense support at home, 40% require support with a smaller cost to the council and 10% have no on-going cost.

If each Council targeted the 25% most influential GPs, this would mean working with just 52 GPs per local authority (on average). Each of these GPs would only need to influence less than 8 older people per year to deliver this level of impact.



C. THE BIGGER PICTURE – WHAT THIS MEANS FOR HEALTH AND SOCIAL CARE INTEGRATION

Our research on the relationships between social care staff and GPs points to a much bigger problem in the way that local authorities are currently attempting to tackle the social care funding crisis – and a much bigger solution.

We have seen various, largely familiar, responses from local authorities to tackling the crisis in care funding to date, ranging from cutting the costs of supply to cutting services and eligibility. These have enabled councils to take £1 billion out of their social care budgets in 2011/12, but most of the Directors of Adult Social Services we spoke to agreed that the limits of many of these responses were being reached.

More recently there has been a big focus on the integration of adult social care and health. All the councils we spoke to in our research were doing considerable work on integration in some way. And the Government agrees that integration is crucial to reducing costs. The recent social care White Paper⁵ highlighted the integration of social care and health as a key role for councils, and proposed a new duty on councils to promote it. Money has been made available to support this.

However, in our experience most of the focus has been on the integration of structures and processes. Reducing delayed discharge, reviewing care pathways and introducing intermediate care options have been tried, with mixed success. Increasing numbers of councils have appointed joint heads of health and social care and attempted to pool budgets. All of this is undoubtedly positive, and will make some difference.

But as our research on residential care demonstrates, this structural and process integration will not solve the looming social care crisis if the behaviours, motivations and views of the people within different services are miles apart. We agree with the assessment of former President of ADASS Peter Hay in our interview with him that quick wins from integration amount to “fools gold”.

Solving the funding crisis in adult social care lies within local government’s gift. But to build a truly sustainable and high quality service we need to fundamentally change our approach to integration. The focus must be on changing targeted individual relationships – the hearts and minds of people who provide services – in order to build behavioural insight, and using this insight to reduce demand.

⁵ <http://www.dh.gov.uk/health/files/2012/07/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf>

D. HEARTS AND MINDS – THE BILLION POUND SOLUTION

Our research focuses on specific relationships of social workers with a limited number of GPs looking at a specific change. Obviously the context is much more complex, with many more points of influence across a broader system. Applied across a wider set of relationships, the savings could run into billions.

In the course of our research we uncovered more areas where changing relationships could unlock millions of pounds in savings. For example, our research with older people showed that hospital consultants also have a strong influence on the care choices of older people, so the relationships between social care staff and consultants as well as GPs are important. In addition, the Directors of Adult Social Services we interviewed estimated that savings of £500million (25%) could be possible from continuing healthcare budgets if efforts were focused on helping staff from

the NHS and social care work better together. However, they estimate that currently 80% of the effort is being put into changing thresholds and criteria – essentially cost-shunting.

And others agree with us. Recent research from The King's Fund⁶ identified £462million savings from GPs, community health and social care working better together to help older people avoid hospital admissions.

It is clear that there are significant savings to be achieved at each interface between social care and health. In total, this amounts to a game-changing solution.

The overall spend on health and social care for older people is close to £80billion. A 5% saving across this whole spend, starting from a dedicated focus on targeted relationships and closer working, would equate to £4billion.

⁶http://www.kingsfund.org.uk/publications/emergency_beds.html

Why we believe it is possible to reduce the costs of the state through behavioural insight.

All too often citizens are seen as a 'unit' of cost flowing through the system rather than as a person who either wants, or who can be persuaded to, contribute their energy and creativity to finding the right solution for them. Through our behaviour change projects we have learnt that the potential contribution of our citizens is huge. Given that the starting point for many of the services we are engaged with is negative - energy is directed at fighting the system - it can be doubly effective to find a way to turn this energy to positive effect.

In order to develop an accurate picture of how services and support are currently provided to citizens we believe councils must first understand why people behave in the way they do. Only then can a change in process, capacity or other lever be successfully applied. Through the harnessing of behavioural insight we've supported a range of local councils to transform their relationships with citizens to powerful effect.

