



The Adult Social Care APPG

Securing the Future of Social Care Roundtable Report

Vic Rayner OBE, CEO of the National Care Forum

Chelsea Lovell, Dimensions UK

Sally Warren, Director of Policy, The Kings Fund

Hugh Alderwick, Head of Policy, The Health Foundation

Natasha Curry, Head of Social Care, The Nuffield Trust

Meeting Introduction

This virtual roundtable event was hosted by the Adult Social Care APPG and brought together **The Health Foundation, The Nuffield Trust, and the King's Fund** to discuss **Securing the Future of Social Care in England: Priorities for Reform**. This discussion outlined these three think tank's perspective on recent events in the social care landscape and drew on a joint briefing paper, co-authored by these three think tanks: [The Value of Investing in Social Care](#).

In this briefing paper, The King's Fund, the Health Foundation and Nuffield Trust have come together to set out the potential benefits of tackling the key challenges currently facing the social care sector. This report looks at 7 benefits of social care in England where there are opportunities offered by additional funding for further reform.

This report is supported by the Adult Social Care APPG's own [Value and Vision of Social Care Report](#) which also sets out a vision of the positive contribution made by the social care sector to local communities and livelihoods and society more broadly. More details about this report can be found at the end of this report

Parliamentary attendees

The APPG for Adult Social Care would like to thank the following parliamentarians who attended or sent representatives to this call:

- Baroness Fraser
- Baroness Bennett
- Louise Haigh MP
- Lord Taylor of Warwick
- Helen Hayes MP
- Damian Green MP
- The Bishop of Carlisle
- Lord Lipsey
- Baroness Brinton
- Caroline Dinenage MP
- Lord Laming
- Mary Kelly Foy MP
- Barbara Keeley MP
- Baroness Tyler
- Baroness Hollins
- Karin Smyth MP
- Baroness Warwick

Meeting Agenda

Wednesday 19th January 2022 1pm – 1:45pm

- Vic Rayner OBE: Welcome and Opening Comments from the Co-Chair of the APPG's Working Group
- Chelsea Lovell, Dimensions UK: A lived experience perspective on the future of social care
- Natasha Curry, The Nuffield Trust: Ending the crisis in the social care provider sector
- Hugh Alderwick, The Health Foundation: Finding the social care staff we need
- Sally Warren, The King's Fund: Reforms to the Cost of Care
- Vic Rayner OBE to chair Q and A with attendees on the call

Discussion Summary

Chelsea Lovell: I've been supported by dimensions since I was 21, I'm now 27. I'm now living in the community because of the support I have received, and I went to residential college. It is worth noting that my brother came from same background and family, and he has often struggled with the support that he has received. Even from the same family background, people can fall through the cracks in support. A couple of months ago, I went to Stroud and saw someone who I remembered from my old college who was sat on the streets, it just goes to show how often people can get lost in the care system.

Before the pandemic, one of the support workings took a risk with me and suggest that I would come along to the Dimensions Council, where I was elected as vice chair in October. These are often the best bits about support is the little bit of risk and the opportunity to get out of your comfort zone a bit. It's the opportunity to go out and do things, and to go out to places like the zoo which really make care what it should be

Vic Rayner: is there some things you think about in the future - things you would like to change going forward? Structure of social care or the way people experience social care to be more possible?

Chelsea Lovell: I've come up with a whole to-do list. I thought you should invite people who receive social care to be involved at all levels of the discussion around social care - from the community base, through to regional structures and nationally, to a point where people with lived experience have the opportunity to talk to the government. This empowers people. That's one thing I've taken from the council and learning disability England. In these forums my peers talk about how frustrated they are and how often they don't feel as if they have a voice.

