



Institute of
Health &
Social Care
Management



The Future for Social Care

A discussion paper



FOREWORD

Covid, despite the damage it has done to families, health and social care services and businesses up and down the UK, can be the trigger for an acceleration of social care reform and economic change.

For too long the sector has been the subject of **patch and repair**. The gaps in services and the weak links are all too obvious and do not require elaboration here. Our members want to identify and build on the **best of the past and take our social care services into the future**, laid on sure foundations.

If the Johnson government mantra of 'build back better' is to be made a reality, then **our social care services deserve to benefit from 'better' and 'rebuilding'**. Furthermore, **social care knows what needs to be done**.

Drawing on the experience and in-depth knowledge of our membership, the IHSCM has produced this discussion document. It does not dwell on the problems which are well known and recited endlessly. Instead, it **proposes solutions**, based on:

- feedback from over 1,000 members who have expressed opinions via our national survey and
- from the contributions of many members who have taken the trouble to give us their professional insights and experiences.

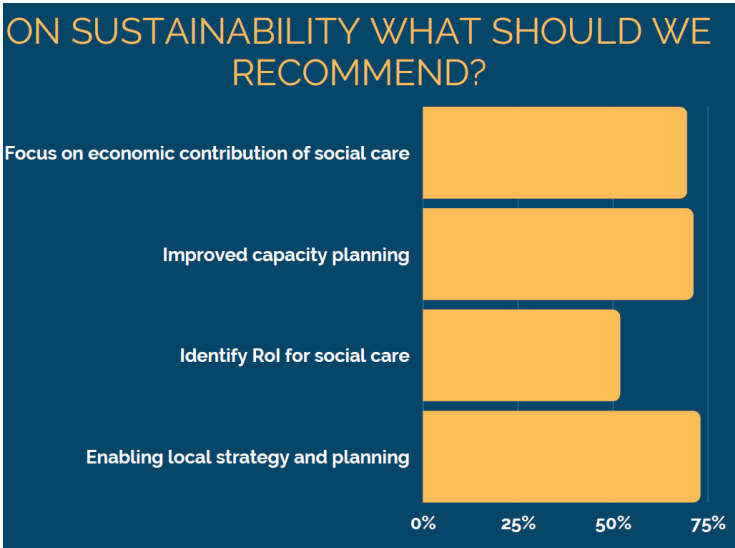
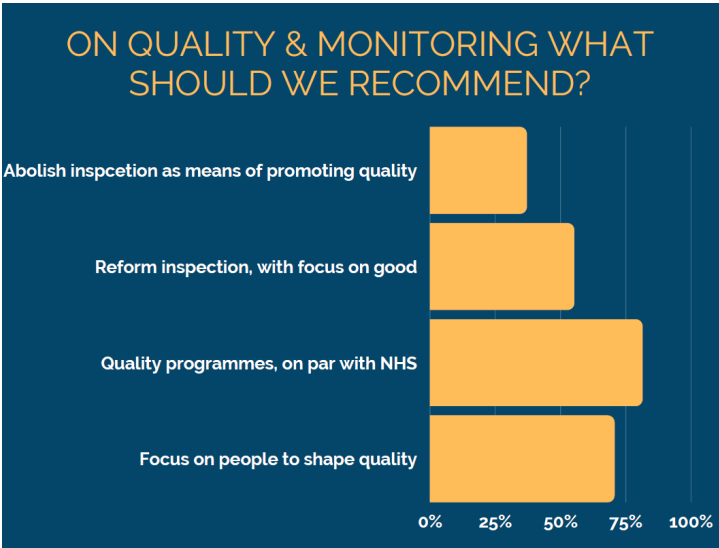
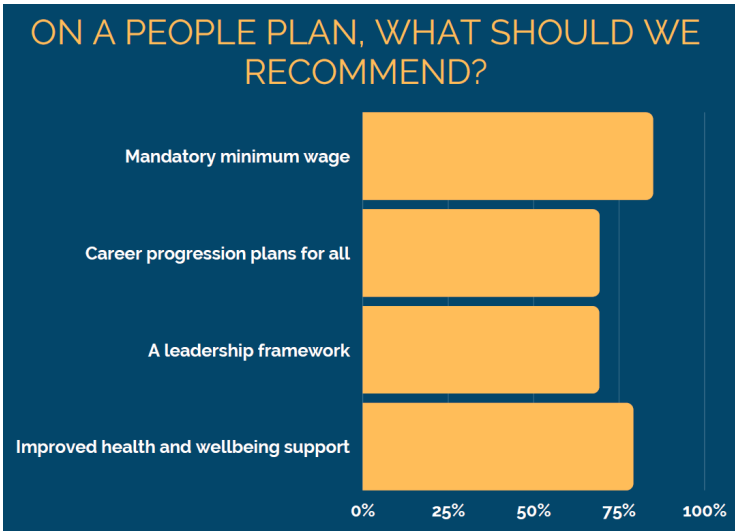
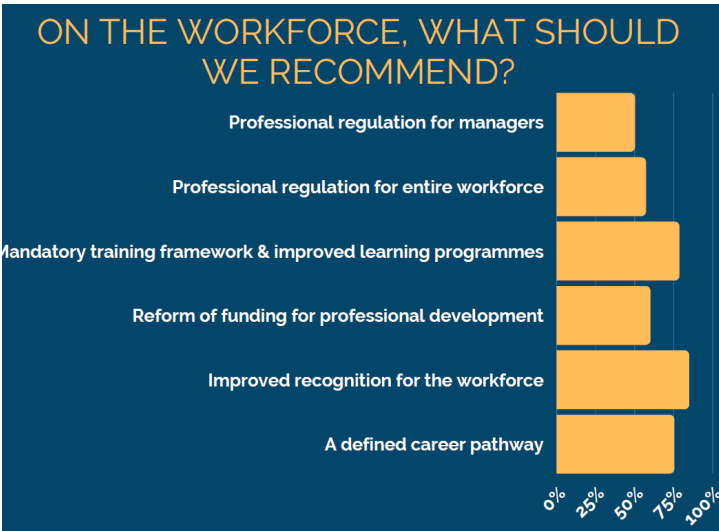
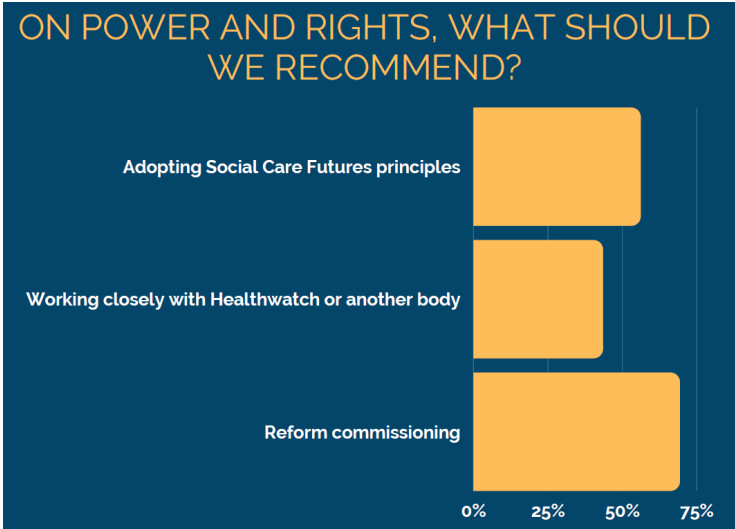
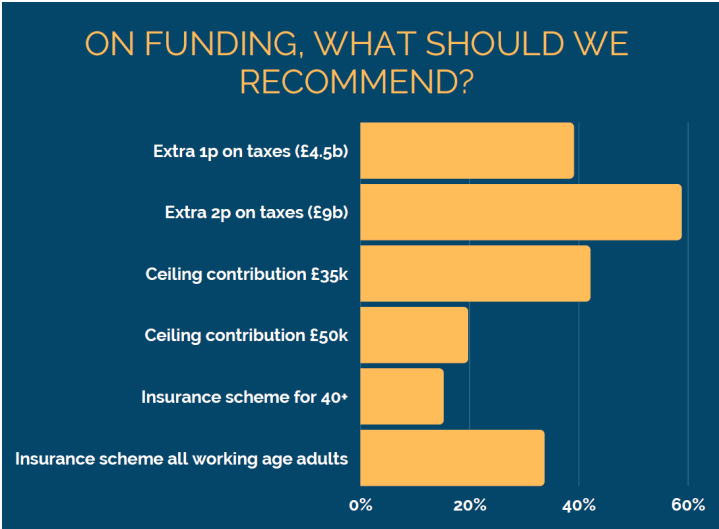
If you would like to comment and contribute to the discussion, please email me personally jwilks@ihm.org.uk. Thank you for reading this and taking the opportunity to get involved.

