

FROM NEW
NORMAL TO NEW
FUTURE

WELCOME

#CareTalkConf

#GetSocialCareDone



www.caretalk.co.uk

Rt Hon Paul Burstow

Chair, Social Care
Institute for
Excellence



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AGENDA



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08.30 – 9.15

Registration, Coffee and Exhibition

09.15 – 09.25

Welcome from Chair, **Rt Hon Paul Burstow**, Chair, Social Care Institute for Excellence

09.25 – 09.45

Keynote speaker: **Ian Trenholm, CEO, CQC**, The Future of Regulation

09.45 – 10.05

Sally Warren, Director of Policy, The Kings Fund
Funding reform for social care

10.05 – 10.25

Matthew Winn, Director of Community Health at NHS England
Has Covid finally bought Health and Social Care together?

10.25 – 11.00

PANEL: The future of health and social care
Chair: Vic Rayner OBE, CEO, National Care Forum

Deborah Alsina MBE, CEO, Independent Age

Clenton Farqharson MBE, Chair, TLAP

Oonagh Smyth, CEO, Skills for Care

Andrea Sutcliffe CBE, CEO, Nursing & Midwifery Council

Dr Jane Townson, CEO, Homecare Association

11.05 – 11.40

Coffee / Exhibition

AGENDA



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11.40 – 12.00

Sir David Behan CBE, Chair of Health Education England
Professionalisation of the workforce

12.00 – 12.25

Mark Adams, CEO, Community Integrated Care
Life on the frontline

12.25 – 13.00

PANEL: Innovations and new models of care

Chair: Nadra Ahmed OBE, Chair, National Care Association

Jim Blair, Independent Consultant Nurse Learning Disability

Bruce Moore, CEO, Housing 21

Dr Glen Mason, Chief Executive, IHL UK

Lloyd Page, Programmes Team Volunteer at Mencap

Karen Rogers, Owner, Herefordshire Care Homes

13.00 – 14.00

Lunch / Exhibition

AGENDA

After Lunch....

14.05 – 14.25

Prof Deborah Sturdy, Chief Nurse for Adult Social Care
Raising the profile of nursing in social care

14.25 – 14.45

Prof Martin Green, CEO, Care England,
A new vision for social care

14.45 – 15.05

Professor Dame Donna Kinnair DBE, former Chief Executive
and General Secretary of the Royal College of Nursing
Recognising the value of diversity in social care

15.05 – 16.05

Panellists Question Time
A National Conversation in Social Care

Chair: David Brindle, Social Care Commentator

Baroness Rosalind Altmann, CBE

Roger Booker, CEO Care Sante

Karoline Gerlich, CEO, Care Workers Charity

Liz Kendall MP, Shadow Minister for Social Care.

Anna Severwright, Co-convenor, Social Care Future.



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16.10

Chair's closing remarks

Rt Hon Paul Burstow

Chair, Social Care
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Paul Burstow

Chair

Social Care Institute for Excellence

20

Celebrating 20
years of SCIE

2001-2021



Role of housing in the future of care and support



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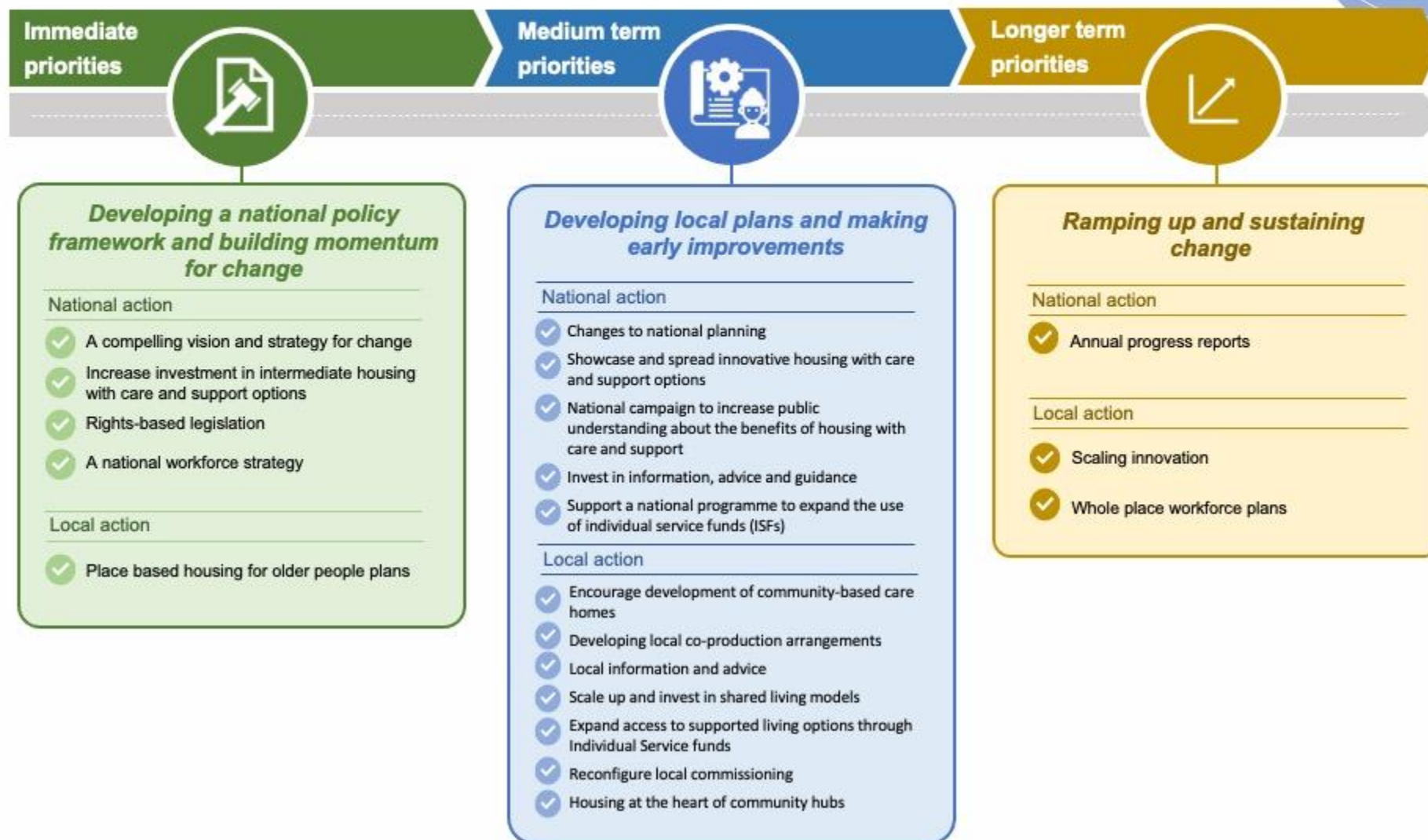
Coming on 15 November: First report by the Commission on the Role of Housing in the Future of Care and Support: An overhaul is needed on how housing with care and support is planned, commissioned, designed and delivered. This will require concerted action nationally and locally, with a ten-year strategy for housing with care and support.