That is why I'm glad to be here talking to you guys about what we can improve. I think there should be more discussion. I also think that at the moment, support workers must complete a massive array of tasks. I'm very aware of my environment I pick up on the things support workers talk about - they have such a massive task to support people. Support is so diverse and unique to different people and it's important that care is personalized with this in mind. There are often situations where support workers are young and inexperienced and sometimes support workers aren't equipped to help with this task. Representation in TV/film storylines needs to be improved to portray a better picture of what good care and support looks like. We need more positive storylines of social care

Natasha Curry: It's important that we try to shift the narrative around social reform. The conversation often tends to be narrowly focused on how much social care costs. There is a simple reason for why we should we invest in this sector; it supports millions of people around the UK. It's important also to get away from the narrative that social care is just about older people, in reality a 1/3 of those who receive local support are under the age of 65. Another misconception is that social care is just about care homes, in reality the vast majority of care is delivered outside care homes. The support that is given through social care is as diverse as the people that it supports.

It's important to reflect on how far the reform programmed has come and what gaps have been addressed. We've had publication of social care white paper and I speak for all the think tanks represented today when I welcome the aspirations and visions of white paper. However significant questions remain as to how achievable these aspirations are. We are embarking programme of reform after a decade of underfunding meaning that we are starting this process from a difficult position with significant questions about amount of money being made available to support these reform efforts.

In reality, while the social care levy purports to provide a potential source of stable funding, only a small proportion of the funding will be available for the wider transformation of the sector. The Government has announced a small pot of money for tech and housing, workforce but is a far cry from the amount of funding that is needed. It is important that we reflect on Chelsea's story and the reality of having to fight for support and the different outcomes for those that receive different levels of care.

We've seen an increase in the number of those requesting support but also a drop in those receiving it. More and more people are not getting enough support and that is the real cost of not investing in social care.

In this discussion we will be focusing on three main points. Firstly, the provider market. There are up to 14k registered providers operated in a market that is increasingly fragile. There are two common narratives around social care providers. Firstly, on the one hand, we hear about struggling providers with a lack of resource to adequately support their workforce and on the other hand we hear about large care home providers supported by overseas backers which sees profits largely taken abroad. In reality, the vast majority care is provided by small to medium sized care providers which equate for around 70% of the market. We see a picture which is increasingly shifting towards a reality of small often family run care homes owners approaching retirement and the business shutting down or being sold for the property that it houses.

The Government's proposals go some way to answering the question of the burden of cost on the state and on the individual. But it is also worth recognizing that the introduction of a care cap will cut off a vital source of funding. The second part of the Government's reform is that councils will pay fair cost of care. At a time of limited Local Government funding there are questions about the reality of this fair cost to care agenda. While the Government's focus on commissioners side is right - the reforms don't do anything to address provider behavior and the stability of the social care market. In conclusion, if we would like to have a social care system that delivers what we need it to deliver, we require a more innovative and stable provider market.

Hugh Alderwick: There is a difficulty in that the Government's plans falls short of the policy and investment that is required to make this vision a reality. The primary problem at the moment is that the money and funding currently available to the sector is barely enough to keep up with growing demand. Much more policy attention should also be given to the question of workforce. The social care workforce is big, comprised over around 1.5 million people, most of them women in a diverse mix of roles and settings. The formal workforce is also joined by millions more unpaid carers. The ability for us to improve and expand the social

care system, fundamentally depends on our ability to engage, and employ enough people with the required skills to provide the support that is required. Any ambitions to reform or transform the sector are going to be scuppered if workforce is not at the heart of this discussion.

It is important to note that the workforce crisis is not as a result of COVID. Workforce shortages are chronic. At the end of last year there were 105,000 vacancies, there are fundamental gaps in staffing. It is not enough even to plug this gap; the workforce needs to keep growing to provide care in the future. Without adequate forward planning, these gaps will continue to grow. There is also an issue with current employment conditions. Many staff are on zero hours contracts resulting in high turnover rates. There are also very small gaps between new starters and senior staff (12p/hr.) makes senior roles and the opportunity for career progression unappealing to many. Furthermore, many staff don't get the training and support that is required to complete difficult tasks. These challenges have been compounded changes to immigration rule since Brexit, which hasn't achieved it's intended goal of improving staff wages. England has a high reliance on unpaid informal carers, compared to other OECD countries, which reflects a lack of formal support.