Jon Wilks
Chief Executive
Institute of Health and Social care Management
June 2021

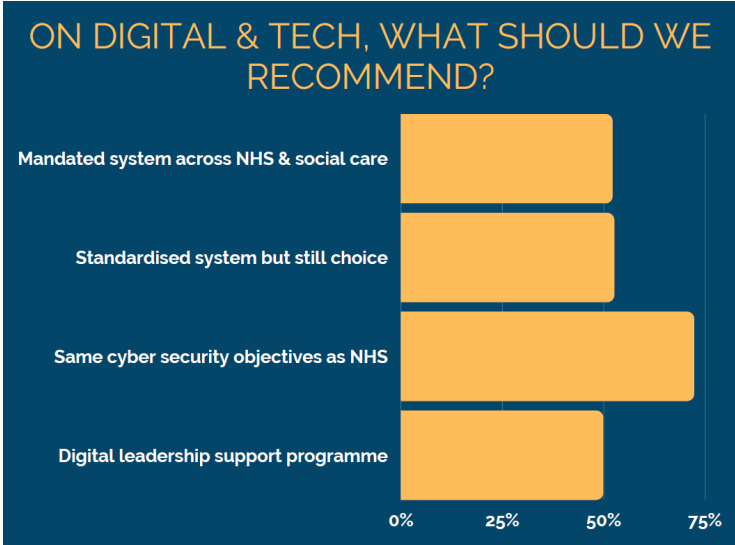
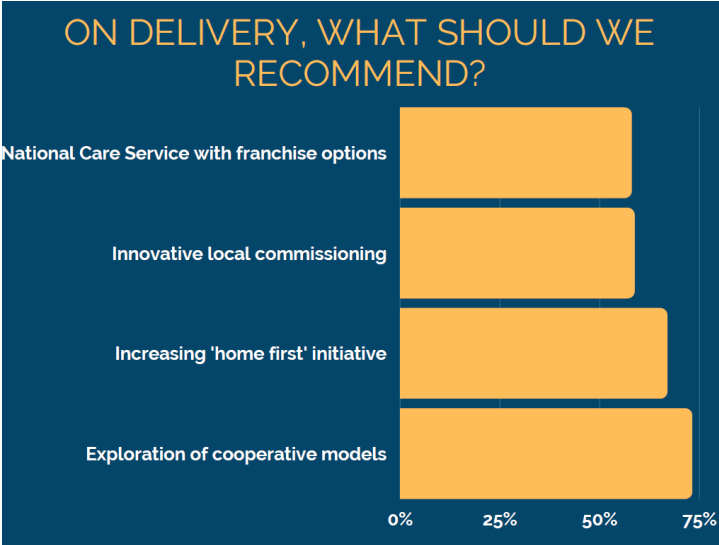
Summary of Recommendations