Aims of the Commission

- **Co-produce with the sector and people with lived experience** and their families/carers, a compelling, evidence-based, long-term vision for housing that facilitates care and support
- **Recommend policy changes** to inform the Government's thinking on the Long-Term Plan for Social Care
- **Develop a roadmap** to support the implementation of the vision for residential care, including viable financial models



A 10 year roadmap for change





social care
institute for excellence



Celebrating 20
years of SCIE

2001-2021

Contact SCIE

info@scie.org.uk

For webinars and more:
Sign up for the SCIELine newsletter
<https://www.scie.org.uk/myscie/register>

scie line

Ian Trenholm

CEO, CQC, The Future
Regulation



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The Future of Regulation



Ian Trenholm, Chief Executive
Care Talk & SCIE Conference
10th November 2021

Our role and purpose

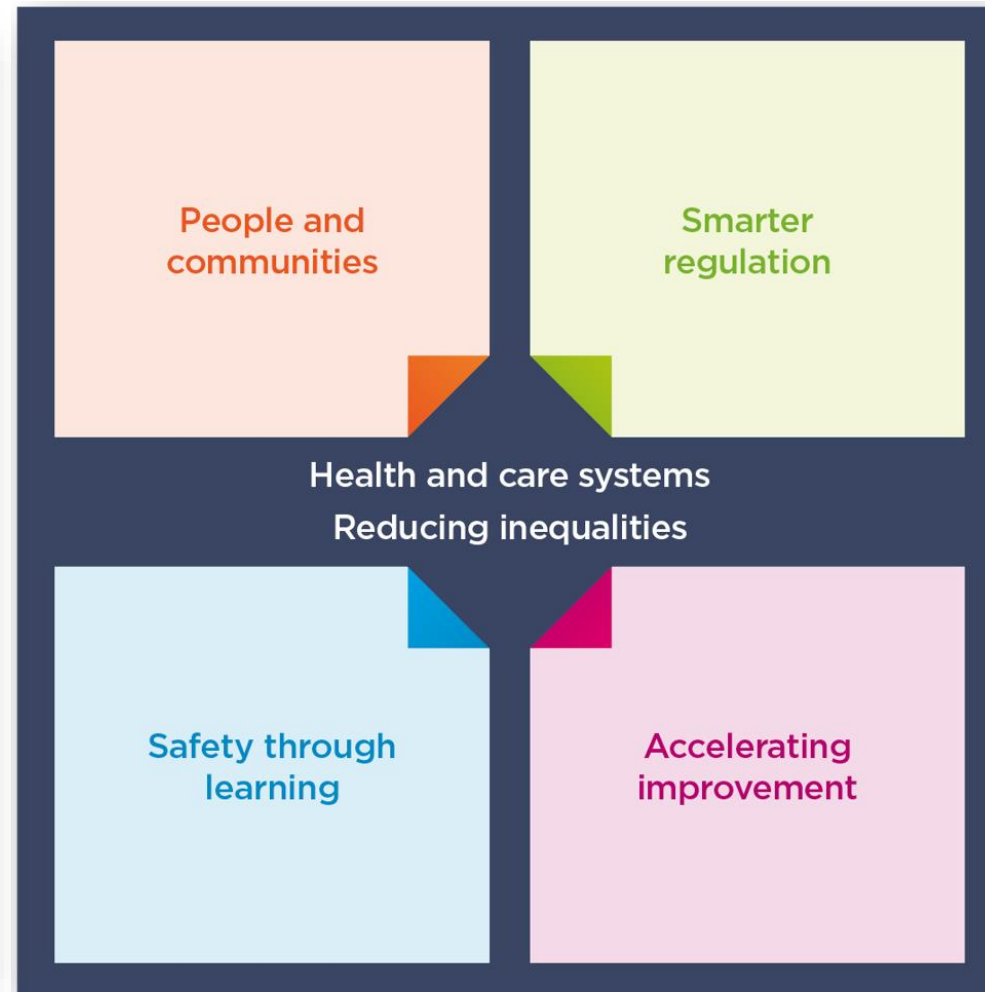


The Care Quality Commission is the independent regulator of health and adult social care in England

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



Our new strategy



Update on CQC's regulatory approach



- Regulating in a more dynamic and flexible way
- Continue to have on-site inspection
- Inspect quality and risk proportionately.
- Making it easier for the public and service providers to work with us

How CQC defines quality – the five key questions

Are services...



Safe?



Effective?



Caring?



Responsive?



Well-led?

Single Quality Assessment Framework

We aim to design a framework which could assess providers, local authorities and integrated care systems with a consistent set of key themes

Aligned with “I” statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as “We” statements; the standards against which we hold providers, LAs and ICSs to account

People’s experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data/metrics and material specific to the scope of assessment, delivery model or population group



Bringing the Key Questions to life with TLAP's 'I/We' statements



Safe

- ✓ I feel safe and am supported to understand and manage any risks.
- ✓ I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening
- ✓ If my medication has to change, I know why and am involved in the decision

Effective

- ✓ I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- ✓ I have care and support that is coordinated, and everyone works well together and with me .
- ✓ I have considerate support delivered by competent people

Caring

- ✓ I am treated with respect and dignity.
- ✓ I am supported by people who listen carefully so they know what matters to me and how to support me to live the life I want
- ✓ I have people in my life who care about me – family, friends and people in my community.

Responsive

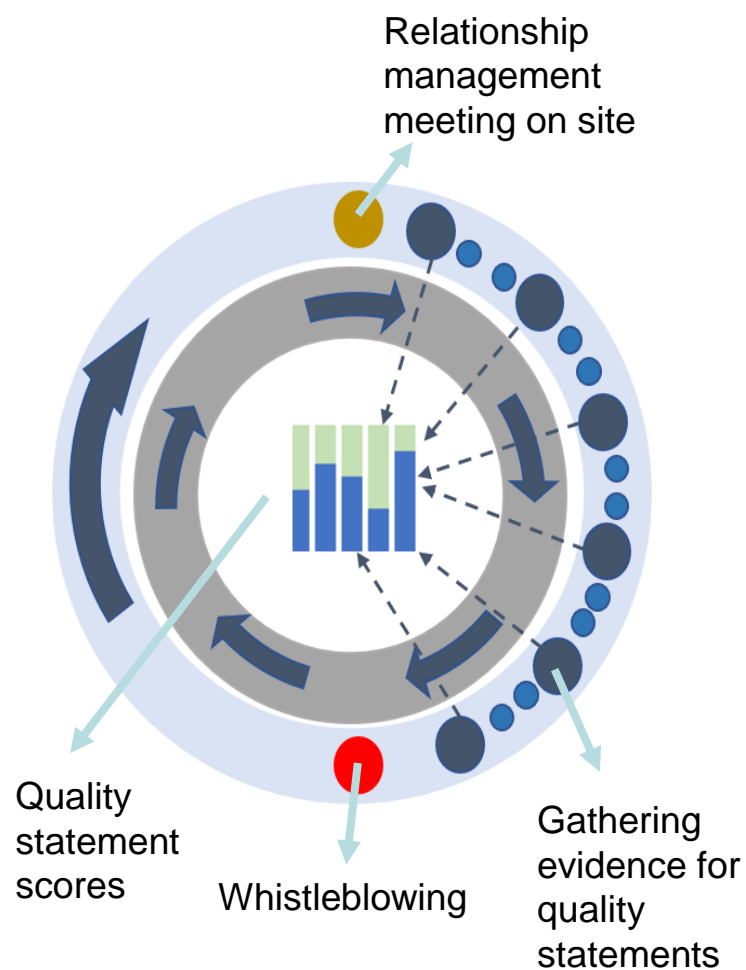
- ✓ I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
- ✓ I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
- ✓ I feel welcome and safe in my local community and can join in community life and activities that are important to me.