When looking at solutions there needs to be a long-term strategy for the future expansion of the social care workforce. Investment needs to go beyond financing a cap on personal costs to ensure that the social care workforce is adequately supported in the future. However, it also important to recognize that additional investment along does not necessarily translate to better rates of pay. Investment has to be backed by policy. New standards need to be built into contracts and policies need to be introduced to increase the pool of overseas workers. There are positive steps in the white paper, but they are not enough. We are encouraged by an amendment to the Health and Care Bill in the House of Lords which seeks to encourage the Government to commission long term projections for social care workforce needs.

Sally Warren: By way of summary of the previous contributions, the introduction of a social care cap goes some way to answering the question as to the distribution of cost for care between the individual and the state. However, there is a wider challenge which is how do you create an environment that is conducive to innovation without long term investment. The absence of this long-term investment is to create market uncertainty. There need to be serious debates about how to support the workforce and innovative new models of care, which in particular is an element of discussion not focused on enough. Investors currently see the lack of capacity to deal with the increased need in the sector and see Government investment largely being prioritized towards the NHS and paying for the cost of care.

There have also been some recent changes to the Government's care cap proposals that are highly complex in nature but fundamentally important in the changes that they bring to the proposals. Previously the care cap would see the means test for support for care increased to ensure that in reality, lots of people got a little bit more support. However, a recent change in November means that existing Government support towards care support doesn't count towards the care cap meaning that for many older people and working age adults, the care cap continues to move further and further out of reach/ The reality is that this will hit older people in the Northeast the hardest. This change is estimated to save the Government £900 million a year however it will primarily come at a cost to those who are poorer or on moderate

incomes. There will be a vote in the House of Lords next week to challenge this late change to the care cap. The real challenge is that the current funding, outlined in the spending review is not enough to meet the existing demographic demand and falls short of supporting a system to innovate in order to meet a diverse range of needs.

Questions from attendees

Lord Lipsey: I disagree with above comments with regard to the Government's implementation of a care cap. The consequence of the care cap is that it primarily helps wealthier people who currently do not rely on state support for their care. This money would be better spent on improving standards and conditions in care than giving it to people who can afford to pay for their care.

Sally Warren: I don't think making it harder for people to benefit from the care cap by excluding existing support is the solution. This disproportionately impacts those with long term care needs. The discussion needs to shift towards the need to invest in and support the sector. If we adequately support the social care sector, then we have fewer people leaving employment in the sector and can change the narrative towards a positive one of the opportunity provided by the sector.

Hugh Alderwick: I think it's important that we don't set the need for improved standards and the need for increased support to help those with substantial care needs in opposition. The £900m saved from the November care cap changes is less than 0.05 GDP and would make a massive amount of difference to a lot of people.

Barbara Keeley MP: There has been no mention of free personal care and wondered if the panel could give their thoughts on that as an option. In 2019 Labour brought in its proposals for free personal care for over 65s as an initial step before looking to expand it to working age adults. I personally think its of real benefit to families and would be beneficial to the integration agenda.

Natasha Curry: If we look at the experience of Scotland which introduced free personal care, it has to be paid for by something else. There's a peril in trying to define a narrow set of services that are free that might not meet the needs of everyone in social care and which often can penalize working age people who might have a wider range of funding asks. Germany and Japan have stayed away from a standard package that defines care and have gone down the route of allocating budgets which allows a degree of freedom.

Sally Warren: Free personal care is going to be a hard sell to treasury, it is reasonable to say that older people should plan for personal care. I'm naturally inclined towards a cap, but I think there is room for revision of the needs threshold which is currently very high. This would be more effective than a free package with a high needs threshold.

Chelsea Lovell: Focus on my weakness, forget my strengths. We always have a tendency to focus our funding on basic housework and basic skills and I would like to focus my funding for example much more on getting involved in the community as that is what is important to me.

