



social care
institute for excellence

SCIE Strategy 2023 – 2026

July 2023



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This document is intended as an internal document to help members of staff, Trustees and named associates understand and deliver SCIE's new strategy. A separate external facing document has been prepared for stakeholders. If you receive this document and you do not work for SCIE, please contact us and we can share the external facing strategy document with you.

Disclaimer: The author has used best endeavours to confirm the accuracy of the various data sources and statements employed. However, the information herein should not be used for other purposes.

Executive Summary

The Social Care Institute of Excellence (SCIE) is an independent charity working across the UK to deliver evidence-based, practice-informed and co-produced improvement in social wellbeing for people of all ages.

SCIE's vision is **“A society where care and support maximises people's choices, removes social inequality and enables people to live fulfilling, safe and healthy lives.”**

The political environment within which SCIE operates is particularly influenced by the social care reform agenda, a drive for integration across health and social care and a general election expected in 2024. The social care sector is experiencing significant workforce and budgetary pressures. The UK's population is ageing with care and support services experiencing increases in demand in terms of both volume and complexity.

Within this context SCIE has developed four strategic objectives:

- 1. Embed co-production and the contribution of people with lived experience in our work; the design and delivery of care and support services; in policy and in research to better meet peoples' needs**
- 2. Drive innovation and improvement in social care to deliver better outcomes for children and adults who need care and support**
- 3. Influence and support implementation and delivery of better policy to improve the lives of people accessing care and support**
- 4. Improve safeguarding skills, knowledge and practice to keep children and adults safe and support their social wellbeing**

This strategy builds on SCIE's current strategy which has been in place since summer 2020. A key addition to this new strategy is the inclusion of a strategic objective specifically focused on co-production recognising the work required to raise the profile of co-production and ensure it becomes embedded in everything SCIE, and ultimately the social care sector, does.

Successful delivery of this strategy would look like:

- All our people and those delivering care and support, policy makers, researchers and commissioners having an increased understanding of co-production and being more confident to design and deliver in co-production;
- Leaders in health and care working jointly and confidently to ensure best practices in care and support are adopted by commissioners and providers;
- A direct link between SCIE's research/evidence SCIE delivers or promotes and emerging social care policy; and
- Effective safeguarding processes being in place across all settings.

SCIE has developed an implementation plan which sets out the key activities it plans to undertake against each of the objectives.

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SCIE has also identified the following enablers which are critical to effective delivery of the strategy: people; systems, processes and management information; communications, engagement and marketing; and a stable financial position.

SCIE will monitor delivery of the implementation plan and track key metrics to understand the impact of its strategy for each of the objectives.

1. Introduction

SCIE is an independent charity working across the UK to deliver evidence-based, practice-informed and co-produced improvement in social wellbeing for people of all ages.

SCIE was established in 2001 as a largely government-funded improvement agency. SCIE is governed by a board of Trustees and managed by a Senior Leadership Team (SLT).

Think Local Act Personal (TLAP) is a national partnership of more than 50 organisations, hosted by SCIE¹, which is committed to transforming health and care through personalisation and community-based support. The partnership spans central and local government, social care providers, the NHS, and the voluntary and community sector as well as people with lived experience, through the National Co-production Advisory Group (NCAG).

This document sets out SCIE's strategy for the next three years in the following chapters:

- Our approach to developing our strategy – the methodology applied to develop the strategy including the engagement approach. Research on the internal and external context within which SCIE operates is summarised in appendix A;
- Our strategic objectives – the strategic priorities and the metrics SCIE will monitor to track the impact;
- Key enablers – the critical enablers that will support delivery of the strategic objectives; and
- Monitoring delivery of our strategy – how delivery of the strategy will be reported and monitored, including the risk management approach.

This document also includes an implementation plan which sets out the key activities and projects to deliver the strategic objectives (appendix C).

This is an internal document. Following approval, a summary version for external stakeholders will be published.

¹ SCIE receives a restricted grant from and agrees a specific workplan with the Department of Health and Social Care (DHSC) in respect of TLAP

2. Our approach to developing our strategy

This chapter describes the process for developing this strategy including the engagement approach.

The first phase in developing this strategy was detailed **research** of the environment within which SCIE operates. This included structured interviews with 19 external stakeholders to seek their knowledge and insight. The research phase also included a desktop review of relevant research and policies to understand the political, economic, social and technological context and the potential implications for SCIE. This research is summarised in appendix A and the external stakeholders interviewed as part of the strategy development are listed in appendix B.

The next phase was the **development and testing of the strategic objectives**, based on our understanding of the internal and external context. The strategic objectives were shaped through workshops with staff, people with lived experience of social care (SCIE's co-production steering group) and the Board of Trustees.

Implementation planning was aligned with SCIE's annual business planning process. As part of this process, the SLT identified the key activities and projects relating to each strategic objective. This allowed the SLT to consider the strategic priorities and resources to deliver in the context of business-as-usual activities and overall operational planning.

The Board of Trustees established a Task and Finish Group which allowed a sub-set of Trustees to spend additional time providing input on the strategy as it developed.

3. Our strategic objectives

This chapter sets out the strategic priorities for SCIE.

SCIE has identified four strategic objectives to deliver its vision – **“A society where care and support maximises people’s choices, removes social inequality and enables people to live fulfilling, safe and healthy lives.”**

In developing these strategic objectives SCIE has had regard to the research on the internal and external context (see appendix A). The four strategic objectives are:

1. *Embed co-production and the contribution of people with lived experience in our work, the design and delivery of care and support services and in policy and research to better meet peoples’ needs*

Co-production is an approach where people, family members, carers, organisations and those working to deliver care and support, work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services and projects. Co-production can improve people's wellbeing and has a positive impact on the workforce too.

However, we know that co-production is neither understood nor embedded across the sector, though there is increasing interest across both health and social care.

Success would look like our people in SCIE being confident and working in coproduction, whilst supporting the wider care and support workforce to have an increased understanding of co-production and being more confident to design and deliver services in this way.

2. *Drive innovation and improvement in social care to deliver better outcomes for children and adults who need care and support*

Social care providers and commissioners are facing significant challenges including increasing demand for services, a constrained financial environment, workforce challenges and widening health inequalities.

There is a need to transform social care and health services in order to deliver care and support which is person-centred, preventative and strengths-based.

Success would look like leaders in health and care working jointly and confidently to ensure best practices in care and support are adopted by commissioners and providers. The ultimate test of success will be measured improvements in people’s experiences of care as they journey through integrated health and care systems.

3. *Influence and support implementation and delivery of better policy to improve the lives of people accessing care and support*

Social care reform is an area of focus for national governments across the UK but limited progress has been made due to a variety of reasons including system

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funding, political stability and lack of public awareness and understanding of social care.

There is a drive for integration across health and social care. Integration is important because people with social care need are much more likely to have clinical needs. However, to deliver truly person-centred services, integration must extend beyond health and social care to include, for example, housing and education.

Success would look like SCIE being able to see a direct link between its research/evidence it delivers or promotes and emerging social care policy.