Well led

People who use health and care services didn't say anything about expectations of leadership in the development of MiR.

Well led is an enabler for the results of the other Key Questions.

Example: Continuous cycle of evidence

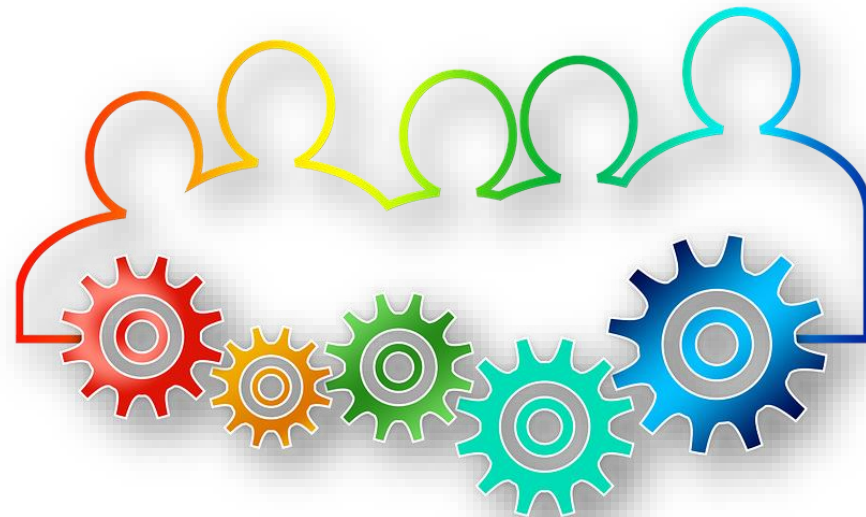


- There will be a **timeline of interactions**
- Decisions and prioritisation informed by **evidence and insight profiles**
- Profiles highlight services or quality statements which are **priority**
- The **provider portal** is a mechanism for continuous evidence collection
- **Site visits** focus on **observation of care** and speaking to **people using services**
- Where **thresholds are reached** we approve changes and prepare outputs

Some early thinking on our role in systems regulation

We welcome the formal establishment of Integrated Care Systems

- Developing ICS oversight approach in parallel with our work on LA assurance.
- Co-produced with providers and stakeholders
- Focus on improved outcomes for people who draw on health and social care
- Aim to minimise duplication with provider regulation



Thank you and questions?



Ian Trenholm
Chief Executive

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 [@CQCProf](https://twitter.com/CQCProf)

 youtube.com/user/cqcdigitalcomms

 facebook.com/CareQualityCommission



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Sally Warren

Director of Policy, The
Kings Fund



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Social Care Funding Reform

Sally Warren

Director of Policy, The King's Fund

10 November 2021

Content

- What has been announced
- Why a capped cost model?
- The risks and implementation challenges
- There is more to social care reform than funding reform

The Government Announcement

Announced as part of *Build Back Better: Our Plan for health and social care*

1. Extension to the means test:
 - Lower capital limit to £20,000
 - Upper capital limit to £100,000
2. A lifetime cap on care cost of £86,000
3. Paid for by a new Health and Care Levy (extension to NICs)

Why a capped cost model

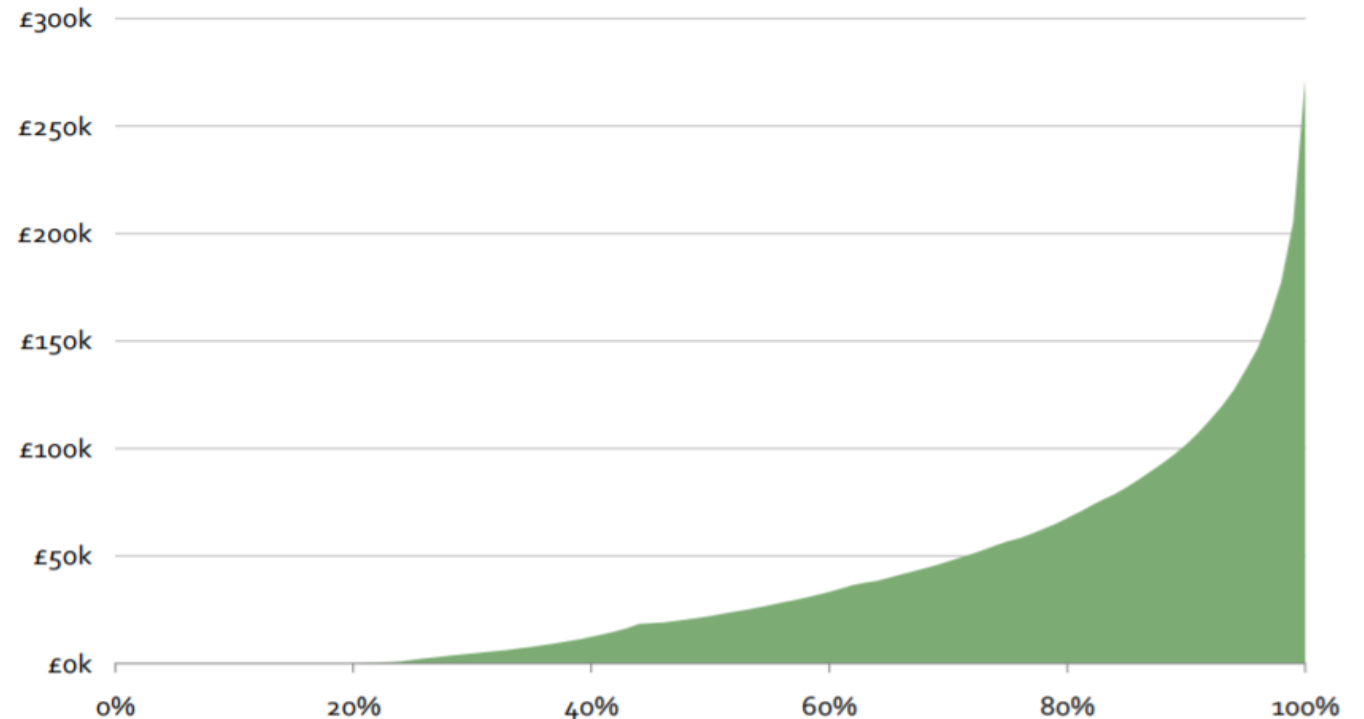
Conclusions and recommendations of the Commission on Funding of Care and Support

A reminder of the initial reasoning for a capped cost model.