We have developed a set of tools built on a proprietary methodology that give a systematic way to understand and respond to behaviours and motivations.

We believe the opportunities that can be created through changing the relationship between councils and residents are huge.

If we were to extrapolate these local successes to a national level then we could:

- recruit an additional 1200 foster carers per year
- recycle 17 million more tonnes of waste a year
- improve the SEN transport choice for over 87,000 parents nationally.

However, relationships between people who deliver services are also very important to realising the financial opportunities of demand management and behaviour change, especially when multiple services and/or organisations are responsible for the services delivered to citizens. If these relationships aren't working, then changing the 'state to citizen' relationship will be very difficult to get right.

Changing the state-citizen relationship will also be a big part of finding a sustainable solution to the adult social care challenge. A forthcoming iMPower report later this year will examine the opportunities which lie in viewing older people as assets who themselves might provide solutions to the issues raised by an ageing population. This report addresses the first challenge: ensuring the individuals who make up 'the state' are starting from the same viewpoint.

You can read more about our demand management approaches and case study examples at www.impower.co.uk

E. WHERE SHOULD WE START?

The opportunities for savings in adult social care through demand management and behaviour change are very significant. Changes in behaviour and relationships are required from people throughout the system. We are focused here on what Council Chief Executives or Directors of Adult Social Services should do. The question for them is: where to start?

We believe that GPs and other local health professionals can be influenced to change their behaviour so fewer older people and their families are told that they need residential care. We believe that a campaign to achieve this goal should be one of the highest priorities for Chief Executives and Directors of Adult Social Services.

Taking action in this area will require concerted action; careful measurement of the effectiveness of different initiatives, trial and error – and consistent and sustained application.

We propose four principles:

- Fully embrace the fact that there is much that can be done to **manage demand** – refuse to accept – and budget for – a fatalistic view of “demand pressures”
- Recognise that managing demand means **influencing individuals** – acknowledge that you want to change people’s behaviour, and agree this as a clear operational objective
- Be ruthless in **prioritising relationships** – not all people are equal! High level strategic meetings may not pay you back as much as systematically meeting GPs individually, and in small groups
- **Probe much more deeply** into the high priority relationships – this will involve engaging in new ways and asking awkward questions, and backing this up with data – such as which GPs have the highest rate of referral to residential care?

“There are lots of different people who try to influence doctors . . . if we want to make our voices heard, we need to try harder and smarter”, Sarah Pickup, President of ADASS, Director of Adult Care Services, Hertfordshire County Council

We have shown that relationships with GPs are a good place to start. Given that GPs are currently moving into the commissioning role this also makes it a natural – and important – time to review the relationships, and to prioritise the key individual relationships rather than the most important structurally. This also requires a visible, personal leadership that may be counter-cultural.

We challenge councils to ask themselves if they really understand the answers to the following questions.

- Do you really know what motivates GPs' views of social care?
- Do your social care staff, and your local GPs and hospital doctors, understand their level of influence on demand?
- Are you satisfied with the level of trust your local health professionals have in your social care staff?
- Is there any deep-rooted frustration between GPs and social care staff that needs to be aired?
- What information, security and evidence is necessary to give GPs the confidence that there are effective, well-proven alternatives to residential care?
- Are you sure you are both speaking the right language – or are there differences in terminology or definition that are getting in the way? E.g. 'Holistic' means different things to a health professional (head to toe) than to a social worker (broader life context).
- Are there fundamental disagreements about risk-taking, either at a factual or emotional level? Are those disagreements ones of principle, or of pragmatism?

If you don't, it is time to start.

Finding out the answers to these questions may seem like a time-consuming activity, but when one considers the number of strategic health and social care meetings attended by senior professionals and the large number of partnership working initiatives in this context, we would argue that this really means a different use of time – not more time.

It will require new tools to be used to understand influence, to probe motivations and to explore differences of opinion. Fundamentally it will require new relationships.