4. Improve safeguarding skills, knowledge and practice to keep children and adults safe and support their social wellbeing

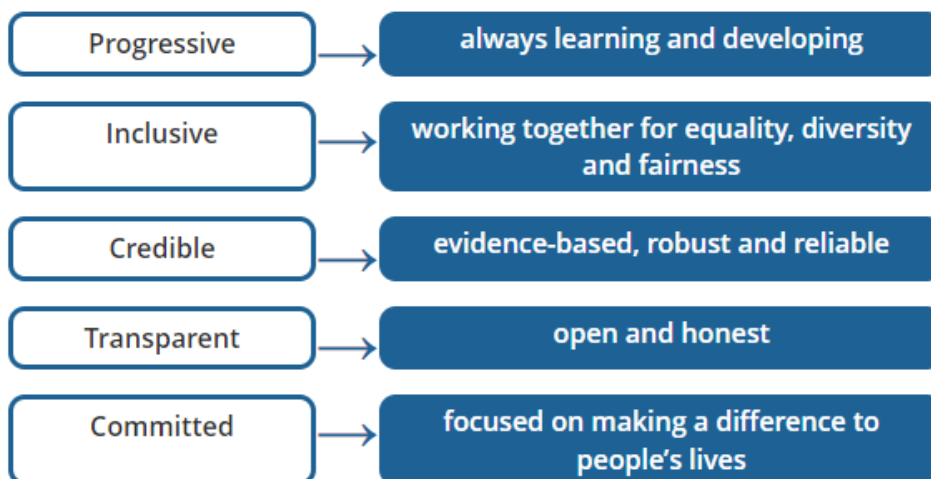
Feeling safe, secure and protected is a key dimension of social wellbeing. Safeguarding means protecting children and adults from harm, abuse and neglect and is important in all environments.

Local authorities have seen an increase in reported safeguarding concerns and there have been a number of high profile cases reported across the education, faith and sport sectors; we know there is more that can be done to keep people safe.

Success would look like effective safeguarding processes being in place across all settings.

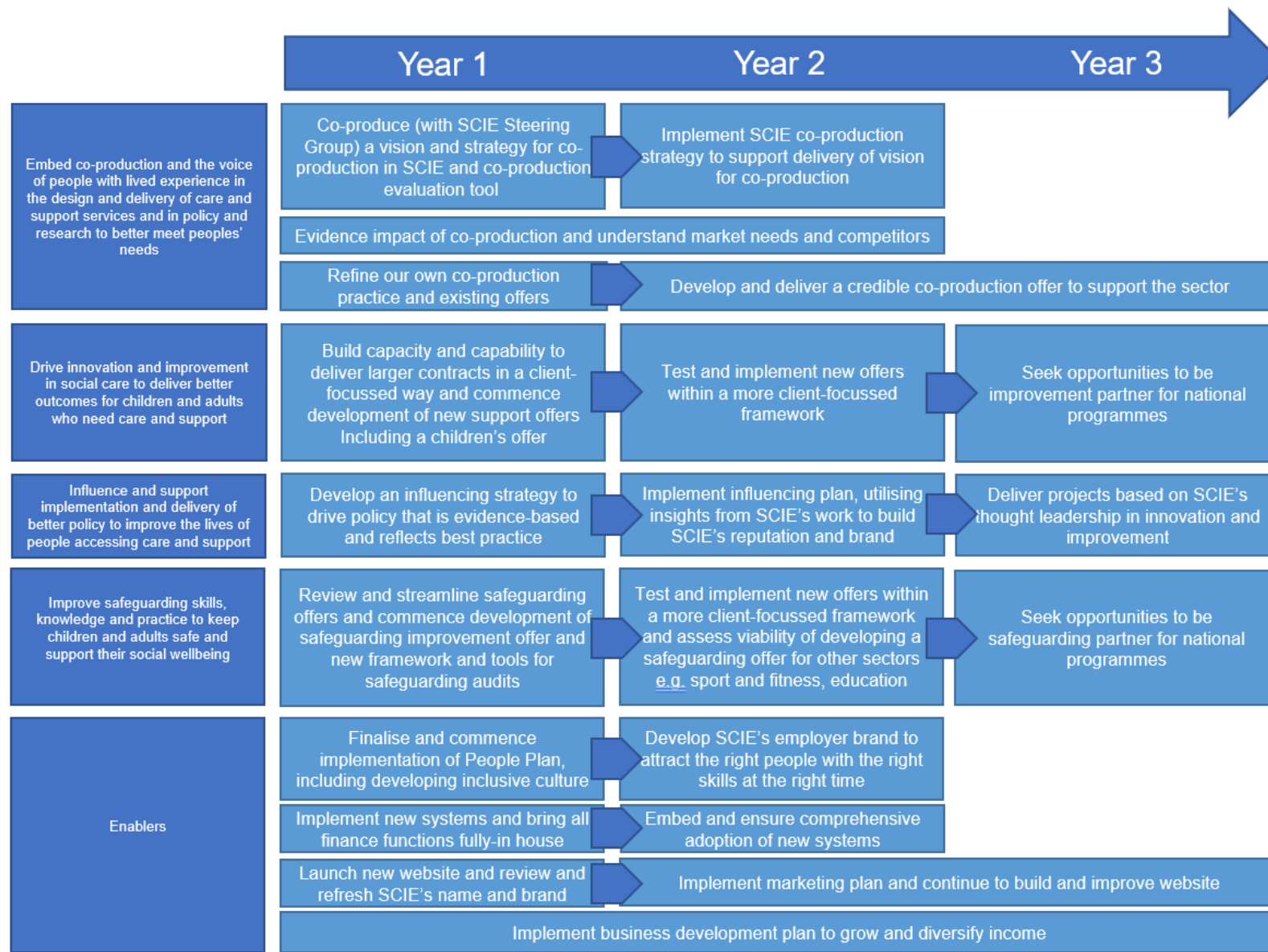
SCIE recognises that each strategic objective will not be delivered in isolation – there are areas of overlap and opportunities for activities to support multiple objectives.

SCIE will deliver its strategic objectives in line with its values:



SCIE has developed an implementation plan which sets out the key activities it plans to undertake against each of the objectives (appendix C). The implementation plan is summarised in the following roadmap:

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4. Key enablers

This chapter identifies the key enablers that will support delivery of the strategic objectives described in this strategy.

SCIE has identified the following enablers which are critical to effective delivery of the strategy:

People – SCIE must ensure it has the right people, with the right skills and behaviours at the right time to deliver its strategic objectives. SCIE must create an inclusive culture to allow it to attract and retain a diverse workforce.

Systems, processes and management information – SCIE needs robust and effective systems, processes and management information to support the organisation in delivering its strategic objectives.

Communications, engagement and marketing – SCIE's communications, engagement and marketing approach should ensure stakeholders have a clear understanding of SCIE's role and unique selling proposition. This includes SCIE's name and branding.