Baroness Tyler of Warwick: currently there is a 23% difference in the rate of pay that care assistants get in the NHS compared to the social care sector. Given that so much of the social care sector is private or not for profit, what policy levers are there to increase rates of pay and conditions. How do we get the message across as to the economic benefit of social care to local economies?

Sam Monaghan (MHA): part of that is because people can earn more from other retail jobs for instance than as care assistance - lack of funding through local authorities means that we often have to cross subsidy and even within this our margins are still incredibly tight. We're often training care assistants up who are then moving across to the NHS where they can earn more.

Hugh Alderwick: It's a combination of the investment and the levers. Could consider some sector specific minimum wage, sectoral wage boards. More joint planning for the NHS and social care at a local level. New standards built into contracts with providers and local government. Something like an agenda for change would help conceptualize the distinction between the NHS and social care.

Isaac Samuels: interested in shifting the paradigm on the cost question towards how people who access care can have a fulfilled life with meaning. Often cost is the focus rather than quality.

Chelsea Lovell: We focus on the cost of things, but the quality does need to be good to do that. We are a rich country and need to make sure that the quality is reflective of our status in the world. Social care is in the spotlight, and we need to be proud and have a positive view of the future.

Natasha Curry: when we've looked at the reforms in Germany and Japan, they didn't look at the cost, they looked at the problems we have in society as a whole, and then to go from there to imagining a system that we would want. The conversations here starts with how much will it cost.

Sam Monaghan: Most local authorities don't pay the cost of care but also that most local authorities are incredibly hard pressed in terms of their financial resources at the moment. Concern is that the cost of care experiment will result in a race to the bottom in terms of finding the cheapest possible providers for care.

Sally Warren: this is a really tricky one, the fair price of care is a source of huge anxiety both for providers and commissioners at the moment. We're not trying to fix this overnight, the money allocated in the spending review is not enough. A move towards a transparent cost for care is important. The trick is we've got to make sure that people have continued trust in the dialogue. NHS buys an awful lot of capacity in the care sector, need to consider how local government commissioning interacts with broader NHS commissioning.

Karin Smyth MP: The report from the Nuffield Trust on comparisons across the NHS is important. Learning from the devolved nations is a neglected element of this discussion. We have to keep learning from the experience of different nations. The government is looking at trailblazers as a way of engaging with these issues

Natasha Curry: we have to know how trailblazers are working and how we can share intelligence. On the four nations point, we're embarking on some work on the recent reforms to social care. On the fair cost of care, Scotland has tried to implement a care homes contract, and it fell apart because there was a lack of understanding on the cost of care.

Sally Warren: We're not good at translating trailblazing programmes or pilots into widespread schemes as often these pilots have much more support than when systems are rolled out more broadly. How are trailblazers relating to commissioners to improve care.

Richard Ayres: One of the critical areas is the workforce if you don't have a supported workforce. The challenge for a care wage is that more than 40% of the sector is self-funders, so putting wages up to achieve parity with the NHS is an impossible task at this time. We also don't want to see 150 interpretations across local authorities as to what constitutes a fair cost of care. We need to get behind the LGA, ADASS fair cost for care model to create the data to quantify this to DHSC level.

Finn Turner Berry: There hasn't been much mention of Integrated Care System, and the role that they are going to play in the future of social care.

Concluding Remarks

Sally Warren: Integrated care is important but is not the totality, social care is about so much more than just health needs. There has always been a tendency to see integration as pushing social care in a medicalized model of the NHS. Integrated care systems have potential to delegate at a place level. There is entirely understandably an anxiety of the voice of social care on ICS boards. The one positive is that ICS leaders get that this is about doing something different, it doesn't feel like rearranging the NHS deckchairs.

Sally Warren: those in parliament who can inform and engage the care gap as to what it looks in the future. Proposed changes are particularly regressive for poorer and older people. All of us are huge advocates for social care, how can we shift the dialogue in that direction.

