# Care at a cost

## Changing to improve

AT £14bn a year, adult social care is expensive. Providing support for 1.5 million of society's most vulnerable members at any one time, mainly through local councils but with heavy NHS involvement, it is also a litmus test of a civilised society. Long a Cinderella, social care's belated move up the agenda is tacit admission that the present system falls well short of aspirations. Shortcomings substantiated in reports by the King's Fund and others include inadequate levels of care, poor quality, inflexible services, and restricted choice, aggravated by staff shortages and constant resource pressures. Those pressures can only increase; one authoritative estimate is that the cost of providing care to an ageing population will increase threefold in real terms by 2050.

Independence, Wellbeing and Choice was the title of last year's Westminster's Green Paper, which said the remedy for these failings is NHS-style 'choice'; in effect individuals will be given their own budgets and direct payments to commission care. On the supply side, there will be more emphasis on provision from community and voluntary sectors, and quality will be improved by the spread of best practice.

In the last year Vanguard has worked with five local authorities to help improve care services. We were able to confirm the reasons why change is necessary. To translate abstract diagnosis into human terms, elderly people were confused and sometimes frightened by a process that resembled an obstacle course. They had to wait too long for care, often got the wrong sort and were subject to repeated handoffs and assessments by different departments, none of which appeared to know what the others were doing. Once they got to the end they often had to accept inadequate care or start all over again because they couldn't afford the service offered. Because of varying local criteria, some people could get care with only minor need while others got none until they were critical. Sadly, for lack of swift preventive action, people frequently deteriorated to the point where they needed much greater amounts of care, thus magnifying costs.

However, our work also confirmed that choice is not the real issue. The reason people give for accepting direct payment is not that they want to organise their own care; it is the desperate feeling that anything would be better than what happens now.

Why do present arrangements work so poorly? The short answer is that the work is not designed as an end-to-end system for solving people's care problems. As a result, it can't even know what people's problems are. Remarkably for a service where timeliness and appropriateness are critical none of the five authorities knew how long it took from first contact to deliver care, nor what the major components of demand were.

Instead, the work has been designed from the other end, to parcel out in discrete chunks what the centre has decided the care system provides: physical and financial assessments, and various dollops of care. Critically, each of the chunks or functions is administered, measured and often inspected separately. For example, there are standards and targets for appointments, assessments and delivering care once the assessment is agreed. This design explains why council departments can meet their functional targets while still taking months or even years to install a walk-in shower, one of the most common care needs, and why local authorities providing equally indifferent service from the user's perspective can receive a one, two or even three-star rating from the inspector. It follows that the inspection and compliance regime, which is based on meeting functional and activity targets, is an integral part of the problem.

Secondly, targets and budgets for individual functions put pressure on them to 'close' cases as quickly as possible. 'Difficult' ones are therefore hastily passed on to the next department. The result is repeated assessments and handoffs and lengthening delay. By the time clients receive care, they may be beyond the original help, have to go into hospital or undergo further assessment for more intensive care.

And because the system is designed to deliver units of care – domestic help, level-access shower, residential care – rather than solve problems, it is inflexible, working to increase the number of 'difficult' cases which don't fit the official categories and multiplying inappropriate care. At the extreme, people can go into a home for lack of a grab-rail.

Perverse consequences are common to all target regimes. From a systems perspective, the usual remedy – tighten the specifications to prevent them happening – is simply 'doing the wrong thing righter'. Instead, the real solution is to remove the conditions that caused the consequences (the fragmented work organisation) and redesign the work according to systems principles.

Because knowledge of demand and real capacity is typically lacking, it is impossible at the outset to predict the improvement redesign will bring. But results at one council are indicative. Here, elapsed time from making contact to delivery of care and establishing its cost was cut from three or four months to an average of three days. Where previously getting care took more than 80 steps it now takes 11. Where before the de facto purpose of the system was 'getting blobs and stars', it is now geared to keeping people independent. Users who used to say, 'I can't get through to you', 'everyone asks me the same questions again and again', 'if I don't want what you want me to have, I get nothing', now respond, 'I get help when I pick up the phone', 'I know how much it will cost', 'I feel you are listening to me'. One social worker said it was the first time in years that she had actually spent the week as a social worker.

Note that a consequence of the redesign is that costs fall. Removing unnecessary steps (ie waste) increases the system's capacity, while fast response stops minor needs becoming major. Counter-intuitively (but proven time after time) good service costs less than poor. Clients, taxpayers and society benefit. We don't need more resources; we need better thinking. ■

*John Seddon's report, Adult Social Care: a systems analysis and a better way, can be downloaded from: http://www.lean-service.com/6-27.asp*