Please note, analysis comes from the Dilnot Commission 2011, and from Coalition Government documents 2012/14 as very little detail has been shared by current government on their plans (6 pages!)

Care costs are uncertain and can be very high

Expected future lifetime cost of care for people aged 65 in 2009/10

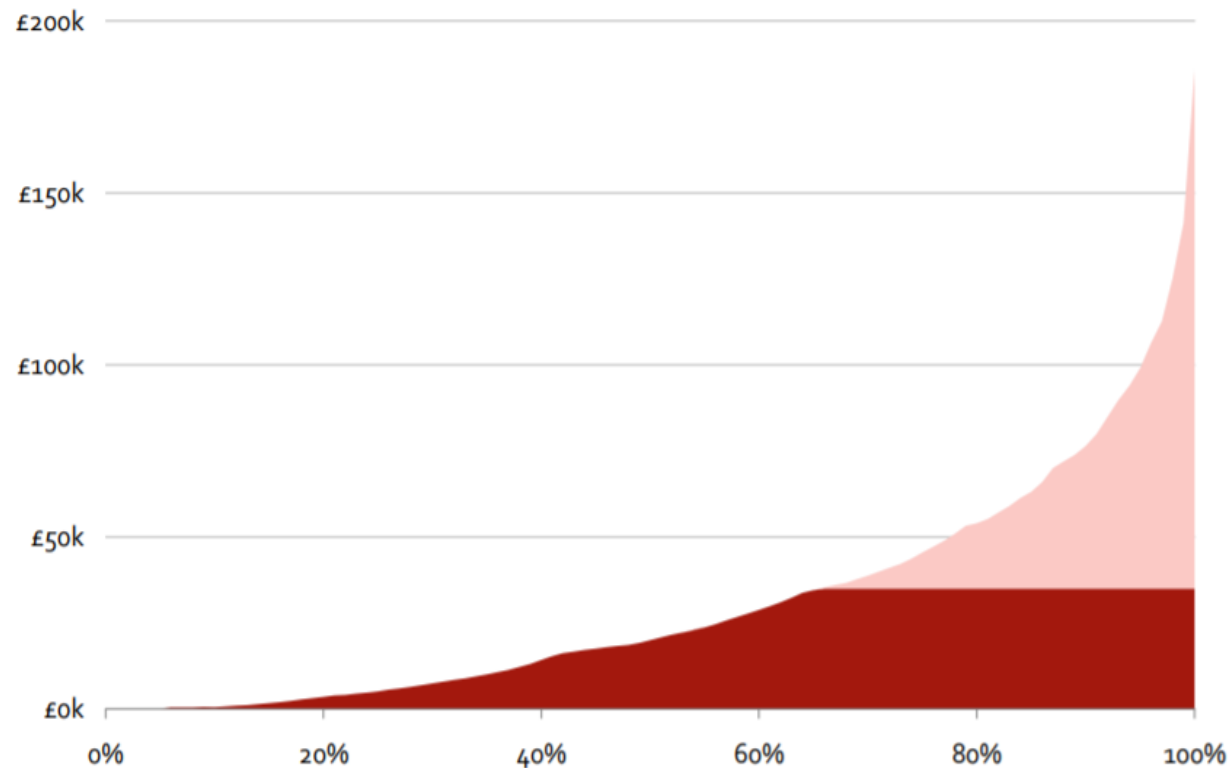


The cap

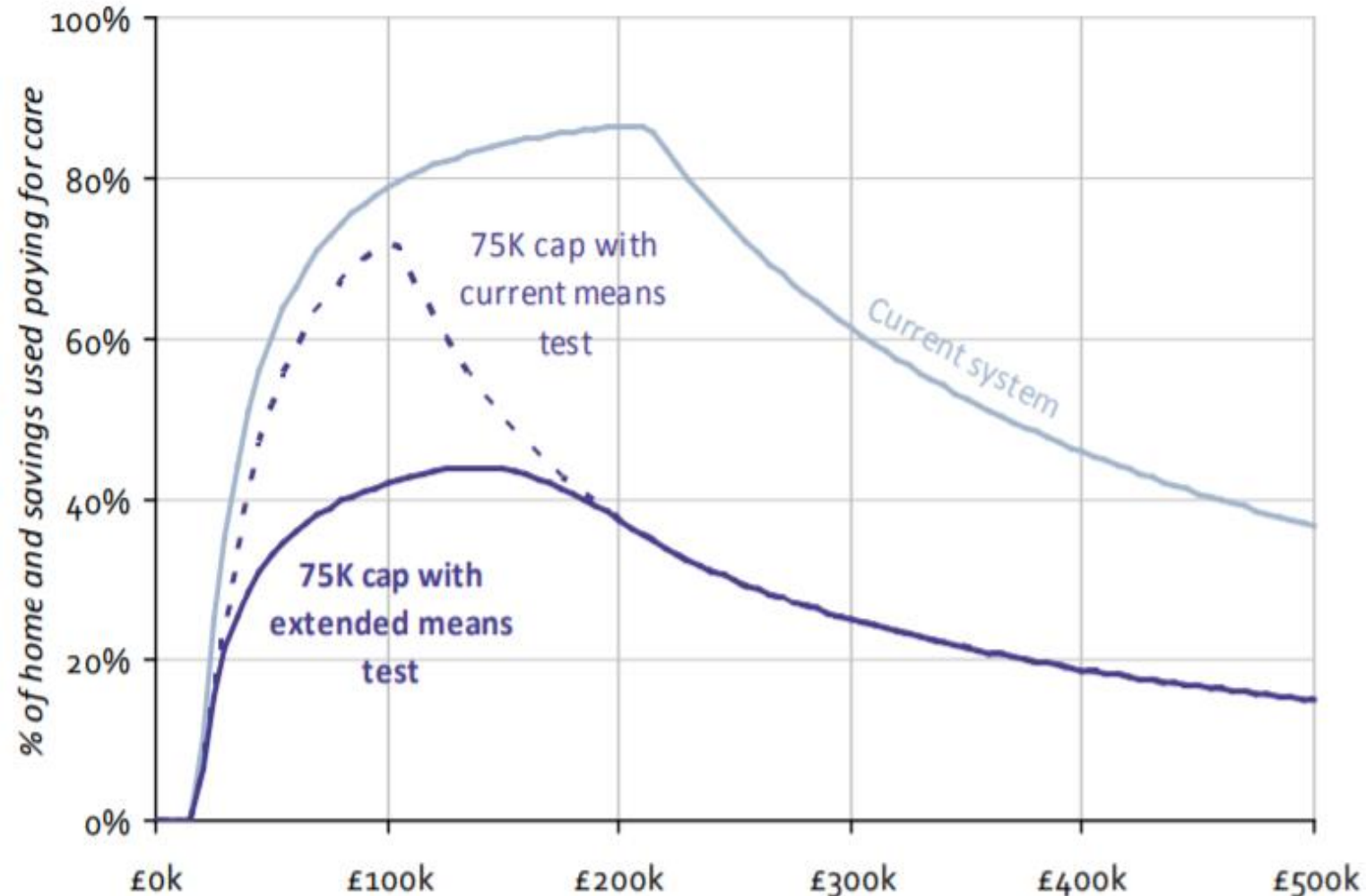
Conclusions and recommendations of the Commission on Funding of Care and Support

