

Reinventing Social Care

A report of the deliberations of the Directors of the Surrey Care Association





Executive Summary

The Covid-19 pandemic has coincided unkindly with a pre-existing crisis in Social Care. It has amplified the importance of our sector, but also highlighted its fragility.

The Directors of the Surrey Care Association do not wish to stand idly by and wait for our political leaders to take action. Rather, we wish to inform and influence that process by setting out what we believe a reformed Social Care sector might look like.

Who are we?

We are Proprietors and CEOs from across the sector – older people's nursing and residential care, domiciliary care, community services, supported living and residential provision for people with learning disabilities, mental health services and day activity support. We represent large and small organisations, some profit-making, others not. Between us, our organisations support around 4,000 people, we employ 2,500 and we bring 250 years of Social Care experience to the table. We are passionate and committed providers. Several of us oversee 'Outstanding' rated services. We believe we have some worthwhile insights.

We are, perhaps, the first group of providers to offer a view on the sector as a whole. Normally, this is the preserve of government departments, policy units, or academics. Providers are generally on the receiving end of policy rather than playing a role in setting it. But surely this is wrong. Providers can bring unique insights from working at the coalface, and from representing and advocating for those in their care. And whilst others come and go, we are the permanence. It is Providers, and those who entrust us with their care and support, who will live tomorrow with the policies set today.

In the past we have witnessed tinkering attempts to fix the problems of the Social Care system, but what we really need is a bold, radical and ground breaking step-change. This report is the opportunity for us to express our thoughts and ideas as to how we might do that. Some will make sense, whilst others might be a little off-the-wall. Some you will like, but others, not so much. In considering our thoughts, however, and especially those that will cost more money, we ask that you bear one thing in mind – that perhaps the truest measure of the quality of our society and our nation is how well we enable and assist those who require care and support.

We would love this document to spark further conversation, with Providers as equal partners in the debate. We hope to stimulate an open conversation in which Providers have an opportunity to shape the landscape of social care as it continues to evolve. We would like politicians and policy makers to take note, and refer to this work as a benchmark for theirs.

In this report, we set out our key findings and recommendations.

A fresh start, with a new name and a new ethos

Change the name

Names are important. They elicit emotional responses and stir deep feelings. The emotional response felt by people on hearing the words 'Social Care' is overwhelmingly negative. It has to go. We need a name which reflects the work we do to support people to live lives of real quality. We prefer the name 'Life Care,' instead.

Role of the individual

In the old model, Social Care is something that is done to people. People are assessed by others, services are chosen by others, care plans are produced by others and reviews are conducted by others. It is time to turn this on its head, and enable people to genuinely lead their care and support arrangements. With support as necessary from families, advocates and Social Workers, people should be able to own their assessments, choose their provision, design and oversee their care plan and conduct their review. Social Care must be led by the individual, not the State.

Move on from the medical model

The medical model still permeates through Social Care. It is evident in assessments, care plans, reviews, registration, commissioning and inspection processes. Whilst keeping people safe and healthy will always be an important function of Social Care, models are moving on. Providers are increasingly focused on how to support people to live rich lives of real purpose, lives in which people look forward to getting out of bed in the morning. Our sector needs not just to catch up, but to take the lead.

Investment, not cost

We must start to see Social Care spend as an investment, not just a cost. It is an investment in people and their futures, and in the soul of our society.

A new status

Pre-Covid, public opinion of Social Care wasn't good. Winterbourne View and other examples of abusive practices have done us no favours. But those on the inside know that alongside the rotten, there is outstanding work being done by remarkable people day in, day out. We wish to see our sector held high in public regard for the great work it does. Social Care should sit fondly in people's hearts, just like the NHS.



A valued workforce

Care and support worker registration

We wish to see the skilled and challenging roles of care and support workers being professionalised and afforded greater status. We see individual registration as an important piece of this jigsaw. Registration would be a badge to wear with pride.

National Care Wage

Our outstanding staff must be paid at a level commensurate with the skilled and challenging nature of the job they do. We suggest a National Carer Wage set at £2/hr above the National Living Wage. As noted below, the sector will need to be appropriately funded to ensure this is affordable.

Proper terms, conditions and benefits

Our staff deserve to be employed on terms appropriate for the professional role they fulfil. Contracts should be fit for purpose - full-time where certainty is desirable, but zero-hours where staff seek flexibility. Benefits should be good, decent and modern, in line with the NHS and Local Authorities.

Promoting care and support roles

We need to change public perception of the care and support role. People working in Social Care do remarkable things, from supporting disabled people to go clubbing in Ibiza to befriending lonely older people. They change lives. But the public don't always see this, so we need an ongoing campaign to paint the true picture into public consciousness.

Opening the channels

Care and support roles provide fantastic job opportunities for people, but we need to find them and draw them in. We must seek out those school leavers who are vocational care workers, those early-retirees with lives of rich experience, or those dog-walkers who are naturally empathetic. We could do this so much better.

Immigration

Many of our best care and support workers come from overseas. This is unsurprising given that they grew up in tight and caring families and communities. People come to work in the UK on the basis of a contract which works for both parties. So why did we slice through the deal? We must provide an exemption for Social Care work that provides adequate length for individuals to complete training and provide consistency for those they are supporting.

Manager training, development and qualifications

The world of Social Care is fast moving. There is a constant stream of new regulations, guidance and practices. The best services have the best Managers, so we need Managers to be at the top of their game, and to stay there. So, they must be highly trained, have a recognised and valued qualification, and engage in continued professional education. If ever there was a place to invest in the Social Care sector, this is it.