Stable financial position and growth in revenue – SCIE must deliver within budget to allow it to be sustainable and invest in its strategy as required. SCIE has a business development plan to support growth and increase SCIE's market visibility.

The key enabling activities which will support delivery of the strategic objectives are captured on the implementation plan (appendix C).

5. Monitoring delivery of our strategy

This chapter sets out how delivery of the strategy will be reported and monitored, including the metrics that will be tracked and the risk management approach.

The Board of Trustees has been engaged throughout the development of the strategy, including Board Away Days in November 2022 and January 2023 and three Task and Finish Group meetings.

The table below identifies the key metrics SCIE will track to understand the impact of its strategy for each of the objectives.

Strategic objective / enabler	Metrics
Embed co-production and the full contribution of people with lived experience in our work, the design and delivery of care and support services and in policy and research to better meet peoples' needs	<p>Success will look like: all our people and those delivering care and support, policy makers, researchers and commissioners having an increased understanding of co-production and being more confident to design and deliver in co-production</p> <p>Key metrics:</p> <p>% of SCIE staff across all teams confident in defining coproduction and underpinning principles</p> <p>Benchmarking and annual evaluation of staff and people drawing on care and support experiences of how well SCIE is working in coproduction, showing year on year progress</p>
Drive innovation and improvement in social care to deliver better outcomes for children and adults who need care and support	<p>Success will look like: leaders in health and care working jointly and confidently to ensure best practices in care and support are adopted by commissioners and providers</p> <p>Key metrics:</p> <p>% of respondents that advise SCIE that they have changed their practice / approach due to SCIE improvement support provided</p>
Influence and support implementation and delivery of better policy to improve the lives of people accessing care and support	<p>Success will look like: a direct link between SCIE's research/evidence SCIE delivers or promotes and emerging social care policy</p> <p>Key metrics:</p> <p>Demonstrated reference or uptake of SCIE's research outputs and / or policy recommendations in government programmes or future government plans</p>

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Strategic objective / enabler	Metrics
Improve safeguarding skills, knowledge and practice to keep children and adults safe and support their social wellbeing	Success will look like: effective safeguarding processes being in place across all settings Key metrics: % of respondents that advise SCIE that they have changed their safeguarding practice / approach due to SCIE safeguarding support provided
People	Annual workforce engagement index (an average of eight statements from the engagement survey)
Systems, processes and management information	% of staff who agree that the new systems support effective working
Stable financial position and growth in revenue	Delivery of a growth budget over 2023-24 which ensures SCIE is sustainable and enables investment in delivery of the strategy Achievement (or exceeding) 2023-24 non-DHSC income targets

Delivery of the implementation plan will be monitored as part of Quarterly Business Review meetings of the SLT and Operational Leadership Team.

The implementation plan will be refreshed on an annual basis as part of the Business Plan development cycle and reported to the Board.

In addition, the metrics set out above will be reported to the Board on a quarterly basis (as part of KPI reporting) to allow the Board to monitor progress in implementing the strategy. The SLT has developed a trajectory for each metric.

A member of the SLT has been identified as a lead for each activity on the implementation plan and activities are reflected in the operational team plans within the Business Plan.

Risks to delivery of the strategy will be identified and monitored by the SLT and reflected in the risk register reviewed by the Audit and Risk Committee at least annually, in line with SCIE's agreed risk management approach.

Appendix A: Context

This appendix describes the landscape within which SCIE operates, including identifying the key environmental factors, and analyses the current position of SCIE.

OVERVIEW OF SOCIAL CARE SECTOR

Social care is a significant contributor to the economy – in 2020/21 adult social care accounted for 1.6% of England's Gross Value Added making it a bigger sector than electricity and power, water and waste management and twice as big as agriculture².

Adult social care is means tested (with different thresholds in each of the home nations), it is not free at the point of use like the NHS.

In 2020/21 2% of the adult population in England received state-funded long-term and short-term social care³.

Local authorities are responsible for assessing people's needs and, if individuals are eligible, funding their care. However, over 90% of social care services are provided by a range of private and voluntary organisations.

Just under half of expenditure on adult social care is on working-age adults, with the remainder on people aged 65 years and over. For older people the majority of spending is for those who need physical support (including access, mobility, personal care) while for working-age adults the majority is for those with learning disabilities⁴.

SCIE has undertaken a PEST analysis to understand the external environment and the political, economic, social and technological factors that influence the organisation.

POLITICAL FACTORS

General election

A new Prime Minister was appointed in October 2022 and a general election is expected in 2024. As a result there is not expected to be significant reform in this parliamentary term, but political parties will be developing and refining their policies in advance of the general election.

² <https://w5a9n3j9.rocketcdn.me/wp-content/uploads/2021/10/the-value-of-adult-social-care-in-england-final-report2.pdf>

³ <https://www.nuffieldtrust.org.uk/news-item/offer-and-eligibility-who-can-access-state-funded-adult-care-and-what-are-people-entitled-to-1>

⁴ <https://www.kingsfund.org.uk/audio-video/key-facts-figures-adult-social-care>

Social care reform

Under the devolution settlement, social care and health are devolved areas of spending. Social care reform is an area of focus for national governments across the UK.

People at the Heart of Care, the Adult Social Care Reform White Paper⁵ published in December 2021, sets out a ten year vision to transform support and care in England. The White Paper details three objectives:

1. People have choice, control, and support to live independent lives.
2. People can access outstanding quality and tailored care and support.
3. People find adult social care fair and accessible.

In April 2023 the Government published an update building on the commitments outlined in the White Paper⁶. The plan includes extra funding for local authorities, digitisation, workforce training and development and a new care qualification. The plan aims to get 80% of care services to adopt a digital social care record by March 2024. SCIE, and other organisations, noted that this plan was a considerable paring back of the White Paper.

In January 2023 the Archbishops' Commission on Reimagining Care Commission published its report **Care and Support Reimagined – a National Care Covenant for England**⁷ and called for a National Care Covenant setting out the responsibilities of everyone involved in care and support: individuals, families, communities and local and national government. The Commission identified three big ideas to realise a new vision for care and support: rethinking attitudes to care and support; rebalancing roles and responsibilities; and redesigning the social care system.

In June 2022 the Scottish government published draft legislation⁸ designed to implement a **National Care Service**. The Bill gives the Scottish Ministers the power to transfer a wide range of health and social care functions to new Care Boards. However, in April 2023 the Scottish Government postponed a vote on the Bill following concerns raised by health trade unions including the Royal College of Nursing and Unison. If the Bill receives Parliamentary approval, it is anticipated that the structural reorganisation during this period will be disruptive and that there will be changes to responsibilities and funding of local authorities.

