

National Care Forum Response to Fabian Society’s Call for Evidence into a Roadmap to a National Care Service

This submission has been written in response to a call for evidence issued by the Fabian Society as part of its inquiry into a roadmap to a National Care Service. Our responses reflect a not-for-profit adult social care perspective.

The National Care Forum – Who we are

The National Care Forum brings together over 160 of the UK’s leading social care organisations, representing large numbers of care providers, offering thousands of services across the country, which are not-for-profit and always at the heart of community provision. Collectively, these organisations deliver more than £2.3 billion of social care support to more than 222,000 people in over 8,200 settings. The NCF membership body collectively employs more than 117,000 colleagues.

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1. What should care and support for adults in England look like in 10 to 15 years' time? What should it achieve? What values should inform it? How should it be run?

As part of the APPG on Adult Social Care, NCF contributed to a report in 2021 on the [Vision and Value](#) of adult social care, looking at where we need to be in 10 years' time. In it, we adapted the [Social Care Future movement's](#) vision statement as a vision for what we need social care to be able to do:

Supporting us to live in a place we call home, with the people and things that we love, in communities where we look out for one another, doing the things that matter to us, through care and support that is inclusive, accessible and innovative.

This is not the current reality for millions of people accessing (or trying to access) social care support across England, or the wider UK for that matter. Despite the best attempts of not-for-profit care and support providers, many people are not receiving the level of care that they need and many more are unable to even access the system due to a lack of workforce and adequate funding in the system. This has put pressure on the entire public sector and the community and voluntary sector as well as the NHS.

The National Care Forum has developed a set of national values and principles we believe need to underpin a reformed adult social care system. Any reformed adult social care system must:

1. Promote people's independence, wellbeing and dignity
2. Ensure choice of good quality person-centred care and support which responds to the wishes and needs of all the people who make use of it
3. Be co-produced with people who use care and support now and people who will use it in the future
4. Focus on prevention, offering people the care and support they need, when they need, where they need it
5. Provide fairness for people who need to use care and support now and in the future
6. Deliver long-awaited reward and recognition for staff who work in social care
7. Maximise the social and economic value of care and support
8. Enshrine a rights-based approach for people receiving care and support and people working in social care

The intrinsic value of adult social care, both in terms of maximising social good and cohesion, and the economic value of communities, needs to be recognised by policymakers as they think about how a national care service could operate. Far from being the burden on the state it is often depicted as, social care is empowering. Good social care enables people to engage with their communities and live their lives to the full, despite other circumstances. This has other benefits in terms of population health and wellbeing as well as enabling some people in receipt of care and, crucially, their unpaid carers (often women) to join or return to the workforce if they would like to.

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Social care services are anchor institutions for their local communities – they generate spending which remains within the same community in which they exist and support a much wider ecosystem of community services and local businesses. Skills for Care’s conservative estimate of how much this contributes to the English economy is £50.3bn. If you want a way to start tackling economic, health and social inequalities, adult social care is the infrastructure through which you should look. This is something policymakers have failed to grasp and which should be central to how social care is approached in 10 years’ time. More on this point in our answer to question 2.

In terms of what needs to change over the next 10-15 years to be able to achieve the above, the National Care Forum has set out a number of reform ambitions we would like to see nationwide.

Not-for-profit care – recognising the benefits of the not-for-profit sector

In his interview [with the Guardian in July](#), Wes Streeting expressed his concerns about the role of private-equity in the adult social care sector as well as the need for providers to demonstrate they can deliver good quality care with a “public sector ethos”. We believe that the non-for-profit sector can provide the model he is looking for in any national care service. A national set of standards for the sector will take us a long way but we must avoid full scale nationalisation – i.e. public ownership and public delivery. You will lose the benefits that not-for-profit care brings.

The not-for-profit care and support sector offers greater transparency in terms of governance, finances and accountability than the wider sector. Social care delivers public good, and much of it is funded by the public purse. Primary legislation such as the Social Value Act also exemplify the importance of using public money to invest in services that support wider community ambitions. Not-for-profit care provision ensures that all of the funding from either government or citizens is directed towards the delivery of care now and in the future, ensuring that the money remains in the sector and is reinvested to improve the quality of care.

The not-for-profit organisations we represent place a strong emphasis on the long-term sustainability of their care and support services in the local communities they serve, often having deep roots in local areas due to their origins and history, alongside their focus on person-centred care. They are part of and involve their local communities. This means care is more person-centred and values-driven.