A cap removes the risk of very high costs

Expected lifetime costs for people going into care in 2010/11, by percentile



The extended means test is a critical part of the system



The benefits

1. Pooling the risk of very high care costs removes the fear of catastrophic costs and gives everyone peace of mind
2. Capping the risk of highest costs could free people to feel more comfortable to spend more on their care earlier
3. Helps make it easier for people to plan for later life by limiting the financial liability
4. Everyone needs to approach their LA to start their care meter – a great opportunity for information, advice, signposting to help people better meet their care needs
5. Certainty should help financial services develop products – although this will take time
6. Certainty could also help with investment in the sector

The risks and implementation challenges

Clause 18(3):

- Where self funders can request to access the LA rate.
- Important to make the meter feel 'real' to many.
- But could be massively disruptive to the sector if Govt rate is not enough to sustain good quality care without the cross subsidy.

Timetable:

- Care Act already provides legislative framework, but huge amount of detail, including regulations and guidance still needed
- Less than 2 years from start of new scheme

Its complicated!:

- Need clear information for public on what is included and what isn't (eg Daily Living Costs)

There is more to social care reform than funding reform

Alongside funding reform, critical issues remain:

1. Sufficient funding for the current system to meet needs
 - Spending review allowed local government a 1.8% increase in spending power (reliant on council tax increases of 3%).
 - Will not be enough to meet funding pressures
2. System reform to improve availability and quality of services
 - White paper expected before end of the year
 - Key challenges on workforce, choice and personalization of services, tackling unmet need, innovation and new models of care etc
- 2nd white paper also expected on integration between health and care

Thank you

Sally Warren
Director of Policy
@so_says_sally

www.kingsfund.org.uk
@thekingsfund @kingsfund_library

THANK YOU



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Matthew Winn

Director of
Community Health at
NHS England



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Has COVID finally bought Health and Social Care together?

Matthew Winn, Director of Community Health, NHS England

NHS England and NHS Improvement



Introduction

Today I'll be talking about:

- Areas of integration that have strengthened during the pandemic:
 - Hospital discharge
 - Support to the care sector
- What are the next set of opportunities?
- Next set of challenges

Hospital discharge



Imagine leaving your home, wherever you call home, abruptly and never returning to it again. Imagine being told that you are moving house tomorrow and you have no control over where you are moving to and how much it will cost. **This happened to people prior to March 2020, every day because their assessments for long-term care** took place outside their normal environment.

The Discharge to Assess policy is based on the need for people to have **time to recover** before decisions about ongoing care and support needs are made. It is based on the principles of:

- [Plan for discharge from the start](#)
- [Involve patients and their families in discharge decisions](#)
- [Embed multidisciplinary team reviews](#)
- [Encourage a supported 'Home First' approach](#)

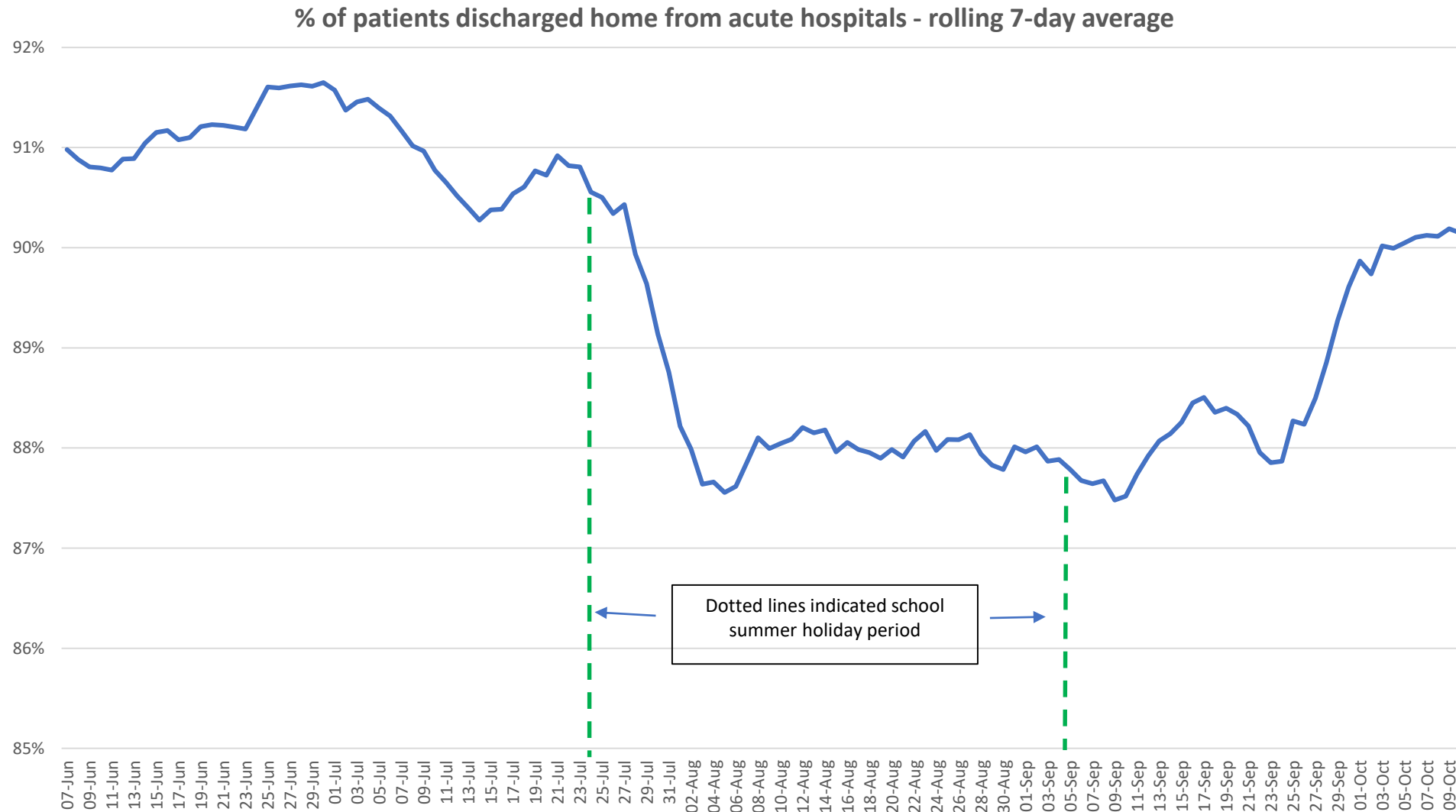
Better outcomes for people

When people spend less time in hospital there is a reduction in deconditioning (muscle wastage) and hospital acquired infections, as well as psychological benefit of reduced risk of depression