In Wales the government consulted on the **Rebalancing Care and Support**⁹ White Paper in early 2021 and in October 2021 brought forward proposals to introduce a National Framework for care and support. The Framework will set standards for

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1037594/people-at-the-heart-of-care_asc-form-accessible.pdf

⁶ <https://www.gov.uk/government/publications/adult-social-care-system-reform-next-steps-to-put-people-at-the-heart-of-care/next-steps-to-put-people-at-the-heart-of-care#executive-summary>

⁷ <https://www.churchofengland.org/sites/default/files/2023-01/care-and-support-reimagined-a-national-care-covenant-for-england-full.pdf>

⁸ <https://www.parliament.scot/-/media/files/legislation/bills/s6-bills/national-care-service-scotland-bill/introduced/bill-as-introduced.pdf>

⁹ <https://gov.wales/sites/default/files/consultations/2021-01/consutation-document.pdf>

commissioning practice and focus on quality and outcomes. A National Office will be established within government to oversee the National Framework.

In Northern Ireland the Department of Health is considering the outcome of its **Consultation on the Reform of Adult Social Care**¹⁰ which closed in July 2022. The consultation set out the Department's proposals for implementing the recommendations of the **Power to People**¹¹ report which was published in December 2017.

Drive for integration

In all four home nations, there is a drive for integration across health and social care. To date there has been relatively limited progress, at least in part due to a succession of changing initiatives and short-term projects.

The White Paper **Joining up care for people, places and populations**¹², published in February 2022, sets out the government's proposals for health and care integration in England. The paper describes an approach to designing shared outcomes (across health and care) with a focus on person-centred care, improving population health and reducing health disparities. The paper sets out proposals for place-level governance and accountability for delivery. The paper identifies key enablers of integration (workforce, digital and data and financial pooling and alignment) and proposes greater workforce integration, building on the Adult Social Care White Paper.

The 2022 **Health and Social Care Act**¹³ introduced new legislative measures in England that aim to deliver joined-up care for people who rely on multiple different services underpinned by a 'duty to collaborate' on providers and commissioners. The Act put Integrated Care Systems (ICSs) on a statutory footing from 1 July 2022. In ICSs, Integrated Care Boards allocate the NHS budget and commission services and Integrated Care Partnerships develop and lead integrated care strategies. Some have criticised the Act for not going far enough in terms of integrating health and care commissioning, with ICSs continuing to feel health-led with a resulting focus on acute pressures as opposed to population health and the wider prevention agenda.

In April 2023 the **Hewitt Review: an independent review of integrated care systems**¹⁴ was published. The review identified six key principles to create the context in which integrated care systems can thrive and deliver: collaboration within and between systems and national bodies; a limited number of shared priorities; allowing local leaders the space and time to lead; the right support; balancing freedom with accountability; and enabling access to timely, transparent and high-quality data.

¹⁰ <https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-rasc-consultation-document.pdf>

¹¹ <https://www.health-ni.gov.uk/sites/default/files/publications/health/power-to-people-full-report.PDF>

¹² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1055687/joining-up-care-for-people-places-and-populations-web-accessible.pdf

¹³ <https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted>

¹⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf

In Scotland the legislative framework to integrate adult health and social care is set out in the **Public Bodies (Joint working) (Scotland) Act 2014**¹⁵. However, as noted above, further structural change is expected as part of the creation of a National Care Service with Integration Joint Boards likely to be replaced by Care Boards.

In Wales the response¹⁶ to the Rebalancing Care and Support White Paper set out an intention to strengthen the Regional Partnership Board arrangements in relation to governance, planning and performance, engagement, integrated service delivery and rebalancing the social care market.

Northern Ireland has had a structurally integrated system of health and social care since 1973. The Department of Health has overall responsibility for health and social care services and five health and social care trusts are responsible for the delivery of primary, secondary and community health and social care. However, a research paper published in the Journal of Health Services Research and Policy¹⁷ found that there is limited research about how well Northern Ireland's version of integrated care and commissioning 'works'.

Regulatory regime

The Health and Care Act 2022 gave the Care Quality Commission (CQC) new powers to assess care at a local authority and integrated care system level. In March 2023 the CQC published a draft version of its assessment framework¹⁸ across four overall themes (working with people, providing support, how the local authority ensures safety within the system and leadership). Within each theme the relevant I statements are identified, based on TLAP's 'Making It Real' framework.

Focus on reducing inequalities

Fair Society, Healthy Lives (The Marmot Review)¹⁹ published in February 2010 drew attention to the fact that most people in England aren't living as long as the best off in society and spend longer in ill-health. The Review proposed an evidence-based strategy to address the social determinants of health - the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.

A review of progress in addressing these health inequalities (**Health Equity in England: The Marmot Review 10 Years On**)²⁰ highlighted that people can expect to spend more of their lives in poor health, improvements to life expectancy have stalled and the health gap has grown between wealthy and deprived areas. The Review also found regional differences in life expectancy.

COVID-19 has deepened inequalities – it has impacted disproportionately on people with low or no incomes, those in deprived neighbourhoods, in overcrowded housing

¹⁵ <https://www.legislation.gov.uk/asp/2014/9/contents/enacted>

¹⁶ <https://gov.wales/written-statement-rebalancing-care-and-support-white-paper-next-steps>

¹⁷ <https://pureadmin.qub.ac.uk/ws/portalfiles/portal/140633678/Integration.pdf>

¹⁸ <https://www.cqc.org.uk/guidance-providers/local-authorities/assessment-framework-local-authority-assurance>

¹⁹ <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

²⁰ <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf>

and from black and ethnic minority groups.²¹ The Voluntary Organisations Disability Group (VODG) commissioned a report on COVID-19, ableism and racism²² to gather evidence of the impact of COVID-19 on disabled Black, Asian and minority ethnic people in England, look for evidence of systemic racism that worsened outcomes for disabled Black, Asian and minority ethnic people and highlight injustice and propose ideas for sustainable change in social care. The report made 18 recommendations and advocated for inclusive participatory approaches, listening to people with lived experience.

The purpose of ICSs²³ includes tackling inequalities in outcomes, experience and access, alongside improving outcomes in population health and healthcare, enhancing productivity and value for money and helping the NHS support broader social and economic development.

The White Paper **Levelling Up the United Kingdom**²⁴, published in February 2022, sets out the next stages in the programme to level up the UK. The UK has larger geographical differences than many other developed countries on multiple measures, including productivity, pay, educational attainment and health. The White Paper notes that if underperforming places were levelled up towards the UK average, this could boost aggregate UK gross domestic product by tens of billions of pounds each year. The paper sets 12 medium-term missions across the themes of private sector growth, public sector improvement, community restoration and empowerment of local leaders and communities. The White Paper states that by 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years.

Use of technology, digital and data are central to government policies

DHSC's policy paper **The future of healthcare: our vision for digital, data and technology in health and care**²⁵, published in October 2018, set out the government's vision for the use of technology, digital and data within health and care in England, to meet the needs of users. The paper identified four priority areas: infrastructure, digital services, innovation and skills and culture.

In June 2022 the DHSC published **A plan for digital health and social care**²⁶ to lay the foundations of a brighter digital future by 2025 and beyond. The plan consolidated different national digital goals and investments detailed in separate sector strategies and guidance into a single action plan for achieving these goals.