Many not-for-profit organisations providing care and support are charities or social housing providers, meaning they are not just accountable to the Care Quality Commission but also the Charity Commission and the Social Housing Regulator. As a result, the organisations we represent, by their very nature, have a very strong culture of accountability, governance, diversity and person-centeredness.

Think social care first

We need a rethink of the position of social care in policymaker’s minds. It is often an afterthought or seen as an adjunct to achieving NHS spending cuts or efficiencies, not as a service in its own right with the potential to drastically reduce societal inequalities and enable people to live the life they want. Health policy dominates – and this often means a focus on acute health services rather than thinking about prevention.

With a sounder understanding of what social care is and does and how important it is to people in their everyday lives, alongside an honest discussion about what people want, there is a real, once in

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a generation opportunity, to create an approach that offers a much more personalised, person centred care and support model. Such a model would have a preventive and early intervention model which saves money and misery and does not see social care simply as the handmaiden of the NHS. The breadth and impact of what social care does, for the very wide range of people whom it supports, needs to be front and centre.

Policymakers also need to realise that social care is much wider than older adults in care homes, but spans multiple types of services in the community as well as other forms of residential services. This includes advice and advocacy organisations, housing with care, supported housing, supported living, extra care, befriending and day services, employment clubs and even some rehabilitation and addiction services. Social care delivers across the wider VCSE sector as well as health and care.

[Invest in adult social care to ensure it has sustainable funding and contributes to economic recovery](#)

The COVID-19 pandemic, growing unmet need, pressures on the NHS, staffing crises and now the cost of living pressures have highlighted the importance of finding a long-term funding solution to stabilise, sustain and grow the choice of high quality, resilient and accessible care and support services, for all of those people in need of help now and in the future. A national care service is an important step towards the recognition that social care isn't an optional extra in our society – everyone will need to access it at some point in their lives. Investment in Adult Social Care will improve the choice, accessibility, quality and sustainability of services for those supported by it as well as bringing wider economic benefits to the country. It will also enable people to remain in or enter the job market, especially those who would otherwise be unpaid carers and some of those receiving care.

The current approach by policymakers has failed to end the short-termism over investment and has continued to lurch from one announcement of emergency funding to another, depending on the crisis. We need to devise a new streamlined long-term social care investment plan which maximises the investment potential, ensures funding reaches the frontline and ensures greater transparency about investment, wider economic benefits and returns to society (we would point to the not-for-profit part of the sector as a model).

Alongside revenue investment, the government must explicitly consider how to support the sector with longer-term capital investment; COVID-19 has highlighted the importance of future proofing residential and domestic settings with good building design, good ventilation, the importance of indoor, flexible space and the essential need for access to outside space. We need to see innovation in design and delivery that promotes people's independence for longer. This will require investment in digital infrastructure to underpin new types of technology which enhances the work of carers, empowers people to remain independent and make decisions about their own care, and allows for the use of data to improve the quality of care and support.

The reform proposals announced in 2021 included a funding mechanism to raise £5.4bn over the next three years via a Health and Care Levy. We made clear at the time that this was nowhere near adequate. Since then, the new PM, Liz Truss, has stated she would use the £13bn of the money raised by the Health and Care Levy on social care rather than the NHS, although there has been less detail on whether this is an annual contribution, what for, or indeed how it will be funded considering she plans on scrapping the NI increase. In any case, both the [Health and Social Care Select Committee](#) in 2020 and the [Levelling Up, Housing and Communities Select Committee](#) in 2022 have found that the sector needs at least £7bn additional funding a year **as a starting point**. See also

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[our response](#) to the Health and Social Care Select Committee Expert Panel's evaluation of the current government's manifesto pledges.

Great care needs great people – time to invest in the social care workforce

The elephant in the room of the current government's reform plans is the lack of anything tangible on workforce pay, terms and conditions or any workforce planning which takes into account the needs of the future and current pressures. This is one of the reasons why the sector currently has [165,000 vacancies](#) and capacity is shrinking at exactly the same time as demand and unmet need is rising.

Great care needs great people to provide it, yet there has been no dedicated national social care workforce strategy for social care since 2009. Investing in social care also means investing in the workforce. A good starting point for any national care service would be to look at creating national pay, terms and conditions and looking at wider training and career structures. A formal recognition of the skill and difficulty of the work social care workers undertake would also go along way.