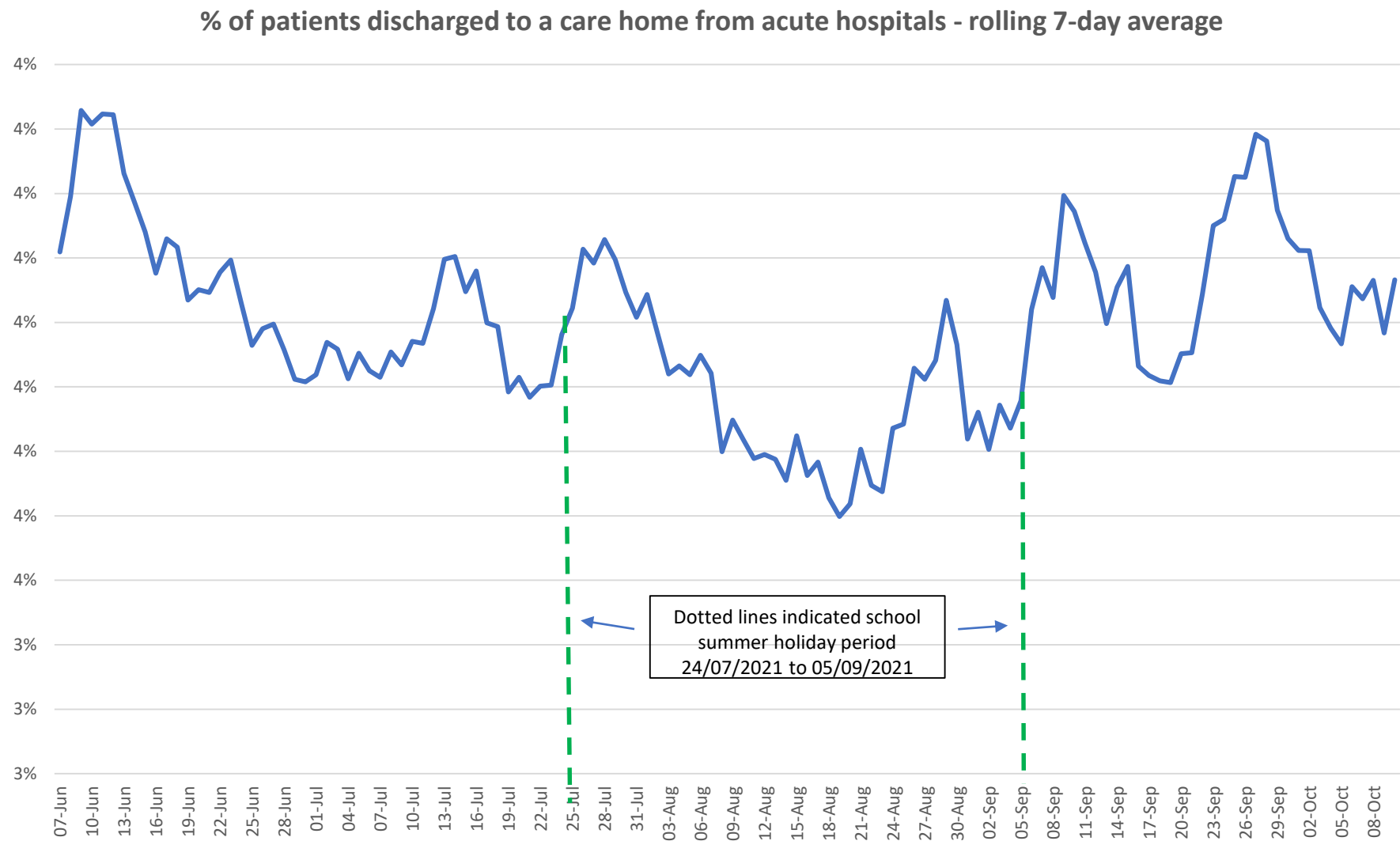
With the focus now on reablement at home to regain confidence and skills, there is a promotion of independence, a reduction in long-term care needs and less risk of overprescribing of care

With time to recover at home, people and their families/carers are supported through the initial post-discharge period and given time to consider realistic long-term care and support options.

The model is supporting independence – with more people discharged to home



The model also means that only those who choose to are discharged to a care home



Some examples of partnership working



The [#DischargeToAssess](#) Home First+ service brings together GPs, nurses, therapists, social care and continuing healthcare practitioners into 1 team. They aim to prevent unnecessary hospital admissions, facilitate discharge and provide support after to reduce readmissions.



Outcomes of the Home First+ Discharge to Assess Case Study:

- Improved discharge planning- Streamlined processes
- Integrated working by Health and Care organisations, avoids duplication
- Place based approach to patient flow
- Reduced Length of Stay for patients of Sutton
- Reduced number of stranded (7+ days) and super stranded patients (21+ days)

@NHSEnglandCHS

#HomeFirst #DischargeToAssess

Midlands Partnership NHS Foundation Trust @mpfnhs · Jun 18
#feedbackfriday today is for Home First Stoke. The team of nurses, therapists, care & support workers, ensure the right support is in place for those who require it following hospital discharge, inc rehab goals, support for carers, equipment & self-help advice. Well done team! 🌟

“Service is exceptional – Having this service has improved my own mental health and wellbeing and made a marked difference to my husband. I am amazed at how well the staff have been helping my husband to progress.”



@NHSEnglandCHS

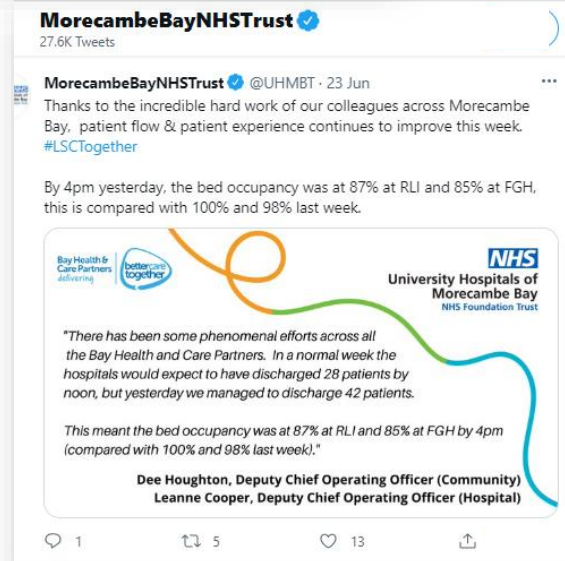
Find out how Home First+, an integrated approach to patient flow in Sutton, led to reduced length of stay + stranded patients and appropriate care moving i to the community:

<https://future.nhs.uk/RLHSNN/view?objectID=26384048...> 2/2 #HomeFirst #DischargeToAssess

@epsom_sthelier

@SurreyDownsHC

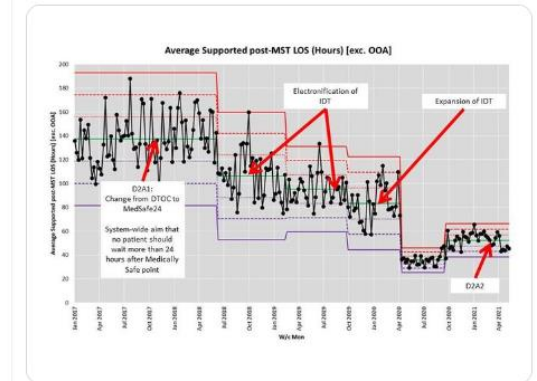
@ECISTNetwork



My current favourite chart

In 2017 we set about cutting post medically safe length of stay @nottmhospitals in collaboration with @Notts_ICs teams.

This has led to changes that are saving 21000 bed-days/yr. That's 2 wards of patients per day not having their precious time wasted



6:32 pm · 15 Jun 2021 · Twitter for Android

NHS support to the care sector



Improved engagement with national care sector bodies – now have a regular dialogue with national representatives so we can act on arising issues early, working with our partners DHSC, LGA, ADASS and others.

Access to **NHSMail** offered to social care providers during pandemic increased from 15% of providers to 58%. This secure NHS Mail email system allows secure transfer of information between organisations.

- Of the 15,042 Care Homes in the country 10,548 now have NHS mail
- Of the 9,892 Home Care organisations , 4,010 now have NHS mail
- Enhanced Health in Care Homes
- Vaccination programme for care professionals and residents
- 2 hour crisis response
- Training and education support

Support for care homes during the pandemic



The implementation of the **Enhanced Health in Care Homes** service was accelerated to support care home residents and staff during the COVID-19 pandemic. Building on the commitment in the NHS Long Term Plan to support people living in care homes, collaborative working between health, social care, voluntary, community, and social enterprise (VCSE) sector and care home partners resulted in;

- every care home aligned to a named Primary Care Network with a named clinical lead
- Weekly 'check in' – primarily remotely, and usually by a multi-disciplinary team, to review high priority patients
- Development of personalised care and support plans for care home residents.
- pharmacy and medication support – including medication reviews, and support with supply.



A guide for care homes is available on the Care Provider Alliance website: [Enhanced Health in Care Homes: A guide for care homes - Care Provider Alliance](#)

2hr crisis response

By end March 2022 everyone, over the age of 18 in England will have access to a crisis response service within two hours, 8am-8pm, seven days a week.

Care homes can refer directly to their local 2 hour crisis response service when a resident experiences a sudden deterioration in health.

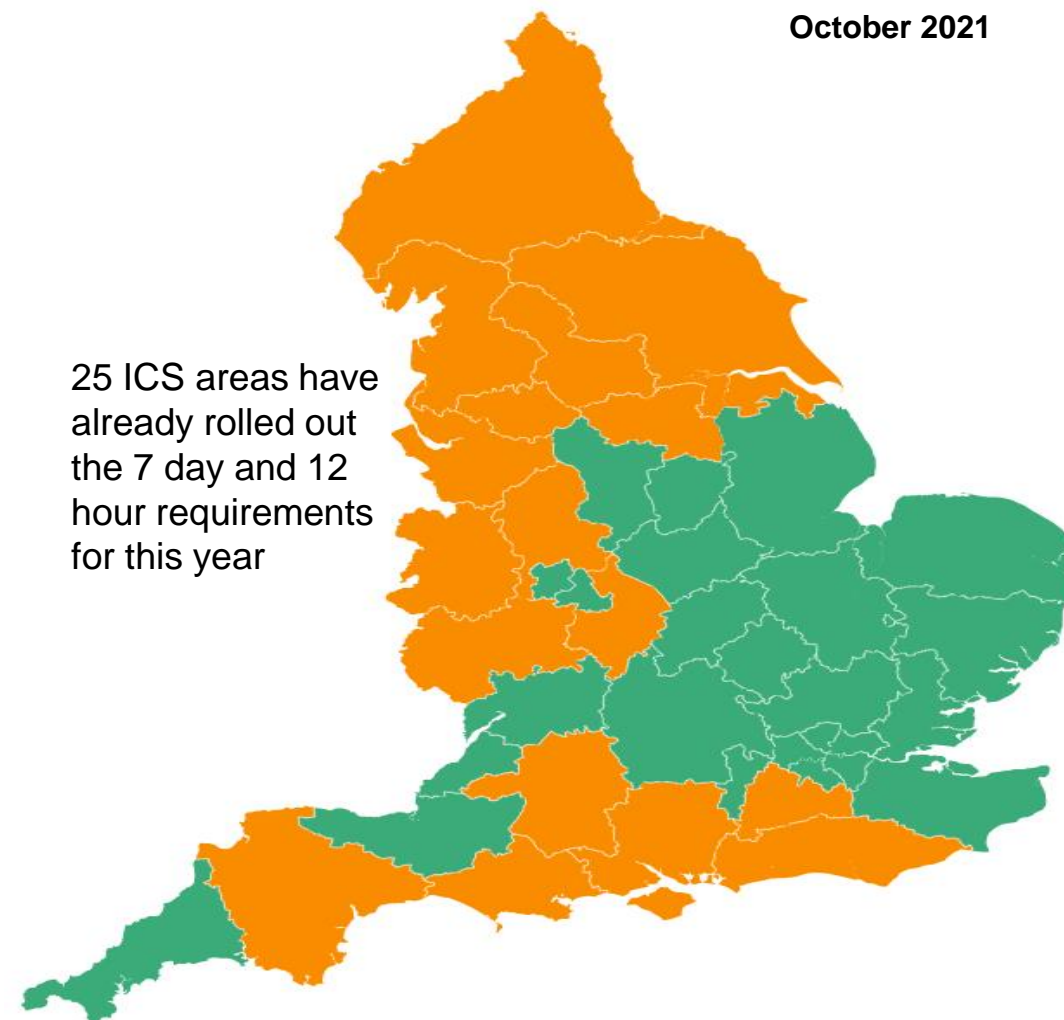
Please join our webinar on 16 November where we'll:

- share practical insights on how to enable two-hour crisis response referrals from care homes, drawing on the experience of Berkshire West colleagues
- consider opportunities for further alignment between crisis response and Enhanced Health in Care Homes
- you can ask questions of an expert panel

Register here: www.events.england.nhs.uk/events/ucr-learning-collaborative-enabling-access-to-two-hour-crisis-response-in-care-homes

Current progress on implementing the national standards

October 2021



NHS COVID19 vaccination programme



COVID-19 booster vaccines have been delivered or booked in at every older adult care home in England where safe to do so, the NHS announced (5 November 21)

Currently, around four million people in England are eligible for a booster including health and care professionals, those with underlying health conditions and people aged 50 and over.