²¹ <https://jech.bmj.com/content/74/11/964>

²² <https://www.vodg.org.uk/resource/a-spotlight-on-injustice-the-final-report-from-the-commission-on-covid-19-ableism-and-racism.html>

²³ <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/#:~:text=What%20is%20the%20purpose%20of,in%20outcomes%2C%20experience%20and%20access>

²⁴

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1052708/Levelling_up_the_UK_white_paper.pdf

²⁵ <https://www.gov.uk/government/publications/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care>

²⁶ <https://www.gov.uk/government/publications/a-plan-for-digital-health-and-social-care/a-plan-for-digital-health-and-social-care#section-2-our-vision-for-a-digital-future>

In October 2021 the Scottish government refreshed its **Digital Health and Care Strategy**²⁷ setting out its vision “to improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services”. The strategy recognised that the pandemic had accelerated the pace of digital transformation and identified six priority areas: digital access, digital services, digital foundations, digital skills and leadership, digital futures and data-driven services and insight.

ECONOMIC FACTORS

Workforce pressures

Social care employs approximately 1.5 million people in England, mostly employed by 17,700 separate private or voluntary sector organisations.

In October 2022 Skills for Care published its report **The state of the adult social care sector and workforce in England**²⁸. The report found that the sector is experiencing recruitment and retention difficulties. Filled posts have decreased by 3% since 2020/21. Vacancy rates have continued to rise and reached 10.7% by March 2022.

The fastest growing role in social care is personal assistants (PAs). There are now over 135,000 PAs. Most are drawn from personal networks of family and friends who would not necessarily have considered working in social care.

Social care has been defined as a low-pay industry by the Low Pay Commission (LPC) every year since its first report in 1998. The National Living Wage has helped to drive up pay levels but has become a cost pressure and has narrowed the differentials with more senior roles. It has also narrowed the gap between social care and other low-paid jobs.

Turnover rates have been rising steadily with an overall rate of around 28%. Although most leavers find another job in the sector, this impacts continuity of care.

Brexit has reduced the ability for social care providers to recruit care workers from abroad.

Despite these challenges, there hasn't been a long term plan for social care workforce since 2009.

Workforce pressures are having a significant impact on waiting times and delivery of care. By November 2022, 400,000 people were waiting for their care needs to be assessed and for care to be provided. 1 million hours of home care could not be provided between April and June 2022, primarily because of insufficient staff.

Social care budget pressures

²⁷ <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/10/scotlands-digital-health-care-strategy/documents/enabling-connecting-empowering-care-digital-age/enabling-connecting-empowering-care-digital-age/govscot%3Adocument/enabling-connecting-empowering-care-digital-age.pdf?forceDownload=true>

²⁸ <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2022.pdf>

The UK is experiencing significant economic pressures, impacting on social care budgets.

The Institute for Fiscal Studies estimates that 40% of the extra money the government was planning to put into public services, including the NHS and social care, will be wiped out by higher inflation.

The Health and Social Care Levy which was due to start in 2023 was abandoned.

There is no long term funding settlement for social care, which would allow councils to develop a medium-term strategy, and this has been a major obstacle to social care reform.

It is also uncertain whether or not the financial envelope allocated to the National Care Service in Scotland is sufficient to both implement changes and keep pace with demand. Much will depend on the co-design with people and carers and secondary legislation development over the coming years.

Cost of living crisis

The cost of living crisis, driven by rising inflation and interest rates and energy prices, has also impacted on public finances and the costs of providers of social care services.

Unprecedented pressure on health services

Analysis by the Nuffield Trust²⁹ found that the total waiting list for elective care has soared from 4.6 million in February 2020 to 6.7 million in May 2022 and is growing at a significantly faster rate than before the COVID-19 pandemic. One factor driving the faster increase in the waiting list is that elective care activity has generally been below pre-pandemic levels, although the volumes of care delivered are increasing towards where they were before the pandemic. NHS England anticipates that the waiting list will only start to decline around March 2024.

A&E performance (waiting times in A&E departments as measured by the four-hour target for patients to be admitted, transferred or discharged) has been declining at a significantly faster rate than before the pandemic. In June 2022, only 72% of total attendances met the four-hour target, and for attendances at major (type 1) departments this was lower at 59%.

Urgent and emergency care pressures are intrinsically linked to recovery of elective care - in order to ensure capacity is available to undertake planned care, hospitals need to have enough capacity to admit emergency patients and free up beds by discharging people quickly and safely when they are ready to leave.

Since the onset of COVID-19, ambulance response times for emergency incidents (Category 2) have worsened significantly. In March 2022, the mean response time was over one hour (against an 18-minute mean response time target), and one in 10 patients waited over two hours and a quarter for an ambulance.

In February 2023 Reform published **The A&E crisis: what's really driving poor performance?**³⁰ which noted that many discharges continue to be within the NHS's

²⁹ <https://www.nuffieldtrust.org.uk/resource/how-much-is-covid-19-to-blame-for-growing-nhs-waiting-times>

³⁰ <https://reform.uk/wp-content/uploads/2023/02/Briefing-Paper-AE-crisis-FINAL-4.pdf>

control to fix, in contrast to the common narrative that long-stays are the result of the crisis in social care.

Developments in the housing sector

In November 2021 SCIE published **A place we can call home: A vision and a roadmap for providing more options for housing with care and support for older people**³¹. This report for commissioners and managers in health and social care developed a vision and roadmap for providing more options for housing with care and support. The report highlighted that to realise the vision there needs to be an overhaul in housing with care and support is planned, commissioned, designed and delivered.

In May 2023 the **Older People's Housing Taskforce**³² was launched with the aim of looking at options for the provision of greater choice, quality and security of housing for older people. SCIE's Chief Executive is a member of the Taskforce.

Housing for older people will be influenced by new investors in the private retirement living sector and housing associations. **Savills Healthcare and Senior Living Q1 2022**³³ report found that in 2013 the total number of seniors housing (independent living, assisted living and dementia care) units passed the number of nursing home units. The former has then continued to accelerate, whereas the latter has seen little growth over the past two decades. Now, the UK market is starting to see a boom in the delivery of integrated retirement communities (the senior living offering which sits between retirement housing, often referred to previously as 'sheltered housing', and care homes). The number of integrated retirement communities in the UK as a proportion of over 65s, is far below that of other western countries meaning that the UK has considerable scope for growth. The opportunity will grow further as the UK's population continues to age.

In the 18 months since the onset of COVID-19, the amount of investment committed to the UK senior living sector totalled £4.6 billion. The vast majority of this was committed to the integrated retirement community sub-sector. The profile of investors is varied and includes UK pension funds such as Legal & General, Royal London and NatWest Group Pension Fund, banks like Goldman Sachs, investment managers such as Fore, Nuveen and Blackrock, family offices such as Capreon, and private equity cash from the likes of Lonestar and The Carlyle Group.

SOCIAL FACTORS

Ageing population

The UK's ageing population and the increasing prevalence of chronic diseases pose major challenges to health and social care.