- **2p increase** on the basic rate of income tax
- A further budgeted **increase of £5bn** for local authorities
- NHS and social care would therefore **present as one service**
- The formation of a new body of '**Care Navigators**'
- Commissioning and delivery should adopt the **Social Care Futures principles**.
- People drawing on social care and essential carers to have a new **charter**
- Establishment of a new **Royal College of Social Care**
- Matching of **staff bands** in health to those within social care
- The urgent development of a **People Plan** for social care.
- A **leadership framework** and national programme of support
- A **recruitment campaign**
- A fundamental and rapid **overhaul of training**
- **Current inspection methodology replaced** with a new system
- A **quality support** programme
- Care providers to be mandated to set up a **representative group**
- **Providers contracting** with health or social care for the provision of UK services should be **UK based**
- Local planning and strategy at **ICS level should be appropriately funded**, and include **environmental sustainability**
- Commissioning encouraged to enable more '**home first**' initiatives
- A mainstream and social media **campaign is to be created**
- **Citizenship modules** to be formally introduced in education
- **Arts and entertainment** organisations encouraged to include social care topics
- The annual publication of the **Data Security and Protection Toolkit is mandated**
- Care providers to be provided with a **secure email client**
- A **digital leadership** programme
- A **digital skills** development programme is made part of basic induction training.
- Social care **data is harnessed** through a central database

Survey Results



Survey Results



homes fair social national Better pay services professional require care staff carers
 Make levels social care Decent workforce framework many roles
 sector zero hours contracts needs professional regulation staff
 care workers care community pay entire workforce training
 living wage work respect good accountability nursing wage NHS wages
 people provide x27 recognising care homes see workers recruitment
 Improved responsibility increase minimum wage Will

use private sector individual Develop social care approach system resource work per
 Make users people framework staff NHS services give focus
 don x27 t care Quality improvement inspections actually
 providers support quality training needs integration CQC
 experience improvement way sector control good go service users care home
 ENSURE users relatives monitoring process

Contents

FUNDING – What are the options for funding, how much is needed, how could it be raised and how should it be used?

POWER & RIGHTS – how should social care operate; how should it be led, and human rights be met?

WORKFORCE – how do we attract, recruit, retain and train a workforce genuinely supported to deliver social care in the 2020s and beyond?

QUALITY & MONITORING – how should service quality be built and guaranteed? Does inspection work? How should quality be monitored effectively?

SUSTAINABILITY – how can the sector become more sustainable including environmentally?

DELIVERY AND PUBLIC PERCEPTION – how can the general public be helped to better understand social care? How can this influence delivery?

TECHNOLOGY – how can technology be used to improve efficiency and experience?

Funding

Whilst the **NHS is nearly entirely taxpayer funded**, social care is currently a mix of local authority and private contributions. Drawing on reports and estimates from The National Audit Office, The Kings Fund, Which? and Laing & Buisson we estimate a **total spend, on adult social care, to be in the region of £37.8 billion**.

Across the UK, at any point in time, around **1.2 million people are drawing on adult social care**, of which about 349,000 people privately fund. In England alone, this is delivered by a network of around 18,200 organisations (95% of which are privately owned), across 38,000 establishments [Size and Structure Report Skills for Care 2020].

It is well known that our **population is rapidly ageing**, and various commentators have provided estimates of the forecast increased demand for social care services to support frail older persons over the coming years.

The Institute for Fiscal Studies have applied a figure for social care of **3.9% increase in demand**, per annum to cover that ageing population dynamic and increased demand from working age adults living with disabilities.

How much additional money is needed to meet demand and how might it be raised? Calculations, corroborated by the Health Foundation, indicate a 2p increase in income tax would yield £9 billion.

Based on the outcome of the survey, recommendations are:

- **2p increase on the basic rate of income tax**, hypothecated, to fund social care.
- **A further budgeted increase of £5bn for local authorities** via shared budgets within ICS structures. The money would be directed to local authorities for them to negotiate provision with care providers.
- **NHS and social care would therefore present as one service** to the population, funded by taxation as the National Health & Care Service.
- **The formation of a new service of 'Care Navigators'** to help individuals and their families seeking social care support, to help them through the labyrinth of entitlements and services available. This process would be governed by local authorities through the ICS structure.

Power and Rights

Despite the advancing of person-centred care over many years and the introduction of legislation, the current commissioning and delivery of **social care often fails to meet human rights**.

The Social Care Future movement has developed a vision that will require significant change in what social care does and how it works, **moving away from institutional practices** and **shifting power to people and communities**. This will require challenge and change at all levels to close the gap between the positive ambition of the Care Act and reality on the ground.

