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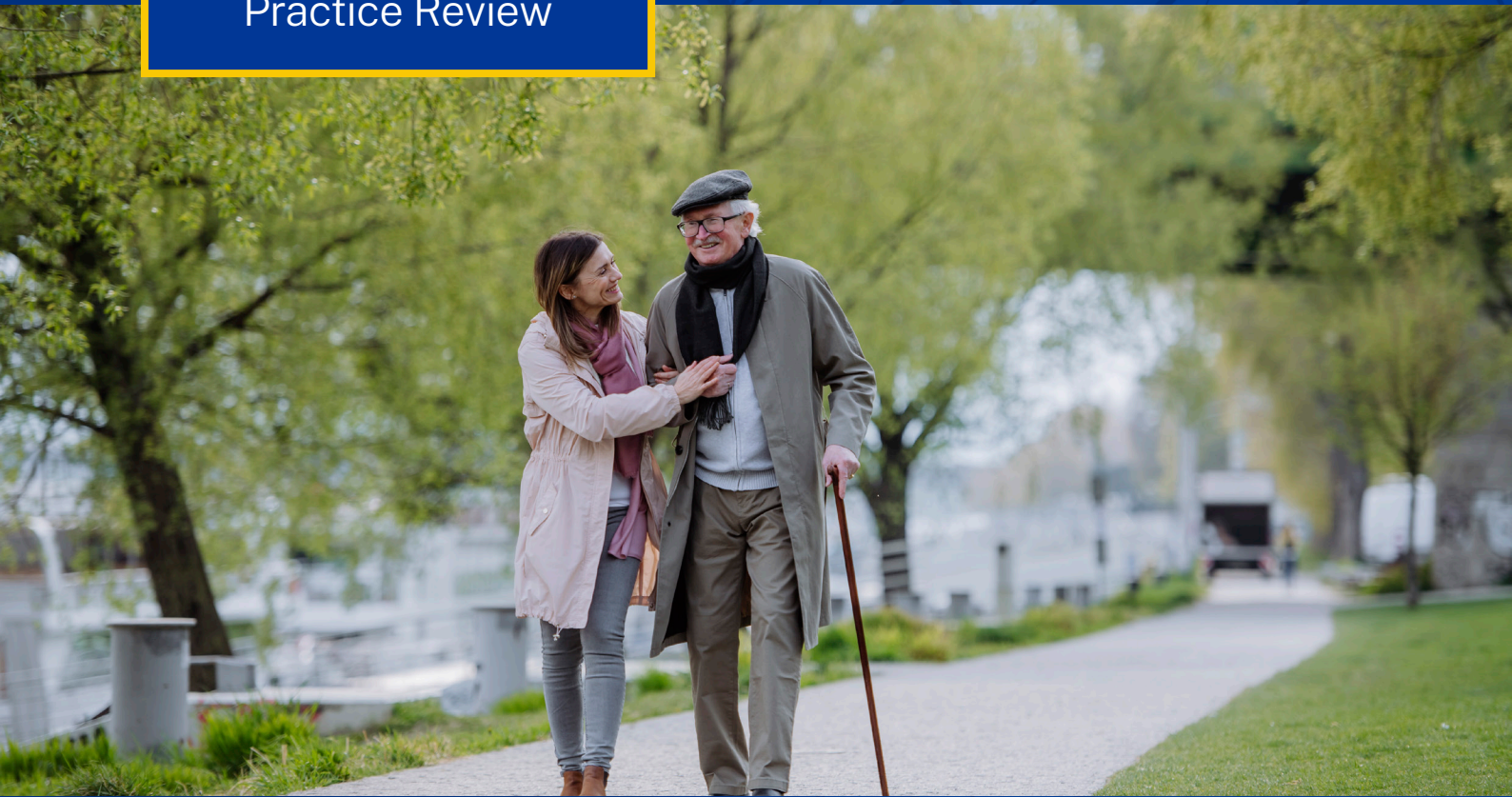


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The John Bolton Papers

February 2025

Practice Review



The John Bolton Papers

John Bolton has been one of the most influential voices in social care and health care in the UK in the last 20 years. He has been a visiting professor at IPC and a key member of our team for much of that time, and he has worked tirelessly to help secure better outcomes for people through the services in local authorities and their partners across the UK.

We get frequent requests for his advice or for access to papers that he has produced over the years, so as he comes towards a well-earned retirement, we have collected some of his key papers together in a single pack so that you can have easy access to them. Although written separately up to ten years apart, we think that they form a cohesive and consistent analysis of the challenges currently facing social care and health care and what can be done about them.