Natasha Curry: opportunity in wake of covid to build something positive. I think public awareness of the value and importance of social care is at the highest that its ever been and there's a political consensus that something needs to be done. Keep our focus on the heart of social care which is to make people's lives better

Chelsea Lovell: I want to be in a world where it will help to reach my potential. I want to live in a world where whatever happens, support will be there for me.

About the host of the call and Co-Chair of the Adult Social Care APPG working group

Vic Rayner OBE – Chief Executive Officer (CEO), National Care Forum NCF



Vic Rayner is the CEO of the National Care Forum, joining the organisation in 2016. The NCF is the strongest voice for the not-for-profit care sector and works with its membership to drive forward the delivery of quality, person-centred care. In the Queen's Birthday Honours in 2021 Vic was awarded an OBE for her services to the social care sector. She has worked for over twenty-five years in the fields of care, housing and communities and is recognised as a national expert in these areas.

As CEO of the NCF she is the chair of the government Strategic Advisory Forum on the social care workforce, Co-Chair of the National Social Care Advisory Group on social care and technology and sits on a range of government and national specialist groups with a focus on the social care workforce, digital transformation, new models of care and regulation. Vic is a regular national and international speaker, and has extensive knowledge and expertise across a wide range of care, support, housing and social policy agendas. Prior to joining the NCF, she was the CEO of Sitra, a leading national membership body championing excellence in housing, health, care and support.

About the Panellists

Chelsea Lovell, Expert by experience, Dimensions UK



Chelsea Lovell works as a Quality Consultant, helping Dimensions UK understand what's important to the people it supports. Chelsea is also Vice-chair of Dimensions self-advocacy Group, The Council, holding the organisation to account by acting as a critical friend. Chelsea loves writing and is passionate about a representative and fair media in all forms.

Sally Warren, Director of Policy, The King's Fund



Before joining the Fund, Sally had extensive experience in health, care and population health policy and delivery, in central and local government. Sally was Director for Social Care at the Department for Health and Social Care, Director of Programmes at Public Health England and Deputy Chief Inspector (for social care and registration) at the Care Quality Commission. She was also Director at the Cabinet Office, leading a project on social care funding for Budget 2017.

Most recently, Sally worked at the Department for Environment Food and Rural Affairs as Director of the Agri-Food Chain, and latterly Director of EU Exit Preparedness and Response

Hugh Alderwick, Head of Policy, The Health Foundation



Hugh joined the Health Foundation in 2018. He leads the Foundation's policy team, which works to analyse, understand, and inform national policies on health and social care in England.

Before he joined the Health Foundation, Hugh was a Harkness Fellow in Health Care Policy and Practice at the University of California, San Francisco, and Berkeley. Hugh's research in the US focused on health system approaches to addressing patients' social and economic needs, like unstable housing and food insecurity.

Before that, Hugh worked at The King's Fund as Senior Policy Adviser to the Chief Executive, where he published research and policy analysis on a range of topics, including national NHS reforms, integration of health and social care services, and opportunities for health systems to improve population health. He also provided policy advice to the NHS and government.

Hugh has also worked as a management consultant at PwC, working on health policy and improvement, and on Sir John Oldham's Independent Commission on Whole Person Care.

Natasha Curry, Deputy Director of Policy, The Nuffield Trust



Natasha Curry joined the Nuffield Trust in 2011 as a Senior Fellow in Health Policy. Prior to joining the Trust, she worked as a Fellow in Health Policy at the King's Fund.

Natasha has an interest in international health and social care systems and is leading the Trust's work on social care. She has researched and published on a range of topics, including clinical commissioning, integrated care, primary care, long-term conditions, and NHS reform.

As part of her work on social care, Natasha has been to Japan twice to study its long-term care system and published a paper in May 2018 reflecting on the lessons England could learn as it considers the future of its own social care system. She also published a paper in 2019 on the German long-term care system in order to further inform the debate about the options available to England. During Covid-19, she has collaborated with the WHO on their review of international responses in social care and is embarking upon research into what England can learn from other countries' approaches to managing infections in long-term care settings.