The [Social Care Taskforce Workforce Report from 2020](#) contains a recommendation that could be implemented quickly: *'Government should instigate a review involving employers, commissioners, and employee representatives with a view to implementing a new career-based pay and reward structure, in-year, for social care which will be: (a) comparable with the NHS and equivalent sectors; (b) fully-funded by Central Government; and (c) mandatory on employers and commissioners of services.'*

A national care service that invests in its workforce will bring a range of strong economic and quality benefits as well as enabling social care employers to pay social care workers better, at levels which properly reflect their skills, competencies and expertise and at levels which improve staff retention, reduce staff turnover and support recruitment.

The barrier to improved pay and wider terms and conditions for the workforce has been the lack of investment and the lack of strategic policy steer from government. This is not something individual organisations can do on their own. We need a fully funded People Plan for Social Care that provides clear career progression, better recognises and values staff, invests in their training and support, and introduces professionalisation and registration where this is appropriate. This will improve our ability to recruit and retain high quality, skilled social care staff with the right values and our ability to grow innovative models of support, as well as to develop and recruit a workforce that reflects and understand the needs of communities being served.

Create a fair price for all care

We are calling for a Fair Price for all types of care, to ensure that it meets the true cost of good quality, sustainable care. This means that a Fair Price for care needs to be met by the state when commissioning care on behalf of people and this in turn will enable providers to rebalance the prices paid by individuals who fund their own care and create a sustainable care offer for the future.

The government is carrying out a [fair cost of care exercise](#) for care homes for older adults and home care but has already prejudged how much this will cost - £1.36bn. This limited funding envelope will inevitably hinder prompt progress to a fair cost of care given the various funding estimates already

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set out of £7bn. This historic costing exercise also fails to look at care home provision for under 65s or any community services other than home care.

The current system puts a huge burden on those who need, and are able to pay, for their own care and support under the current means-testing arrangements (usually older people). It is fundamentally unfair, creates huge uncertainty and anxiety about the future care costs people may incur and creates a complex system around costs of care at precisely the time when care is needed urgently, often as a result of a crisis. Where the state is funding care and support, many of the current commissioning approaches by some local authorities do not reflect the true costs of providing high quality, accessible, sustainable care. Any new government will need to facilitate discussions across society about how and when people should have to pay for care – if at all.

Many others have rehearsed the different options for funding the additional long-term investment in social care, with their pros and cons. We are agnostic about the mechanism but we believe it is important that the option chosen assures key elements of intergenerational fairness – the way we choose to invest in and pay for care and support (both now and in the future) must balance the burdens and benefits across the generations.

[Housing matters to social care](#)

Many of our not-for-profit care and support provider members, are also housing associations. Any reform must be underpinned by an understanding of the interrelationship between care, health and housing. Good housing is a key element of social care in sustaining the independence, choice, wellbeing, health and dignity amongst people of working age and older adults. Rather than treating social care and housing as two distinct spheres, policymakers must treat them as a whole. When making policy for social care, there must be a parallel stream for housing.

Housing must be future proofed to reflect the UK's ageing population and the increasing complexity of needs in people of working age. Access to good healthcare, social care and mental health services will be fundamentally undermined if quality housing is not available. There must be a dramatic increase in the supply of housing in the next decade that facilitates a wider range of care and support, so every area in England has access to the full spectrum of care options. Funding must also be available to ensure that existing housing stock can be improved and retrofitted with new technology and new models of housing and care developed.

[The Commission on the Role of Housing in the Future of Care and Support](#) has produced some helpful findings when thinking through the above. We need better housing choices for people to help them age well and to respond to the lifetime needs of those who live their whole lives with complex needs; the quality and quantity of housing with a range of care and support needs to be improved. The [Centre for Ageing Better](#) has found that two million homes in England pose a serious threat to health or safety. This is leading to avoidable deaths.

The planning system needs reform, both for housing for older people, such as retirement communities or extra care housing, and for housing for younger adults who have long term and often complex needs. We need a joined-up approach to commissioning housing choices involving care homes, housing, housing developers and health and social care – working in close and equal partnership, connecting social care to wider housing and infrastructure.

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Future proofing social care

Any reform plans must include the future proofing of social care with specific measures to encourage innovation, digital transformation & new models of care. We need sustainable transformation and infrastructure funding beyond pockets of brilliance to support social care to meet the needs of the future. Social care should be treated as an integral part of public infrastructure. To ensure this happens, we need to ensure that there is a funded adult social care voice, beyond that of the commissioner, at the Local Authority and Integrated Care System level, in the same way the NHS has its regional and ICS levels. Central government strategy needs to also reflect the importance of such infrastructure.

