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Adult Social Care Reform - The Filo Project submission

**Introduction**

The Filo Project CIC is an innovative provider of small group day care for people with early to moderate dementia. We have been operating since 2014. It is a not-for-profit organisation with a proven track record of delivering high quality small group day care. Ours is both a successful and popular model and we are the largest provider of dementia day care in Devon and Somerset. The Filo Project currently supports 350 clients a week living with dementia with many more in the pipeline. It is a vital support service which also provides essential respite for family carers.

The Filo Project supports individuals who are socially isolated, many experiencing symptoms associated with early to moderate dementia, including memory loss. Our service is situated in the home of 'hosts' and is more intimate in nature than other traditionally used models. Groups are between 3-5, an appropriate size for our cohort, many of whom have hearing/sight loss and have lost confidence owing to their memory frailty and increasing social isolation. We liken our day to spending a day with friends, everyone can hear and engage with the others, no one gets left out; quality social interaction occurs. Clients' capacities and capabilities are focussed upon, not their incapacities. Once a client is assigned to us, they attend the same group with the same host each week. This continuity is key to the outcomes we have achieved.

Transport is provided as part of the service wherever possible, which not only means we can reach even those most rurally located, but it is also a crucial orienting part of the day.

Since our inception we have acquired unique and significant insight into the deficiencies inherent in social care and consequently we feel well qualified to submit evidence to this inquiry.

Our concerns are:

**1. THE MARKET**

Commissioning is currently procurement-led meaning that public duties are being met by 'shopping' from whatever is cheapest. Framework prices are fixed at a median without giving due consideration or consultation to the baseline costs involved in running a service. Of course price is important to local authorities (LAs), and we are not naive to the tight financial constraints placed upon LAs but when

providers are squeezed to a below break-even point then the viability of organisations will suffer and capacity will diminish, in an already sparse landscape.

Cost is not the same as value, and too much emphasis is placed on the former, to the disadvantage of the people it is meant to serve. There is no evidence to suggest that having a competitive marketplace for providers has any cost benefit. Instead of competition encouraging a broader market it does the opposite, it reduces it. The emphasis on price kills creativity and ingenuity. In the regions we operate there is very little other day care provision. We do our best to meet demand but the sparsity of provision is to the severe detriment of our clients, their families and ultimately LAs for the region outlined in the above paragraph.

The Chief Medical Officer's Annual Report of 2023 'Health in an Ageing Society' makes sensible recommendations which the government should heed. It highlights that the 'geography of older age in the UK is already highly skewed away from large urban areas, and will become more so (...) we need to improve the infrastructure for older adults and others with disability rapidly in those areas (...) if we choose, ostrich-like, to ignore the growing concentration of older adults and their inevitable healthcare needs in these geographical areas, we are not undertaking proper responsible planning and will have a far harder landing as the population in those areas inexorably age.'

## 2. COMMISSIONING AT COMMUNITY LEVEL

To expect a regional commissioner to know and meet all communities' diverse needs and preferences for adult social care equally, in their whole region, is unrealistic. We believe that adult social care commissioning should be done on a much smaller-scale than at present, at a community level rather than by county. The system, including the procurement process is overly lengthy, cumbersome, time and resource draining and doesn't allow for quick responses to need in various localities. Of course, procurement frameworks have their benefits, i.e. they make sure potential providers are effective and safe but the process is onerous and slow and prevents providers from working collaboratively with local authorities. Partnership working, in the best interest of any client group and the local authority, is blocked by the process. The system prevents best-practise from happening. A counter to this was during the pandemic when urgent and swift local procurement was required and effected. The same could and should happen for adult social care.

An example of where the system does work well is in Somerset which is more rooted in the relationships between provider and LA.

### **3. PREVENTION**

An underlying motivation of social care is to prevent admissions into hospital or long-term residential units yet the current short-termist approach will consequently cost much more in the long run. Residential care costs approximately £900 per week and our model of social care is £146 for 2 sessions a week, and has proven to prevent entry into such institutions thereby saving considerable amounts to the state. We feel more focus should be given to prevention and 'front-loading' expenditure. If more is spent at the early end of social care significant savings could be made later on. That non-profit organisations like ours are required to charge VAT does not help the situation for families. A vital service relating to social care should not be taxed.

Also, previously LAs used to be funded with a 2-3 year budget but through austerity this has been reduced to a one year budget allocation. The system is reactive, not proactive and appropriate planning is impossible, sustainability non-existent. This is yet another process which impoverishes the system for everyone.

More people in long term care now are not self-funding and, in our experience, the reason for this is because they've not previously engaged with the system and are not known to social services. In North Devon, for example, there is a lack of suitable respite options which forces people into long-term care prematurely.

Options for supported housing and dementia villages would prevent repeat admissions to acute units for our clients let alone the rest of social care.

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