New processes, led by people who access services

High quality, ethical providers

If we can ensure that owners and senior managers of care organisations are skilled people with strong values and are authentic, ethical leaders, we will have high-quality Social Care provision. But the bar is low. There is no requirement for experience and or qualifications on entry, the registration process is not onerous, and personal values go untested. We should re-think this, raise the bar, and keep the bad apples out.

Independent assessment

There is a clear conflict of interest where the entity accountable for assessment is also accountable for placement, procurement and funding. This must change. Assessment must be independent to be objective.

We would also like to see the development of a National Assessment Framework, based on agreed best practice.

Trusted assessors

We are encouraged by recent work done to include Providers in the assessment process, and would like to see it extended. Providers are good at assessing - they know that it is in everyone's interest to get it right.

Real choice

People must be supported to exercise real choice when making decisions about the nature and Provider of their care and support.

Consistent contracting

Each Local Authority writes its own contract, often plagiarising the work of other Local Authorities when they do so. This wasteful duplication invariably produces poor-quality contracts. We should have standard, balanced national best-practice contracts which fairly define the rights and obligations of each party.

Provider owner/senior manager inspection interviews

A major failing of current inspection process is that it does not routinely include an interview with the owner(s) or senior managers. Yet it is they who shape the organisation's ethos and drive its quality. CQC is missing out on perhaps the most important indicator of service quality.

Organisational inspections

Good providers run good services. Where a Provider has proven its values, leadership and quality over many years it is inefficient to inspect at unit or activity level. A smart and efficient organisation-level inspection would provide good assurance of quality.

Fair and transparent funding arrangements to secure a bright long-term future

National funding

Local Authorities are conflicted. They are charged with shaping a high-quality local market able to respond to the growing needs of local populations, but their funding has been constrained. It was an impossible square to circle. All they could do was tighten eligibility criteria, hammer down on fees and push wages to the floor. There are now staggering variations in areas such as eligibility, contracting, fee setting and annual uplifts. All the while, the point of doom highlighted on the Barnet graph gets ever-closer. We need a national funding solution now to ensure fair and consistent funding across the country.

A ring-fenced premium on Income Tax

Our proposals, particularly those relating to workforce, determine that the Social Care sector will require a higher level of state funding. We propose a ring-fenced premium Income tax of perhaps 1% for basic-rate tax payers and 2% for higher-rate tax payers. We are also attracted to the notion that these rates might come in or step up when people reach a certain age, perhaps 40.

Increases in Capital Gains Tax and Inheritance Tax

We see merit in making small increases in IHT and CGT to fund additional spending on Social Care.

People with means should contribute to the cost of their care and accommodation

We think it is reasonable to expect people with means to contribute to the cost of their care and accommodation. We are sympathetic to the Dilnot model with a cap on care costs and a de minimis level of wealth. No need to re-invent this wheel. Time to dig it out of the long grass.

Fair and consistent fees

At present, each Local Authority sets its own standard rates for residential and nursing care. They vary wildly. We wish to see an independent Care Funding Commission set up to build a National Care Funding Formula which ensures that people have sufficient funding to choose good quality care and support and guarantees the consistency, fairness and transparency of fees across the country. This Commission should draw on stakeholders from across the sector, including Providers.

Payment of top-ups

The state must fund care at rates which enable people to choose from a range of good quality Providers, but people should also have the freedom to pay top-ups to supplement those standard rates if they wish.

Care for people with dementia should be funded by the NHS

Dementia is a medical condition, so treatment should be funded as it is with any other medical condition.

Local Housing Allowance in all models

Where people can afford to pay for their accommodation they should do so. Where they cannot, accountability for funding accommodation varies irrationally between different service models. This can be easily simplified so that accommodation should be funded from Local Housing Allowance, irrespective of the service model.



Reformed roles and structures

Social Worker role

People with the best Social Workers receive the best support. The role of the Social Worker is vitally important in many areas – carrying out assessments, supporting choice of service, ensuring that the state is fulfilling its duty of care and so forth. But we have dumbed down this role, so jobs are filled with less-qualified people operating through sanitised processes. Many people in receipt of services don't even know who their Social Worker is. We think this is a great loss, and that the trend should be reversed. Investment in social work must go hand in hand with investment in Social Care.

Role of Health and Wellbeing Board

We have wrestled with the compromised and troubled role of the Local Authority in the Social Care system. It competes with itself for resources. It assesses, commissions, manages and delivers services. It re-invents every wheel. It behaves like the monopsonistic purchaser it is. It pulls the sector from pillar to post, with each incumbent Director ringing a new vision and new direction.

We see localisation as a good thing, but wish to see an independent entity playing a role where objectivity is important. We propose building on the Health and Wellbeing Board foundation for this. This draws people from across the sector, and can oversee policy-setting, assessment, commissioning, arbitration and other processes for which objectivity is key. We would like Surrey Care Association and similar representative bodies to have representation on this Board.



We see this project as the start of a dialogue which we hope will drive reforms which benefit those who rely on our care and support. We unashamedly seek to influence the agenda and shape the thinking of those with the power to make positive change happen. We want this project to grab the attention of the people who actively shape Social Care policy – to politicians, nationally and locally, to civil servants in the DHSC, Treasury and elsewhere, to Officers working in Local Authorities and the NHS, to people working in policy organisations, to people in trade associations, and to fellow Providers.

We are pleased to present these thoughts as the start of this conversation. To be fit for purpose, Social Care must change everyone's life for the better, but to do so it needs radical reform, and it needs it now.

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