The England and Wales 2021 Census revealed an increasingly ageing population with nearly one in five (18.6% - an estimated 11.1 million people) aged 65 years and over in 2021. The Projecting Older People Population Information System uses figures taken from the Office for National Statistics to project forward the population

³¹ <https://www.scie.org.uk/housing/role-of-housing/place-we-can-call-home>

³² <https://www.gov.uk/government/groups/older-peoples-housing-taskforce>

³³ <https://pdf.euro.savills.co.uk/uk/spotlight-on/uk-senior-living---the-inflection-point.pdf>

aged 65 and over from 2020 to 2035. The population aged 65 and over was projected to increase between 2020 and 2035 from 10.5 million to 13.8 million people in England, an increase of around 32%.

Across Europe 30-40% of the population is affected by one of more chronic diseases, and the cost of these chronic diseases represents the vast majority of total healthcare expenditure.

Chronic diseases reduce the quality of life for many years before death results. The three types of chronic diseases that have the greatest impact (based on number of people affected) across Europe are:

- cardiovascular diseases (more than 94 million people in Europe in 2019)
- diabetes (61 million)
- chronic respiratory diseases, including asthma (more than 41 million) and COPD (40 million)

There is also an increasing prevalence in neurological diseases, most notably dementia. Alzheimer's Research UK³⁴ estimates that 944,000 people are living with dementia in the UK and that more than one million people will have dementia by 2030 (and more than 1.6 million by 2050).

Demand for services

Care and support services are experiencing increases in demand in terms of both volume and complexity. As a result, care is being delivered to fewer people and Age UK estimates that around 1.4 million older people are not getting the support they need.

In addition, local authorities have seen an increase in reported safeguarding concerns - there were an estimated 541,535 concerns of abuse raised during 2021/22, an increase of 9% on the previous year, which is slightly above the average annual growth rate per year for the previous four years (8% per year on average between 2016/17 and 2020/21)³⁵.

Unpaid carers

In May 2023 Carers UK and Centre for Care at the University of Sheffield published a new report on the economic value of the support provided by unpaid carers (**Valuing Carers 2021**)³⁶. This research found that the economic value of the contributions made by carers in England and Wales was £162 billion a year, 29% more in real terms than 2011, and roughly equivalent to the budget for NHS health service spending.

Growth in self-funders

The Homecare Association's **Market Overview 2021**³⁷ found that there is a blossoming self-funded homecare market, although the size of this varies across the four UK nations. This market is expected to grow, both in terms of an increasing population of older and disabled people and as a proportion of services delivered.

³⁴ <https://www.dementiastatistics.org/statistics-about-dementia/prevalence-2/>

³⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2021-22>

³⁶ <https://www.carersuk.org/media/2d51e03c/valuing-carers-report.pdf>

³⁷ <https://www.homecareassociation.org.uk/resource/market-overview-2021.html>

Drivers include greater awareness of homecare as an attractive alternative to residential care and changes in eligibility criteria for state-funded care.

In July 2022 the ONS published preliminary estimates of the number of people in England who self-fund the care they receive within their own homes³⁸. Using data from CQC Provider Information Returns, ONS estimated that between 2021 and 2022 there were 314,839 community care service users in England, of which 25.8% self-funded their care. However, the ONS advised that they expect these to be underestimates as the ONS definition of community care services only includes regulated domiciliary care services, extra care housing services and supported living services.

The National Audit Office estimate 814,000 adults received home care or supported living services across the health and care sectors as of March 2020, this includes both regulated and unregulated care providers.

In addition to the growth in self-funded care in people's own homes, the *Joining up care for people, places and populations* White Paper confirmed the government's commitment to personal health budgets, personal budgets and integrated personal budgets. These budgets enable local authorities to make direct payments to individuals with eligible care and support needs. Individuals can then use the payment to meet their needs in whatever way they feel is best and thus behave like a private payer, albeit within a financial envelope determined by the local authority.

TECHNOLOGICAL FACTORS

Digital tools increasing in prominence

The COVID-19 pandemic has significantly increased interest in digital communications and the use of technology, with four out of five people agreeing that technology has been a vital support during the pandemic³⁹.

EY⁴⁰ found that 36% of consumers used video-calling for the first time since the COVID-19 pandemic. Digital activities like online shopping, accessing online health services and watching catch-up TV were all adopted by more than one in 10 consumers since the UK entered lockdown. (EY, 2020)

The COVID-19 pandemic also accelerated the adoption of technology enabled care across health, housing and social care. The Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) commissioned the Institute of Public Care at Oxford Brookes University to work with councils in capturing examples of social care digital innovation across local government in the **Digital innovation in adult social care: how we've been supporting communities during COVID-19**⁴¹ report.

³⁸ <https://blog.ons.gov.uk/2022/07/07/who-is-paying-for-their-own-community-care/>

³⁹ <https://ageing-better.org.uk/sites/default/files/2020-08/bridging-digital-divide-infographics.pdf>

⁴⁰ https://www.ey.com/en_uk/tmt/top-10-challenges-and-opportunities-for-covid-19-impacted-digital-home

⁴¹ <https://www.local.gov.uk/publications/digital-innovation-adult-social-care-how-weve-been-supporting-communities-during-covid>

However, there is regional variation (across and within home nations) in terms of adoption of technology enabled care and its integration into health, care and housing services. In addition, where services are delivered digitally, care workers are not able to make broader observations about the home environment as easily.

In March 2021 ADASS and TSA published **How can technology be truly integrated into adult social care?**⁴² which made the following overarching recommendations:

1. Technology enabled services need to be proactive and co-produced with people, their families and carers.
2. Digital infrastructure, skills and approaches in social care must improve so individuals and the care workforce can maximise digital opportunities.
3. People must own and control their health and social care data and enable access by the right people at the right time.
4. More collaboration is needed in care and support across all levels so services and policies are joined-up and contribute to the wider wellbeing of people, their families and carers.

Digital inclusion

Despite increases in adoption of digital technology, digital inclusion remains a significant issue. The government response is fragmented and primarily focused on infrastructure (e.g. broadband access) as opposed to, for example, digital skills.

Artificial intelligence

There is growing interest in new types of solutions that can improve efficiency and be predictive in nature such as artificial intelligence (AI). The NHSX website states that the NHSX AI Lab has held conversations with technology companies and care providers across the country, which showed that - in general - social care is behind health on the development and adoption of AI. NHSX has compiled a collection of case studies⁴³ of uses of AI that are being explored in social care to boost awareness about what is possible and what is already happening. The vast majority of projects are at pilot stage and the solutions are not yet proven or scalable, but they do showcase the possibilities of what can be done.

INTERNAL CONTEXT

SCIE has an SLT comprising the Chief Executive, Director of Transformation and Improvement, Director of Business and Commercial Development, Director of Finance and Corporate Resources, Director of People and Culture, Director of TLAP and Director of Policy, Research and Information.

As at July 2023, SCIE's staff team comprises 44 employees (with two vacancies to be filled in August) across nine teams. SCIE also uses associates to provide specific expertise.