Previously, Natasha has worked as a consultant in health at Matrix Research & Consultancy Ltd and as the Evaluations Officer at the Chinese National Health Living Centre, prior to which she spent time living and working in China.

About the APPG on Adult Social Care:

The APPG on Adult Social Care is a cross-party initiative which aims to bring key stakeholders from across the adult social care sector and Parliamentarians from both Houses to find a solution to the many challenges facing the social care system. It is Co-Chaired by **Helen Hayes MP**, (Labour), **The Rt. Hon. Damian Green MP, (Conservative)** & **Baroness Greengross OBE, (Crossbench)**. **Baroness Brinton** (Liberal Democrat) and **David Warburton MP** (Conservative) are Vice-Chairs of the Group.

About the Working Group of the APPG on Adult Social Care:

Members of the APPG's Working Group – National Care Forum (NCF), Think Local Act Personal (TLAP), Home Group, the National Co-Production Advisory Group (NCAG), Methodist Homes Association (MHA), Skills for Care, Anchor Hanover, Choice Care Group, Care Tech, Dimensions, Affinity Trust, Nourish Care & CIC.

About the APPG's Vision and Value Report

the Adult Social Care APPG's [Value and Vision of Social Care Report](#) sets out a vision of the positive contribution made by the social care sector to local communities and livelihoods and society more broadly.

With the Government publishing their proposals for the reform of adult social care in England, the Working Group of the APPG for Adult Social Care have set out a Vision of Social Care, and the Economic and Wider Value of Social Care with the aim of:

Informing and supporting the public debate to support people to further their knowledge and understanding as to the positive impact social care has on the lives of people who access care and support to live their lives.

The Vision of Social Care identifies a number of key areas around which the reform of social care will achieve the sustainable and meaningful impact for people who access care and support. The principal piece of legislation which defines how social care is delivered in England is the Care Act 2014, with the key purpose of care and support in the Act underpinned by a wellbeing duty. Despite the ambitions and intentions of the legislation there continues to be a gap between its aspirations and implementation on the ground. This implementation gap is due to a variety of reasons, with a lack of sustainable funding undoubtedly a key factor.

The Economic and Wider Value of Social Care sets out the scale and breadth of the social care system and provides a number of case studies to further illustrate the impact it makes on the economic and community well-being in areas across the country. Investment in social care leads to tangible benefits in the spending power of local communities, supporting direct and associated employment and prosperity at the same time.

Investment in social care makes a difference to the lives of the people supported, and the communities in which they live. A sustainable future for the long-term fund of adult social care must be a priority if we are to realise a positive vision which puts people at the heart of delivery. The Working Group to the APPG on Adult Social Care believes there is an opportunity to further recognise the value of social care - including nationally and at the level of local communities.

Opportunity for Reform - Parliamentarians, the Government and the country at large face a historic opportunity to learn the lessons from the pandemic and place the long-awaited reform of social care at the top of the political agenda. The Working Group of the APPG on Adult Social Care believes there are exciting opportunities to be bold in the reform of social care, which places the priorities of people who received care and support at the centre of this reform. This can be achieved by focussing on the following priorities:

- Inspires more people to join the social care workforce, by ensuring the higher profile of care and support workers during the pandemic, leads to improvements in recognition, pay and conditions.
- Delivers transformation in order to improve how the social care system operates and enables greater collaboration with partners – including in health – with a strong focus and determination to deliver person centred care and support.
- Achieves a sustainable system of funding, based on a better understanding by wider society as the value of social care to local communities and the country as a whole.

The resilience of the social care system means it has navigated decades of postponed reform with flexibility, but at the price of not being able to plan for the long term and rising levels of unmet need.

Over many years the ‘savings made through underfunding of social care, has led to multiples of extra costs in remedial responses further down the line, often within the NHS for example. While the social care system is diverse and complex, the principles on which it is based are simple and uniform. Care and support focused on the needs of individuals, leading to a better quality of life for people who access care and support. However, the many pressures on the social care system has led to on-going challenges and rising levels of unmet need.

For more information

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