

Social care is open and the caring is good



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When I joined NCF a year ago, there was a lot of focus on the need to change the narrative around social care. Efforts focused on shifting the public understanding of social care to a place where people recognised and understood social care, and began to plan prioritise their current or future engagement with services. None of that ambition has changed – but the dominant messages emerging from the sector sound very different.

Last October the CQC produced their annual focus on health and social care, and described social care as at a ‘tipping point’. Since then the analogies of burning platforms, precipices, cliff edge and collapse have abounded. All of these are critically important messages for policy makers, and they are not alarmist, they are a reality for many providers around the country.

However, my concern is the impact that these headlines have on those who are thinking about care, or have friends or families in receipt of care. We know from recent research that far from the ambition of social care – which is that people are looking on this as a planned and positive part of future life – people continue to put off thinking about this until either a crisis precipitates engagement, or their ability to personally continue to care for themselves or others gradually runs out. At that point, how much more difficult is it for individuals and families to decide to reach out to the care sector when all of the dominant messages are that it might collapse at any point. When people need care, it is no longer a choice, and there has to be a level of confidence that the key priority of social care has always been and will remain the care and support of the individual. They have to know that good quality person-centred care is at the heart of what is being delivered. If we needed evidence of that – we can look towards the most recent [CQC report](#) which provided an assessment of over thirty three thousand inspections, with 95% reporting good or outstanding care.

In addition, how does this affect those who are already working in the sector, or thinking about it as a potential career move? The notion of perilous employment in an already maligned workforce is working against our key challenge of recruiting and retaining the best of the workforce – seeking to be the career of first – not the last resort.

Whenever I talk to members, there are two critical factors that are impacting on them – funding and workforce. This means that there is, of course, an absolute key message to policy makers that needs to continue, backed up by evidence and delivered in unison with those who are in receipt of care and support services. Sustainability of the sector is key – and resourcing of both funding and workforce is critical. We are in a position where we have the promise of a consultation dangling in front of the sector to address funding – but at this moment in time the timescale, the scope and the impact of this is unknown. Equally for workforce, the Brexit question, full employment, and valuing of the role remain challenges that sit ‘out of the reach’ of the sector. So – I suggest we need to refocus our efforts and do a bit of our own ‘thinking outside of the box’.

Social care delivers good care – those who are living within services or receiving services in their home on a daily basis are supported by some of the most dedicated and skilled staff – delivering under pressure – yes – but delivering. There is a value proposition that we must learn from – people love an underdog – yes – but not when they think that they might personally be affected by its failure – so we must be absolutely explicit about celebrating success and the day to day privilege of delivering care. Money is needed – perhaps, like me, after the Queen’s Speech you saw the commentary on the 13 previous social care consultations which have ‘led nowhere’. There is such widespread cynicism within the sector as to whether this consultation will lead to action, that it seems clear to me we need a step change in our approach. Let us learn from other sectors and identify alternatives that might, at least

in the short term, bring more cash into the system without waiting for top down change. Let's take the Systems Leadership approach, get the right people in the room, and do some work on this 'wicked issue'. Lots of people have mentioned some great ideas to me about things that could change, that would make a fundamental difference to the cost base of providers:

Review of how VAT is applied to the social care sector: How would the public feel about their hard earned contributions to the social care economy being subject to VAT? How does the government square 20% off the scarce resources being transferred through from LA going straight back to the treasury? Whilst changing the law on VAT may be a lengthy process, what are our tampon tax equivalents?

Making social care the career of choice: establishing national career reward schemes in line with health professionals, seeking key worker homes for care staff, supporting the Care Workers Charity – to enable staff to feel valued now and in the future

Reducing the cost base of provision: Free solar panels for all care homes, free electric charging points for home care hubs, shared learning and induction programmes, maximising the use of the apprenticeship levy, building up the role and support of volunteers

Investing in the future: Making decisions now about what social care will look like in five years and investing in the technology to make that vision materialise. Almost every other sector has seen economically significant efficiencies derived from investment in technology – our time is now.

This is just the start – there is so much more to be gained from working on these key challenges in partnership with commissioners, the people who use services and providers. The consultation may come, and the green paper may appear – but in the meantime the public and the workforce of the future can hear about action to bolster care, rather than view care through a lens of fear or limitation.

Social care needs to inspire, to drive ownership and personal investment in the vision and the purpose of the services provided. Things have got to change – but in a political world dominated by Brexit and 'politics' the change may have to come from the grassroots.

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