Current strategy

⁴² <https://www.tsa-voice.org.uk/adass-tsa-comm/>

⁴³ <https://transform.england.nhs.uk/ai-lab/explore-all-resources/understand-ai/ai-adult-social-care/>

SCIE's current strategy has been in place since summer 2020. The current strategy was developed in the midst of the pandemic and consequently less engagement was possible than in the development of this strategy.

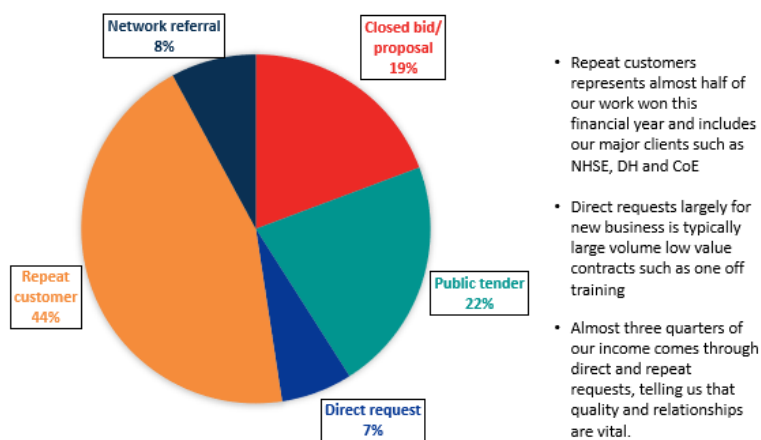
In the current strategy, SCIE established five key principles (co-production, innovation, evidence and practice informed, partnership work and a sustainable and secure SCIE) and identified three strategic objectives:

- Driving improvements in social care locally;
- Influencing better policy and practice nationally; and
- Supporting better safeguarding everywhere.

Through stakeholder interviews and staff and Board workshops the following strengths and weaknesses have been identified, although in some instances these are perceived rather than reflecting the actual position of SCIE. This is not intended to be exhaustive but summarises the key themes from the interviews and workshops.

Current position of SCIE - key strengths

- SCIE is **well-regarded and credible**. This is evident through the majority of its income being derived from repeat customers as set out in the Business Development Plan dated March 2023.



- SCIE has **practical knowledge about what good looks like** which allows it to support implementation of best practice. Strengths-based practice⁴⁴ and leadership are seen as areas of particular strength and expertise. SCIE's experienced staff, coupled with an associate model, allows it to access the breadth and depth of up-to-date skills and knowledge required to maintain its reputation as an industry expert.
- In recent interviews undertaken by SCIE to understand its impact, SCIE found that clients felt SCIE offered a **bespoke consultancy approach** that adapted

⁴⁴ Strengths-based practice looks to build up people's strengths. These approaches often involve drawing on 'community capacity' in the form of friends, neighbours, voluntary and community groups.

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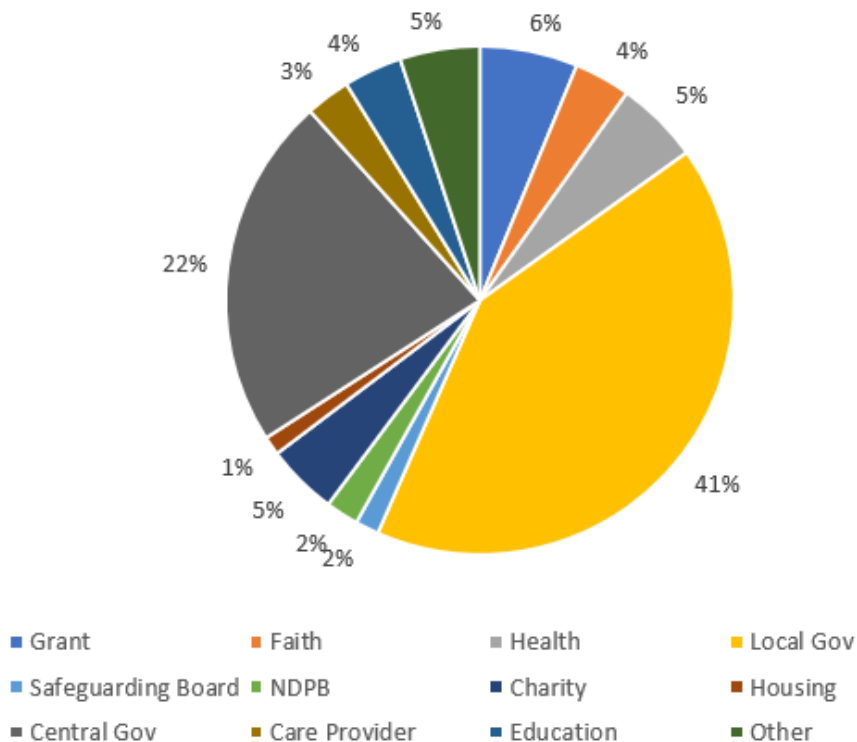
to their organisational needs and situation, whereas other consultancies provided a less tailored, “lift and shift” approach.

- SCIE’s **co-production approach** was seen as a strength in valuing and promoting the voice of people with lived experience. However, a number of interviewees were not aware that TLAP was hosted by SCIE and it was also noted that only a minority of SCIE projects use a co-production approach, with further work required to develop the approach and promote as an integral part of SCIE’s offer.
- SCIE is recognised for its **safeguarding** work (audits, reviews and training) and its evidence-based methodology and is seen as credible. Clients value SCIE’s collaborative and reflective approach, supporting organisations to become learning organisations. Local authority social services have a statutory duty to safeguard and promote the welfare of children and adults at risk and safeguarding is the most common reason people visit SCIE’s website. There is an opportunity for SCIE to develop its safeguarding improvement offer.
- SCIE has a **track record of partnership and collaboration**. SCIE’s work in leading the Commission on the Role of Housing in the Future of Care and Support, on charging reform with PA Consulting and as a partner in Making Safeguarding Personal was specifically referenced by interviewees.
- SCIE is seen as a **trusted source of information** by some stakeholders. Some saw SCIE as a ‘go to’ and made use of the website and bulletins for practical, professional guidance and evidence on excellence in social care. However other stakeholders noted that sector information is fragmented and the information provided by SCIE is not as comprehensive as it was historically.

Current position of SCIE - key weaknesses

- SCIE has relatively limited **reach across the sector**. The chart below shows that SCIE predominantly works with the local and central government sectors.

Non-DHSC income by organisation type 2022/23



Within the local authority sector SCIE works with a small group of organisations (and as noted above, due to SCIE's success in winning repeat business, these are unlikely to vary significantly year on year) – the Business Development Plan stated that SCIE had directly contracted with 31 of 152 (20%) of local authorities (excluding district councils) to provide improvement or safeguarding support in the financial year.

SCIE does limited work with care providers. However, the Business Development Plan noted that it may be difficult to enter care providers market due to the restricted budgets of the SME providers and the trend for large providers to deliver quality and change programmes in-house.