John talked to us in February 2025 about the key influences on his thinking over the years and started with his childhood. His parents instilled in his brother (who is deaf) and himself fundamental ideas about the importance of independence and personal agency and responsibility that has informed his thinking throughout his life. His mother (who was blind) showed John that disability does not have to be a barrier to a rich and fulfilling life and he followed her example by heading to university (in Hull) for his first degree.

John was part of the first generation of people to join the new social services departments when they were established following the Seebohm Report in 1968 – and he got a first job as a social work trainee in Warwickshire. It was an exciting time, and John had the opportunity over a number of years there to get really closely involved in community building, working with clients to develop groups and share activities to promote wellbeing. A move to London saw John continuing this type of work in Lewisham and then Wandsworth, driven by that core belief in the importance of promoting independence through health and care support.

Eventually John took on middle management roles in social services and he worked with colleagues to apply those same principles to social work practice. At times this could be frustrating, with practice in the early 1980s often failing to be sufficiently clear and straightforward, or able to successfully help people take full responsibility for themselves and the changes they needed. For John it was a key responsibility to be clear and straightforward about issues, and about the options available to both the family and to the local authority in addressing them.

John moved to Camden in the late 1980s and remained there for some time, including during a period when social workers were on strike for over a year. It was a challenging time but notwithstanding the merits of the strike, it did teach John some very important lessons about focussing resources on key priorities and key risks, and how it is important not to spread capacity and interventions too thinly to be effective.

After a number of senior officer positions that included a focus on performance, John moved on to head up the Audit Commission Joint Reviews Team, inspecting local authorities and partners across England. The great learning from this work was about the importance of up-to-date, high-quality data in driving management decisions, and about the importance of a clear vision and model of practice for good leadership. John was struck by how few local authorities could show either of these qualities – and how much of a difference it made to performance when they were in place.



This period gave John the chance to develop his ideas about what ‘works’, and he then had the opportunity early in the new millennium to put these ideas into practice when he was appointed Social Services Director in Coventry. Here, he worked with colleagues to bring the service out of special measures and to become a high performing (3 stars) department. John developed his leadership style further during this time, complementing a rigorous performance management approach with core principles around promoting independence and enthusiastically getting out and about to speak with teams and services across the area about what they were doing, and why. John thinks it took about five years overall to secure the new culture across that department. Subsequently John took on another national role as Strategic Finance Director at the Department of Health where he had responsibility for funding and transformation of social care. Over the last 15 years he has been sharing his approach and insights with local authorities and health services across the UK and beyond in three different interim Director roles and a wide range of national and local projects. His work is relevant to both NHS and local authorities and indeed the interface between the two. His contributions were recognised by the Queen in 2021 when he was awarded an OBE.

John is very clear that many things have improved over the decades in the UK social care system, despite the very challenging demand, capacity and resource issues we are facing at the current time. Large residential care institutions and the problems that came with them have pretty well gone, social care professionals are less paternalistic, and local authorities try to focus their services on those most in need and at greatest risk. Asked about priorities for the future though, he picks out two key areas of practice. Firstly, despite emerging policy and practice the approach to assessment across the UK remains much too focused on eligibility and access to resources rather than on helping people to achieve greater personal independence. Despite many great examples of the longer-term benefits of an ‘outcome-based’ approach to assessment, the system is still too caught up with questions of entitlement and resource allocation. Much more needs to be done here. Secondly, there is much more that can be done across the UK to promote independence for all sorts of people and situations including, particularly, in hospital discharge and long-term care and support.

We asked John to sum up his approach over the last 55 years. Reluctantly he agreed to try to boil a lot of complicated ideas into a summary statement:

“I think that the purpose of social care is ultimately to promote independence and personal agency. It is to help people maximise their potential and to develop themselves in the way they want to. The professional who really makes a difference can see the potential that a person has, and will work hard to help them achieve that potential.”

The following table summarises the papers that John has produced with and for colleagues at IPC over the last decade. They expand and consider how to apply the principles and approach described above in a wide range of health and care settings.

