



Meeting the Needs of a 21st Century Society

Care England Manifesto for the Independent Care Sector (ICS)

Introduction

Expectations from citizens have risen. They experience social and health care as a continuum and the current financial challenges make the delivery of such expectations untenable. As the largest representative body for independent providers of adult social care, across older people, people with learning or physical disabilities and mental health, Care England believes that Government policy needs to shift urgently to ensure that the post Brexit system is fit for purpose and provides what citizens really need and want.

- **The value of high quality independent care services needs to be understood by all politicians, not just service users and their families.**
- **Care services need to be properly funded and state funding should be at a sustainable level that meets the real costs of providing high quality care.**
- **Providers should be respected, treated fairly and have a voice in the strategic direction of social and health care services.**
- **People need to have choice and the flexibility to select the care that best suits their requirements.**
- **Independent care sector (ICS) staff should have appropriate training, fair pay and career structures in place.**

Quality and Value for Money:

- At present the system is too crisis based and the demographic changes mean that the current system is unsustainable. Tax payers are simply not getting value for money. Sound investment in our ICS saves money and provides quality care closer to home.
- Social care is the largest area of public spending at a local level (councils spend around £14bn per year) and the sector contributes approximately £43billion to the national economy.

We want to see;

- Continued and increased investment in social care by the Government to ensure a sustainable system fit for the 21st Century
- Robust, but non-bureaucratic, mechanisms in place to ensure that funding reaches the front line, supporting existing services and placements, with a strong audit trail
- Integration and partnership to support quality care and value for money. People want a seamless service
- Money anchored with the individual who define their own outcomes
- Strong central leadership to take duplication and unnecessary administrative burdens out of the system
- More providers rated as Outstanding and Good by the Care Quality Commission (CQC).

Social Care Green Paper:

The Government has pledged to deliver a Green Paper on Social Care. The problems have been over analysed, at vast expense and now is the time for action. We support the notion of a Green Paper, or indeed jumping straight to a White Paper, but it needs to deliver.

We want to see;

- A long term vision built on the previous reports commissioned by Government
- A Ministerial team that is equivalent in status to those that look after the NHS
- The input of the provider sector; i.e. people who actually deliver the care
- More clarity about the partnership between the state and the individual in terms of funding.

Commissioning and Fees:

Providers understand the pressure that local authorities and CCGs are under, but increasing instances of Judicial Review, the most recent case in Essex, and continued provider attrition means a crisis is already upon us and threatens capacity and ongoing quality care for people now and in the future.

We want to see;

- Commissioners and providers sitting down together to discuss the sufficiency of an individual's care package, rather than this being set as part of an arbitrary standard price
- Providers able to demonstrate to commissioners that they are offering an innovative and diverse care market
- Commissioners displaying confidence in the CQC independent regulatory regime so that they do not duplicate the inspection and monitoring processes. Savings from this must be reinvested in frontline care
- Providers able to budget and plan for the short, medium and long term alongside commissioners
- Outcomes commissioned for the individual and not services to be procured as a commodity, as typified by reverse auctions
- Commissioners investing in care homes as community hubs specialising in long-term conditions
- There should be a level playing field in terms of regulation across all sectors
- Independent health and social care providers being treated as equal partners by commissioners
- An independent body such as CQC, or the relevant Ombudsman, must be given statutory oversight of commissioning to ensure that these statutory authorities adhere to their legal responsibilities across the Care Act and Equality Duties
- Health and Wellbeing Boards and Sustainability & Transformation Plans (STPs) must include independent social care providers in their membership. No STP should be approved without assessing the quality of ICS input.

Brexit, Migration and the Social Care Workforce:

Nationally, 6% (90,000) of the social care workforce is made up of EU nationals. In some areas, EU workers constitute as much as 10% (South East) and 12% (London) of the workforce. The ICS wants to adapt and innovate but the nursing and carers shortage has a profound impact on the quality and continuity of care and the sustainability of ICS services.

We want to see;

- The Government recognising the key role care home nursing plays in the wider delivery of healthcare- by investing in the education and upskilling of the whole nursing workforce
- The Government supporting a strong career structure for nurses and carers in the ICS and promote the job satisfaction based on proper funding to ensure that pay and conditions are aligned across the sectors and care does not remain a primarily low wage employer
- More young people encouraged to see ICS as a sector in which they can pursue a career
- Funding for return to nursing initiatives should be opened up to the independent sector and involve an increasing number of social care placements.