To equip us for the future of social care, policymakers must explore and co-produce new models of care and innovations in care which will better meet people's needs and choices. This need to be scalable and not a succession of pilots which can bring great outcomes but can't deliver sustainable change on their own. The demographics of our future customers is changing quite rapidly and we must prepare to meet their needs, be that increasingly diverse communities, more people who are LGBTQ+ or those ageing without children. Commissioning and procurement practices will require a significant culture change to encourage and fund innovation and manage the risk and opportunities ahead. The approach from the regulator through its new strategy and regulatory framework, needs to reward innovation, and in particular, digital innovation.

Technology is also a key element in the reform of social care. If there is to be a successful and long-lasting reform to the social care system, policymakers need to seize the opportunity to use innovation, digital technology and data, to generate the insights necessary for a joined-up approach which enhances the quality of care, independence and the prevention focus as well as proving a view on the effectiveness and impact of the sector.

Making integrated health and care systems work for social care

Local integrated health and care systems must ensure meaningful partnership between health and care if they are to meet the care and support needs of their local populations. The new Integrated Care Systems (ICS) and Integrated Care Partnerships will be an important part of the landscape for social care in the years ahead. It is essential the voice of those that use care and those that provide it are at the top table of decision making. Simply involving Local Authority and NHS commissioners is not enough, as they cannot, alone, be the voice of social care and will lead to acute health dominated policymaking.

Total localism without some mandated national structure seems likely to bring a postcode lottery of quality and effectiveness and social care reform must not be constrained by governance and decision-making structures that reinforce an NHS-centric approach.

Policymakers should introduce a standard national framework model for the membership of ICSs that creates a defined role to ensure the voice of people using care and a defined and funded role for local care associations/care provider forums, with a clear role in decision-making, governance and accountability.

Future integration must ensure more consistency of approach that focuses on the needs of those receiving care and support, thinking both about those who will need care and support across their whole lives, as they move from childhood to adulthood as well as those whose needs evolve due to age or circumstance. It is currently far too easy for systems to enter crisis mode and prioritise NHS

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discharge without thinking about the wider system or longer-term systemic changes that are needed.

2. What level of demand will there be for care and support in England over the coming years? What will be the costs and benefits of adequately meeting this need? What will happen if it isn't met? What are the implications for equality, diversity and inclusion?

According to Skills for Care's most [recent annual report](#) on the state of the adult social care sector, by 2035 the sector may need an extra 490,000 jobs based on the growth of the population aged 65 and above. As of July 2022, there were [165,000 vacancies](#) in adult social care. Levels of unmet need and unpaid carers with very little support are at an all-time high. According to Carers UK there are [6.5 million unpaid carers](#) in the UK and a [recent survey carried out by ADASS](#) found that over half a million people in England were waiting for care assessments, reviews and/or care and support to begin. We are a long way off meeting the demand for the future.

Without a fully funded workforce plan and an improvement in the pay, terms and conditions of the workforce, we are not going to meet demand. We can already see the beginnings of what will happen if we don't meet this demand – the NHS is under intense strain with some of the worst waiting lists it has ever seen and other parts of the public sector are also struggling: Local authority budgets are increasingly devoted to adult social care pressures, constraining their spending and action on other priorities. Despite the best efforts of local government, the level of unmet need continues to rise. This trend predates COVID-19. Adult social care is a key infrastructure found in every part of the country through which policymakers can tackle inequalities but continued and sustained underinvestment in this key infrastructure is doing the opposite: prolonging and deepening inequalities. The danger by not acting is that we end up in a vicious spiral. A shrinking workforce will only get smaller and more and more people will be forced to become unpaid carers who will be unable to work in either social care or the wider economy. The costs of this will overwhelm local authorities who will be unable to meet their statutory duties – people will not receive the care they need at the point that they need it, there will be no preventative measures and that will cause the health pressures to escalate. The most vulnerable will have both the quality and length of their lives unnecessarily shortened.

[Skills for Care's breakdown of the demographics](#) of the workforce is revealing. The adult social care workforce is 82% female, with 27% aged 55 and over and 64% aged 25 to 54. While 79% of the workforce is white (compared to 86% of the population of England), this hides large regional variation. London has the most diverse workforce – 67% from BAME groups – while the North East is the least diverse (4% from BAME groups). 24% of the workforce is employed on zero-hours contracts but this rises to 42% for domiciliary care. The mean pay for a care worker in the independent sector in October 2021 was £9.29. The national living wage has since increased to £9.50 but a recent study from the [King's Fund](#) shows that nine of the ten largest supermarkets in the UK are paying more than this.