Publication	Summary
<p><u>Commissioning out of hospital care services to reduce delays</u></p>	<p>This paper offers a strategic approach to speeding up discharges for patients who no longer need hospital care. It builds on work undertaken with several health and care communities across the UK and draws on work commissioned by the NHS Delivery Unit in Wales and with the Local Government Association in England.</p> <p>The paper offers a structured approach to understanding demand, supply, and impact of our out of hospital care systems through a data collection template and proposition for a 'model' for describing the service elements which make up 'intermediate care services.' It looks in detail at the services that are most likely needed in order to build an effective set of intermediate care services and the quantity of that service that may vary from place to place. At its heart it introduces an approach to outcome-based commissioning that is both efficient and effective.</p>
<p><u>New developments in adult social care</u></p>	<p>This paper presents examples from visits to six local authorities and describes the models and approaches observed along with lessons learned from emerging practice from local authorities in England that are contributing to the delivery of outcome focused care and support and helping to manage demand effectively. Three key practices shared by all are:</p> <ul style="list-style-type: none"> ● Asset-based or strengths-based practice ● Promoting independence ● Outcome-based commissioning



<p><u>Reducing delays in hospital transfers of care for older people: key messages in planning and commissioning</u></p>	<p>This paper explores how commissioners of out of hospital care services for older people determine the amount of care that is required to meet local demand and the services that should be commissioned. Considerations for planning and designing service for effective discharge are summarised as:</p> <ul style="list-style-type: none"> ● Having a good understanding of the patterns of demand so that, at the point of discharge, a range and sufficient supply of the required services is readily available, including some residential intermediate care beds as well as support in the community. ● Many delays are caused by patients waiting for an “assessment.” Those planning discharges should always consider whether an assessment in hospital is the best place and whether many of the important aspects of an assessment could take place in a setting outside hospital – preferably at the person’s own home. ● As the needs of some people are frequently overestimated by some professionals at the point of discharge, a more timely and systematic mechanism is needed that identifies people who, when in the community, require less or no further support. ● The services that should be available at the point of discharge should in most cases offer short-term help that focuses on supporting recovery and recuperation. These services must involve therapists, nurses and care workers, all of whom share the outcomes focus.
<p><u>Six steps to managing demand in adult social care: a performance management approach</u></p>	<p>This report highlights how taking a performance management approach can help councils deliver outcomes and better manage demand in adult social care. It provides a helpful model for measuring service delivery and identifies six critical steps for managing demand in social care, a range of strategic objectives as well as suggested performance indicators and targets. It builds on IPC’s earlier work looking at how councils deliver outcomes and manage demand, suggesting that improving performance management can assist in delivering change.</p> <p>Councils rarely have a clear strategy on managing demand for social care services and, where they do, often fail to properly analyse data to understand the impact of that strategy.</p>
<p><u>Predicting and managing demand in adult social care</u></p>	<p>The discussion paper shows that demand prediction and management is more complicated than simple population projection. It suggests that some demand on adult care is within the influence of the council and explores behaviours and practices that can help, as well as why some councils are better at doing this than others.</p> <p>The paper looks at the variables that might be considered when seeking to understand likely future needs in order to predict future potential demands and suggests that if councils want to manage demand better, they need more sophisticated analysis and performance management arrangements.</p>

<p><u>What are the opportunities and threats for further savings in adult social care?</u></p>	<p>This paper considers how councils in England have delivered savings in adult social care in the past and what options –if any –they might have in a period of continuing financial challenges.</p> <p>The report argues that there may still be scope among local authorities to introduce or refine the provision of care, seeking to avoid formal care where that is safe and helping people in other ways, ensuring that opportunities for recovery and recuperation are consistently offered, and that an assessment of needs is not rushed when someone is in a crisis (e.g. at the point of hospital discharge), thus helping to avoid residential or other institutional solutions where possible.</p>
<p><u>Emerging practice in outcome-based commissioning for social care</u></p>	<p>This paper is a progress report exploring the lessons learnt from a variety of approaches taken by councils to `outcome-based commissioning` in adult social care. It puts the emerging practice in social care in a context with other developments within the public sector; explores current practices in social care from a small number of councils and looks at the advantages and risks in taking this approach. It suggests that this approach could deliver better outcomes for people at a lower cost if the transaction costs can be limited.</p>
<p><u>Help to live at home service: an outcome-based approach to social care</u></p>	<p>This case study describes the development over three years by Wiltshire Council of its new `Help to Live at Home Service` for older people and others who require help to remain living in their own house rather than going into residential care.</p> <p>It includes details of the origins and principles of the new service design, how transition from old to new was affected, and reasons for choosing new providers for the service, and the rationale for retaining relatively limited numbers of providers, contrary to the prevailing wisdom on wider customer choice. Problems encountered are also reflected in the report, particularly the number of people initially electing to stay with old providers and take a Direct Payment.</p> <p>The conclusions reflect on both the successes achieved and the continuing challenges faced, and a series of key messages are intended to promote discussion among other local authorities on how outcomes-based, personalised support can best work in social care in England in the future.</p>

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