We call upon Integrated Care Systems (ICSs) to promote a genuine **joint approach to leadership and planning**, absolutely focused on how services can jointly **achieve enabled living**. This will involve:

- **Personalisation** of care solutions
- Sustained and effective **support for the care workforce**
- A **joint approach** across health & social care to **remedying inequalities** for people drawing on social care
- A fresh exploration of required **investment in innovation and technology**
- A clear and transparent approach to **budgeting and service transformation**

The Institute's **Power and Rights** special interest group is exploring the creation of a new Social Care Charter (such as that used in Germany) and believe strongly that this should be mandated across the UK.

Based on the outcome of the survey, our recommendations are:

- **Commissioning and delivery should adopt the Social Care Futures principles.**
- **People drawing on social care and essential carers to have a new charter** which enshrines their human rights.
- The overall objective is to promote and **achieve enabled living**.

Workforce

The social care workforce is hard pressed and well-intended but needs a wholesale shift to a more **professional base** with opportunities for **career advancement** and **professional training**. Many people working in social care love the sense of fulfilment and emotional reward that it provides but it is typified by and perceived to be entrenched in **zero hours contracts, low pay, poor training and career advancement opportunities and unacceptably high staff turnover**. Employers are inconvenienced by what is perceived as a lethargic approach by the current bodies to funding for training. For example, we are now in mid-June 2021 yet the Workforce Development Fund for 2021-22 is not yet open for applications.

A single **training coordination body** should emerge, tasked with the objective of making staff training acknowledged to be the best of its type in the world. Compliance-focused, repetitive, dull and formulaic training must be consigned to history. **Redesigning training by working with staff and people who draw on social care** themselves to develop content and scope should be actively adopted. It should take a blended approach and offer professional qualifications that demonstrate genuine skill and ability.

Right now, it is estimated that **52% of workers** in private social care service provision **have no social care qualification** at all.

To rectify all of this we recommend a new **(Royal) College of Social Care** should be established to:

- Focus on **training, inspiring** and sharing best practice.
- Create **exciting, attractive career pathways** and help with the development, delivery, and funding of a new **professional training curriculum**.
- Undertake a full **review of social care qualifications** and **apprenticeships** focusing on content, delivery, and assessment.
- Create increased opportunities for **Degree Apprenticeships**, for example in the development of **Nursing Associates** as we move into a world where clinical tasks are routinely undertaken in residential care homes, not just nursing homes. As well as a recognised **Degree Apprenticeship for Registered Managers**.

Workforce (cont)

It is felt that such a move will rapidly accelerate recruitment and retention as schools and colleges lock on to the genuinely attractive career opportunities provided.

Based on the outcome of the survey, our recommendations are:

- **Establishment of a new Royal College** to oversee training, regulation, and improvement.
- **Matching of staff bands in health to those within social care**
- **The urgent development of a People Plan** for social care.
- **A leadership framework and national programme of support** developed with shared learning opportunities across health and other integrated sectors. Access to bespoke higher education.
- **A recruitment campaign** led by the sector and people drawing on social care.
- **A fundamental and rapid overhaul of training** objectives, provision and impact.

Quality and Monitoring

There is **little or even no evidence** that standard approaches to **maintaining quality, by inspection and targets, improves care.**

Despite nearly twenty years of inspection in the NHS, the service still struggles with quality issues, the root-cause of which is often to be found in funding and historic workforce issues. **The social care sector can and should learn from this experience.**

The experience for people drawing on social care is the most reliable bell, but there is a real inconsistency to this, and we should not overlook the fact that **people may be fearful to be too critical if they are experiencing poor care.**

There is widespread fear and mistrust of the Care Quality Commission's approach and objectives when inspecting care and a great deal of **scepticism in respect of the results that are achieved in respect of boosting quality.** This sentiment is also being felt by people and families looking to arrange social care.