Simply beginning to tackle the low pay and workforce conditions in social care would have an impact on wider inequalities in every part of the country due to demography of the workforce. Providers need to be able to increase all salary bands, not just the lowest ones, to compete and develop career structures. However, it must also be noted that there is a global pressure around workforce. We

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would encourage the inquiry to look at international comparators who have societies with older populations and are grappling with the same issues. It is clear that looking at care in a silo won't resolve the workforce pressures – you also need to look at it holistically across health, housing, transport, business policy etc.

As outlined in our answer to question 1, the intrinsic value of adult social care, both in terms of maximising social good and cohesion, and the economic value of communities, needs to be recognised by policymakers as they think about how a national care service could operate. Far from being the burden on the state it is often depicted as, social care is empowering. Good social care enables people to engage with their communities and live their lives to the full, despite other circumstances. This has other benefits in terms of population health and wellbeing as well as enabling some people in receipt of care and, crucially, their unpaid carers (often women) to join or return to the workforce if they would like to. Social care services are anchor institutions for their local communities – they generate spending which remains within the same community in which they exist and support a much wider ecosystem of community services and local businesses. Skills for Care's conservative estimate of how much this contributes to the English economy is £50.3bn.

If you want a way to start tackling economic, health and social inequalities, adult social care is the infrastructure through which you should look. This is something policymakers have failed to grasp and which should be central to how social care is approached in 10 years' time.

3. What reforms to care and support in England should be initiated in the first year of a new government elected in 2024?

The workforce crisis in adult social care is the most pressing issue as outlined above and must be addressed urgently in the first year of any new government. We need to see a fully-funded workforce plan that is joined up with the NHS People Plan. We also need to see better workforce pay, terms and conditions and the sustainable funding to enable providers to do this. Unless we turn the tide on the workforce pressures, none of the other measures to reform social care will matter because there will be no one left to deliver them!

The National Care Forum was one of the members of the Social Care Taskforce in 2020. As part of the [Social Care Taskforce Workforce Report in 2020](#) we recommended that within three months of August 2020 the *'Government should instigate a review involving employers, commissioners, and employee representatives with a view to implementing a new career-based pay and reward structure, in-year, for social care which will be: (a) comparable with the NHS and equivalent sectors; (b) fully-funded by Central Government; and (c) mandatory on employers and commissioners of services.'*

The current government has failed to implement this recommendation. We would call on any new government to implement this recommendation within their first year.

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4. What further reforms should be initiated or planned over the course of one parliament?

The list of NCF's reform ambitions outlined in our answer to question 1 should be initiated over the course of one parliament to ensure they become embedded over the roadmap timescales.

We would stress that policymaking about adult social care cannot happen in isolation. In order to move towards a truly effective national care service you need parallel streams of work in terms of housing, transport, digital infrastructure and mental health services among others.

5. Specifically, what changes should an incoming government consider with respect to:

- Rights, control and personalisation for service users, carers and families
- Workforce reform
- Financial allocations and funding mechanisms
- Organisational structures for commissioning and delivery
- National and local leadership and accountability
- Boundaries, interactions and integration with other parts of government, and with the rest of society

See our answer to questions 1 and 3 for this question where we have responded to some of these issues. We outline a few additional thoughts below alongside some links to other submissions we have made to various committees.

[Rights, control and personalisation for service users, carers and families](#)

Our list of principles for the reform of social care outlined in question 1, gets to the core of this. Visiting restrictions in care homes, inappropriate DNACPR orders and the overall blind spot of policymakers towards social care during the pandemic illustrate the need to enshrine a human-rights approach to for people receiving care and those working in it. As part of this, people's independence, wellbeing and dignity must be at the forefront with the opportunity to choose from a range of good quality, person-centred. Care also needs to be co-produced with the people who actually use care and support. This could be enshrined in a 'charter' of 'Bill of Rights' for people using care and support services.