**“There is only one thing to do – just start”,
Martin Reeves, Chief Executive, Coventry City
Council and President of SOLACE**

**“There is a need to make sure behaviour and
culture is a key part of our planning for
integration”, Sarah Pickup, President of
ADASS, Director of Adult Care Services,
Hertfordshire County Council**

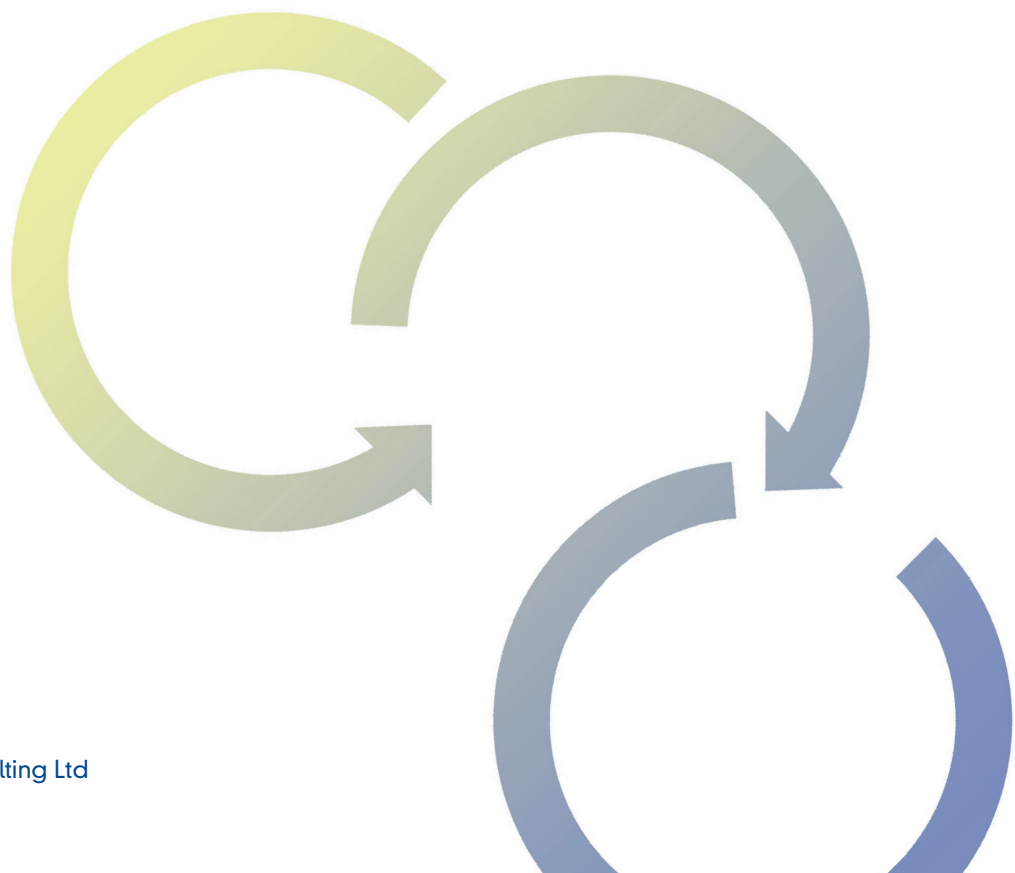
**“We need better communication between
GPs and social workers to improve services”,
GP interview**

F. CONCLUSION

Providing high quality services and care options for our growing numbers of older people is complex and challenging. Clearly the actions outlined in this report will need to be supported by other changes to enable older people to stay in their homes when it is the best option, including improving community care services and support for carers.

But as demand for services grows and funding falls, the case for looking beyond traditional supply-led approaches to reducing costs and towards demand-led initiatives is clear. Our research has demonstrated that £600million can be saved by targeting relationships with just a small number of GPs in every local authority area. The more relationships are changed, the bigger the savings will be.

It is only by starting with the hearts and minds of the people who deliver services that we will begin to tackle the crisis in adult social care – and give older people the care that they want.





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