Training & Integration:

Workforce planning is disjointed and there are significant pressures in recruiting and retaining staff.

We want to see;

- The creation of one cross sector training and support body; Skills for Delivery. This would merge three bodies: Skills for Care, Skills for Health and Health Education England. Such a merger could create hundreds of millions of savings and provide much needed common core competencies for training across the sector
- A workforce planning strategy introduced across the sector, to include commissioners and providers as equal partners. Training must be integral at the start of the workforce planning process
- A change in culture rather than structure. For example the NHS's reluctance to utilise the independent sector during 'winter crises' is highly counterproductive
- The NHS Five Year Forward View introduces the idea of enhanced healthcare (supported by greater use of technology) being provided in care homes and this vision should become a reality across the country - allowing care home residents to remain at home for their acute healthcare needs
- The roll-out of Teaching Care Homes, to improve the learning environment for staff, undergraduate nurse apprenticeships and all learning placements within care homes.

Continuing Healthcare (CHC):

The serious underfunding of CHC is making it increasingly difficult for providers to obtain and retain qualified nurses. As a result, providers are either reducing their nursing bed provision or withdrawing from the market entirely.

We want to see;

- CCGs to be fully aware of their legal responsibilities around commissioning CHC in the best interests of patients
- CCGs working more closely with the ICS in improving CHC commissioning and delivery.

Winter, Capacity and Better Use of Care Homes:

Care homes can help the NHS plan for winter and other times of increased demand within over-stretch local hospitals and NHS services by providing personalised care closer to home.

We want to see;

- CCGs developing comprehensive plans that involve the ICS early enough to build strong agreements based on agreed outcomes and funding and contract terms
- Care homes to be positioned as the hub of the community
- The Government providing the political and financial support necessary for innovation within the care sector to be accelerated
- Commissioners must have a good understanding of the ICS services and people for whom they are paying for care
- The rights and access to housing benefit for care home residents should be reviewed and more attention given to securing housing options for people with learning disabilities.

Continence:

Poor continence management can lead to infection and hospital admission. This is totally unacceptable within a 21st Century care and health system.

We want to see;

- The NHS, through CCGs and trusts ensuring people living in care homes receive the same comprehensive assessment and care services for continence care as anyone living in their own homes in the local community.

VAT:

Care providers have been calling for changes to the VAT rules to allow for additional money to be recycled back into the care system to invest in high quality services and improvements.

We want to see;

- Introduction of Zero Rated VAT for all independent care services as part of the review of tax changes following the planned exit from the European Union.

Quality Incentives:

Many ICS are not being incentivised to improve services by health commissioners.

We want to see;

- All ICS providers using the standard NHS contract to be entitled to earn available and appropriate CQUINs quality payments (currently worth up to 2.5% of contract value). This additional investment is critical for sustainable high quality care and support.

Putting you in control:

Questions to ask of your local politicians

Care England encourages its members to invite their Prospective Parliamentary Candidates to visit them and meet both the staff and residents. The momentum necessary to deliver the ideas that this manifesto proposes, will only be generated if the one in three individuals in England who come into contact with the care system, attempt to hold the people who seek to represent them to account. The coming election period provides the opportunity for the electorate to do just that and they should be asking politicians the following questions:

1. Which independent sector services have you visited in the area and what are your thoughts on the future direction of social care?
2. How will you and your party ensure that in the post Brexit era there is an adequate supply of skilled health and social care staff?
3. How will you ensure that there is a sustainable funding settlement for social care in the next Parliament?
4. What decisions will you take, or policies will you push for, to ensure that NHS and council commissioners working together, properly fund the care of people living in residential care?

Key Facts:

Demand for social care is rising: it is predicted to increase 44% by 2030

While demographic pressures is increasing costs by 3 per cent per year, the number of people actually receiving services has not increased, suggesting growing unmet need. England now spends less than 1% of its GDP on social care.

Providers are being asked to care for as little as £2.25 per hour in 2016/17. Average council fee rates have fallen by 6.2 per cent since 2011

Four fifths of Directors of Adult Social Care think care providers in their area are already facing financial difficulties, 77 councils report that at least one care home provider has ceased trading in their area in the past six months, and 28% of care homes are thought to be at risk of financial failure.

Care England | 2nd Floor | 40 Artillery Lane | London E1 7LS

☎ 08450 577 677 | Email: info@careengland.org.uk

Web: www.careengland.org.uk

Facebook: Care England

Twitter: @CareEngland @CareEngPolicy