A national care service must be responsive, dynamic and person centred – it must offer people choice, flexibility and control over their care. It is hard to see how a fully nationalised, government run system will deliver this. In our view, we need a publicly funded but non-governmental delivered care and support system. We would strongly advocate the not-for-profit sector as the model. It offers strong accountability and governance with enough flexibility to respond to local communities' needs and a track record of innovation in co-developing and delivering personalised care and support services

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Workforce Reform

We have outlined our thoughts on workforce in questions 1 and 3 but we would add that it is very important that career structures are developed which align and integrate with some NHS career structures. This would allow health and social care to become more closely integrated but also share best practice and skills. In our view, it is key to work to agreed standards on pay, terms and conditions which are fully funded by the government and honoured by commissioners.

Financial allocations and funding mechanisms

The current funding system puts a huge burden on those who need care and support and are able to pay for their own care and support under the current means tested arrangements. It is fundamentally unfair and creates a huge uncertainty and anxiety about the future costs people may incur and creates a complex system around costs of care at precisely the time when care is needed urgently, often because of a crisis. Funding comes from a number of different sources – both central government and via council tax and the social care precept. The latter two are regressive, unfair taxes which place a bigger burden on those areas of the country that have greater need for publicly-funded care.

This is exacerbated by the ‘cross subsidy’ effect faced by many people; those who fund their own care are paying higher levels of costs for their care because the state’s commissioning approach is driving down the fees that the state pays for those who cannot afford to pay for their own care – this is resulting in an increase in costs for those who can. Analysis from the [King’s Fund](#) highlights that *‘this cross subsidy can be significant: on average, a self-funder’s place costs around 40 per cent more than one paid for by the local authority.’*

This is deeply unfair and, as we are seeing now, increasingly fragile. We are calling for a Fair Price for Care, to ensure that the true cost of care is paid by the state; this will enable not-for-profit providers to rebalance the prices paid by individuals, ensuring that there is one price for care for all. The government’s current reform plans, and in particular, the fair cost of care and market sustainability fund, won’t solve the issue because it will continue to underfund the system – it is prejudging how much is needed to secure a fair price (£1.36bn). The danger is that the ‘cross subsidy’ simply moves to a different part of the system rather than being resolved. Any new government should think carefully about the amount funding that will be required to eliminate the cross subsidy. They will also want to look to not-for-profit provision as a guarantor than any public investment stays in the sector.

See [our submission](#) to the Levelling Up Committee’s Call for Evidence on the Long-term funding of Adult Social Care in April 2021.

Having sustainable, inflation-proof funding is all the more important in the midst of the current cost of living crisis. Many of our not-for-profit members are seeing price increases in excess of 400%.

Commissioners need to also understand the importance of good data and intelligence. Far too often, services appear to be commissioned on the basis of constrained funding rather than using data about the picture of current need, unmet need, the types of people using care and support services as well as the impact and outcomes of those accessing services – not to mention choice and preference.

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Organisational structures for commissioning and delivery & National and local leadership and accountability & Boundaries, interactions and integration with other parts of government, and with the rest of society

See our comments on Integrated Care Systems in question 1. See also [our response](#) to the Health and Social Care Select Committees' inquiry into the autonomy and accountability of ICSs.

Total localism without some mandated national structure seems likely to bring a postcode lottery of quality and effectiveness and social care reform must not be constrained by governance and decision-making structures that reinforce an NHS-centric approach. The voice of social care providers must be at the heart of any system to improve population health and wellbeing outcomes – and indeed, they should be at the heart of the attempts to resolve the current hospital and ambulance crises. Without social care provider leadership at the top table as well the place-based work, it is hard to see what change can be achieved.

Policymakers will need to create a national set of standards and funding arrangements that are consistent across the country, while giving localities and providers the freedom to develop the systems and structures that work best for those they commission or provide care and support for.

Commissioners, in particular, need to be better at co-commissioning with providers and users of services. The pressures of the last decade of austerity and the pandemic have not only resulted in huge financial pressures for the adult social care sector and Local Authorities, but also a loss of experience as many older, more experienced people in both the social care workforce and in commissioning and procurement teams have left. This leaves an experience gap in skilled areas, compounding the budgetary pressures for LAs. Rebuilding this experience, and training up those that are there now will be crucial – too often commissioning is carried out on a transactional basis.

Similarly, with the establishment of Integrated Care Systems and the abolition of CCGs, many of our members have observed that it has become harder to engage with their NHS colleagues and NHS commissioners because they are so focused on setting up the new ICS structures. It also means that relationship building needs to start from scratch. In the establishment of any national care service, we must not have a situation where big structural change and reorganisation prevents adult social care from doing its job in the wider system.