- Many interviewees felt they didn't know enough about what SCIE does suggesting there is **limited awareness of SCIE's offer** and a need for SCIE to promote the support it can provide and the value it can add. This is consistent with the Business Development Plan which found that colleagues thought SCIE was not good at being able to articulate its purpose and charity brand proposition and understanding its impact (as well as having a strong focus and being proactive). The Business Development Plan also reviewed feedback from unsuccessful applications and identified the following areas to strengthen in future bids: show SCIE brand clarity and ambition/current perceived statutory focus and demonstrate impact and value more clearly (via impact and outcomes measurement).
- Some stakeholders noted that **other consultancies are seen as being more effective and credible in delivering financially focused / business model projects.**

Confidential to SCIE

- Staff felt that SCIE's **operational management** could be improved. As part of the Business Development Plan colleagues identified that SCIE was not good at operational management, from managing expenditure rigorously, to project management and having strong underpinning policies and approaches.
- The staff delivery team is relatively small and at times is **capacity constrained**. As a result there is a need to focus on specific priorities to ensure the organisation and its resources are not spread too thinly.
- **Systems and management information** could be improved and there are plans to invest in systems in 2023/24.
- The **website** has 7,500 pages which are not all up-to-date and it can be hard to find information on the website. There are plans to redesign the website in 2023/24.
- SCIE has less of a foothold in **children's services**, although historically SCIE was known for its safeguarding serious case review training and methodology. This market is seen as crowded and competitive, however a number of SCIE's competitors focus solely on children and therefore a USP for SCIE is its ability to provide support across children and adults.

Appendix B: Interviewees

This appendix lists the stakeholders interviewed as part of the development of this strategy.

People with lived experience of care and support (members of SCIE's Co-production Steering Group)

Christina Bankes, Deputy Director Adult Social Care, Assurance and Support, DHSC

Simon Bottery, Senior Fellow Social Care, The King's Fund

Dr Adi Cooper, Independent Chair of two Safeguarding Adults Boards

Steve Crocker, Head of Children's Services, Hampshire County Council

Martin Green, Chief Executive, Care England

Dez Holmes, Director, Research in Practice

Annie Hudson, Chair of the Child Safeguarding Practice Review Panel

Richard Humphries, SCIE Associate and Senior Policy Advisor at The King's Fund

Clare Morgan, Director of Implementation and Partnerships, NICE

Vicki Pattinson, Director of Adult Social Services and Commissioning, South Tyneside Council

Professor Vic Rayner, Chief Executive, National Care Forum

Lyn Romero, Chief Social Worker for Adults, DHSC

Steve Scales, Director of Membership and Sector Development

Oonagh Smyth, Chief Executive, Skills for Care

Helen Sunderland, UK&I Consulting Partner, EY

Kate Terroni, Chief Inspector of Adult Social Care and Integrated Care, CQC

Cathie Williams, Chief Executive, ADASS

Simon Williams, Director of Social Care Improvement, LGA

David Worlock, Deputy Director (Development) National Safeguarding Team, Church of England

Appendix C: Implementation Plan

This implementation plan captures the key activities and projects to deliver SCIE's strategic objectives as described in this strategy. It is not intended to capture all of the activities of SCIE.

Some of these activities will impact upon more than one priority but to avoid duplication each activity has been captured under only one priority.

All Year 1 activities are reflected in SCIE's 2023/24 Business Plan (which also includes operational activities of each team).

Strategic objective	Activity	Date	SLT lead
<i>Embed co-production and the voice of people with lived experience in the design and delivery of care and support services and in policy and research to better meet peoples' needs</i>	Co-produce (with SCIE Steering Group) a vision and strategy for co-production in SCIE and co-production evaluation tool	Year 1	IM
	Evidence impact of co-production and understand market needs and competitor	Years 1 and 2	IM
	Refine SCIE's co-production practice and existing offers	Year 1	IM
	Implement SCIE co-production strategy to support delivery of vision for co-production	Year 2	IM
	Develop and deliver a credible co-production offer to support the sector	Years 2 and 3	IM
<i>Drive innovation and improvement in social care to deliver better outcomes for children and adults who need care and support</i>	Build capacity and capability to deliver larger contracts in a client-focussed way and commence development of new support offer for ICS, adult social care and providers in relation to CQC assurance regime and a specific children's offer	Year 1	GCM
	Test and implement new offers within a more client-focussed framework	Year 2	GCM
	Seek opportunities to be improvement partner for national programmes	Year 3	GCM
<i>Influence and support implementation and delivery of better policy to improve the lives of people accessing care and support</i>	Develop an influencing plan setting out how SCIE will be a partner and critical friend to government (and any future government) to drive policy that is evidence-based and reflects best practice	Year 1	DR
	Implement influencing plan, utilising insights from SCIE's improvement, safeguarding and co-production work (including overview reports of SCIE learnings to disseminate) to build SCIE's reputation and brand	Year 2	DR
	Deliver projects based on SCIE's thought leadership in innovation and improvement	Year 3	DR

Strategic objective	Activity	Date	SLT lead
<i>Improve safeguarding skills, knowledge and practice to keep children and adults safe and support their social wellbeing</i>	Review and streamline safeguarding offers to be client-focussed, more impactful and income-generating and commence development of safeguarding improvement offer and new framework and tools for safeguarding audits to multi-academy trusts and/or choir schools	Year 1	GCM
	Test and implement new offers within a more client-focussed framework and assess viability of developing a safeguarding offer for other sectors e.g. sport and fitness, education	Year 2	GCM
	Seek opportunities to be safeguarding partner for national programmes	Year 3	GCM
Enabler - people	Finalise and commence implementation of People Plan, including developing an inclusive culture, establishing a succession planning framework and embedding an Operational Leadership Team	Year 1	CM
	Develop SCIE's employer brand to attract the right people with the right skills at the right time to deliver strategy	Year 2	CM
Enabler – systems, processes and management information	Implement new systems (project management, Financialforce and Breathe HR) and bring all finance functions fully-in house	Year 1	JK
	Embed and ensure comprehensive adoption of new systems	Year 2	JK
Enabler – communications, engagement and marketing	Launch new website and review and refresh as appropriate SCIE's name and brand	Year 1	JK / CD
	Implement marketing plan and continue to improve website	Year 2-3	CD
Enabler – stable financial position and growth in revenue	Implement business development plan to grow and diversify income	Year 1-3	CD

Glossary

ADASS	Association of Directors of Adult Social Services
AI	Artificial intelligence
A&E	Accident and emergency
CQC	Care Quality Commission
DHSC	Department of Health and Social Care
EY	Ernst & Young LLP
HLE	Healthy life expectancy
ICB	Integrated Care Board
ICS	Integrated Care System
KPI	Key performance indicator
LGA	Local Government Association
LPC	Low Pay Commission
NCAG	National Co-production Advisory Group
NICE	National Institute for Health and Care Excellence
ONS	Office for National Statistics
PA	Personal assistant
SCIE	Social Care Institute of Excellence
SLT	Senior Leadership Team
TLAP	Think Local Act Personal
USP	Unique selling proposition