Based on the outcome of the survey, our recommendations are:

- **Current inspection methodology replaced with a new system** based on continuous monitoring and a focus on continuous improvement.
- **A quality support programme be developed** and made available to all care providers. Examples from the health sector and include ECIST for emergency care and School for Change Agents.
- **Care providers will be mandated to set up a representative group** comprising people drawing on care, families, and other stakeholders such as GPs, to provide feedback about the standard of care provided and ongoing opportunities to improve.

Sustainability

Following some Covid experiences, It is likely that the sector will come under more demand pressure as **families may avoid accessing social care** and the risk of infection or being kept apart.

Registered nurses in social care have fallen by 30% over the last 10 years (**a total decrease of 15,500**). It is felt that much of this decline is due to poor conditions, career prospects and pay.

How can **money invested** in the sector (and leaving the sector via, for example, off-shore company's rental agreements) **be better monitored for effect and value for the public purse?**

The NHS accounts for **25% of public sector carbon dioxide emissions** in the UK and is coming under increasing pressure to reduce its environmental impact, however, we have **no concept of this figure in social care.**

Based on the outcome of the survey, our recommendations are:

- **Providers contracting with health or social care for the provision of UK services would have to be UK based**, with no opportunity for creating op/co-prop/cooperating models and sheltering revenues, offshore.
- **Local planning and strategy at ICS level should be appropriately funded**, with an emphasis on improving capacity planning for the sector and seeking to improve environmental sustainability.

Delivery and Public Perception

It is not until families are faced with needing the support of social care that they come to realise how complicated it can be. In a survey we conducted earlier this year, **75% of respondents said they were aware of NHS services in the care sector**, suggesting a **profound level of misunderstanding between healthcare and social care services**.

Skills for Care's 2020 report on the social care sector indicated that there are 18,000 organisations providing social care in 38,000 establishments in England. 51% of these establishments are residential in nature.

Domiciliary care is growing substantially faster than residential care and there is a clear Department of Health and Social Care policy imperative, to **enable people to remain in their own homes for as long as possible**. We applaud this as it aligns with our sector proposed objective of **enabling living**. Certainly domiciliary care is a growing sector but one that is often **ignored when policy changes** and integrated care services are being designed. There should be more opportunity created for innovation such as Wellbeing Teams and Bridgit care and Doris Jones

Based on the outcome of the survey, our recommendations are:

- **Commissioning encouraged to enable more 'home first' initiatives** and cooperative models of care creating more flexible and responsive services that benefit from a sense of shared purpose.
- **A mainstream and social media campaign is created**, educating the public about social care.
- **Introduce Citizenship modules in education**, to encourage a greater understanding of health and social care, including specific conditions e.g. dementia.
- **Encouraging arts and entertainment organisations to do more to include social care topics.**

Technology

The pandemic has played a big role in moving care providers forward in embracing digital technology. It is crucial that this **shift is seized** and built upon to ensure that the sector can align with others, most importantly with health. There is a government drive for **shared care records by September 2021**, but it is unlikely that this deadline will be met. **We advocate that a renewed effort be made to achieve this.**

There is a lot of work to be done across social care for the inclusion of the sector in those shared care data plans. The first step on that journey is for all care providers to understand and be able to **protect data securely and be protected against cyber-attacks**. Presently **less than a quarter of care providers have published the Data Security and Protection Toolkit** (June 2021).

People working, leading and managing in social care must be given the **skills and confidence** to explore digital and technological opportunities. Providers, leaders and managers should be able to develop digital strategies, procure suitable and effective systems and provide the right environments for workers and people drawing on social care to enjoy the **benefits of technology**.

Social care holds a **wealth of data** to support with population health management which could be harnessed to identify areas such as health inequalities, poverty, frailty, to aid prevention and predict needs.

Based on the outcome of the survey, our recommendations are:

- **The annual publication of the Data Security and Protection Toolkit is mandated for all care providers**, with the same cyber security objectives for social care as for the NHS.
- **Care providers to be provided with a secure email client**, to allow for the confidential transmission of patient records and data.
- **A digital leadership programme** to support the development of confidence and competence amongst social care leaders and managers.
- **A digital skills development programme** is made part of basic induction training.
- **Social care data is harnessed through a central database**, collated, and analysed locally with health and other key data by ICSs.



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