Frontline social care professionals can now book their boosters through the National Booking Service, or they can attend a walk-in clinic if that is more convenient for them. They will need to provide **one form of ID** – either a workplace photo ID, a letter from their employer, or a payslip.



The NHS delivered the world's first COVID vaccination outside of a clinical trial to 90 year old Margaret Keenan in Coventry on Tuesday 8 December 2020

COVID Oximetry@home



The use of pulse oximetry has been expanded as part of the NHS response to coronavirus.

Since May 2020, **over 500k** pulse oximeters from the national supply have been distributed to CCGs, trusts, care homes and ambulance services to support people at risk from COVID to be safe at home, and get the NHS treatment they need quickly.

The service is usually offered by general practice working alongside community teams. People are provided with a pulse oximeter and supporting information to monitor their oxygen saturation levels at home for up to 14 days, supported by carers and/or family members where appropriate.

A guide for care professionals is available on the Care Provider Alliance website: [COVID-19 Oximetry @Home Services for care home residents - Care Provider Alliance](#)

For more information contact england.home@nhs.net

Where are the next opportunities to strengthen integration?



Integrated Care Systems

- Fully inclusive multi-professional clinical and care professional leadership is clearly central to designing and delivering integrated care and meeting the complex needs of people, rather than just treating their individual conditions.
 - A series of resources for ICSs as they transition to the new arrangements, frame how the NHS will approach clinical and care professional leadership and form a basis for collaborative arrangements across all ICS partners.
 - The care sector has a vital role in building strong and effective integrated care systems across England to improve the health of the people who live and work in their area
 - Councils have a key role sitting on the statutory Integrated Care Board.
 - Care Providers have a key role as part of the Integrated Care Partnership arrangements
 - The central role of an Integrated care system is to improve the outcomes for local population – this cannot and must not only be viewed and managed through a purely health lens. Broader partners from housing, care and support sectors will be crucial
- 47 | • Focus on the full life course of people – not just the older age group

Next set of challenges

1. **Workforce** – training and recruiting together from local populations
2. **Integrated care models** – ensuring that health and care outcomes are achieved
3. **Funding** - joint planning of health and social care budgets to support integrated care
4. **Introduction of the integration and adult social care reform white papers.**
5. **Integrated Care Systems** – smooth introduction; continuity and rapid development to provide effective system leadership
6. **Winter**

Any questions?

THANK YOU



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PANEL

PANEL: The Future of Health and Social Care

Chair: Vic Rayner OBE, CEO, National Care Forum

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Sir David Behan CBE

Chair of Health
Education England



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Mark Adams

CEO, Community
Integrated Care



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Community
Integrated
Care

Life On The Frontline

Mark Adams
Chief Executive Officer at
Community Integrated Care

Introduction

Community Integrated Care – one of the UK's biggest health and social care charities



Founded 33 years ago to create a more inclusive society



5,000 colleagues supporting more than 3,500 people **with learning disabilities, autism, mental health concerns and dementia to live the best lives possible**



Award winning approaches and pioneering cross-sector partnerships



Our vision

Your Life, Your Choice – embodies our goal of giving people real choice and control over how they live their lives, promoting independence and encouraging people to fulfil their life goals and aspirations.

State of the Sector

Services being handed back

Tired colleagues still
fighting Covid

Increasing numbers
leaving the sector

Utility bills increase

Critical staffing crisis

Inflation

Local authorities
continued to be squeezed

National Insurance Increase



Standing up for Social Care



BBC
RADIO



BBC
NEWS



THE  TIMES

Boris Johnson blames coronavirus deaths on failures inside care homes

Coronavirus: Boris Johnson criticised over 'cowardly' care home comments

theguardian



HUFFPOST

Boris Johnson refuses to apologise for 'cowardly' care home claims

Charity Chief Attacks Johnson's 'Trumpian' Response To Care Home Row



TODAY



itv
NEWS

METRO

...y care home staff have worked long and hard. Johnson's comments are an insult

Mirror

LBC



UNFAIR

TO CARE



A landmark report by **Community Integrated Care** reveals that many frontline social care workers would be paid 39% more in other public funded sectors.

It shouldn't be **#UnfairToCare**

www.UnfairToCare.co.uk

Meet Paige

Support Worker in Leicester who has been working in the sector since she was 20.

Had a recurring illness which resulted in a collapsed lung which meant she had to be in hospital for weeks at a time.

Wellbeing



Fund



The wellbeing fund
was a **GODSEND**



Community
Integrated
Care



**I WAS IN HOSPITAL
WORRYING ABOUT HOW
I'D PAY MY BILLS**

Meet Jordan

A Depute Service Leader in Portsmouth. When his father passed away suddenly, his family sadly didn't know where to turn.

Wellbeing



Fund

Community
Integrated
Care



When you have a low wage, you have to pre-plan everything and save for stuff monthly, rather than being able to do it immediately.

When I found out I was awarded the Wellbeing Fund grant, **I CRIED BECAUSE THE FEELING WAS SO OVERWHELMING.**



**I COULDN'T AFFORD
TO PAY FOR MY
DAD'S FUNERAL**



By anyone's measure, this is a professional career

Problem solving



CPR training



Accountability



Continuous professional development



Community
Integrated
Care



Medication administering



Mitigating challenging behaviours



Managing finances



First aid



Communication skills

Vital Investment

Landmark **investment** in employee pay, reward and wellbeing

Brand-new **wellbeing offering**, including flexible working options such as a **four-day week**, and **free mental health support**



£5 million investment

This now means our Support Workers will typically receive an additional **£1,600 boost** in pay per year

Increasing Pay Rates for Support Workers from Minimum Wage £8.91 to **£9.70** (£10.20 in Scotland)

Does it pay to care?



Local Authority Rate:
£14.65 per hour



Actual cost:

£15.57 per hour

(A loss of 92p an hour)

Before any central overheads such as IT, Finance, HR, Legal, Learning & Development, Quality and all other organisational functions required.

Even at minimum wage it would cost: **£14.78 (a loss of 13p an hour)**



Support Worker: **£9.70**



Pensions, National Insurance and Apprenticeship Levy:
(note that will increase next year with the additional 1.25%) **£1.14**



Holidays, bank holidays, sickness and training: **£2.42**



Supervision: **£1.30**



Non-colleague costs: (insurance, broadband, telephone costs) **£0.47**



A registered office and other local overheads: **£0.54**

Last 5 years

Our strong balance sheet has enabled our charity to invest in our people, technology and innovation.

Other organisations don't have the reserves or strength to invest in their future.



YE 31/03/2021

-5,182,000

YE 31/03/2020

-1,012,000

YE 31/03/2019

-7,890,000

YE 31/03/2018

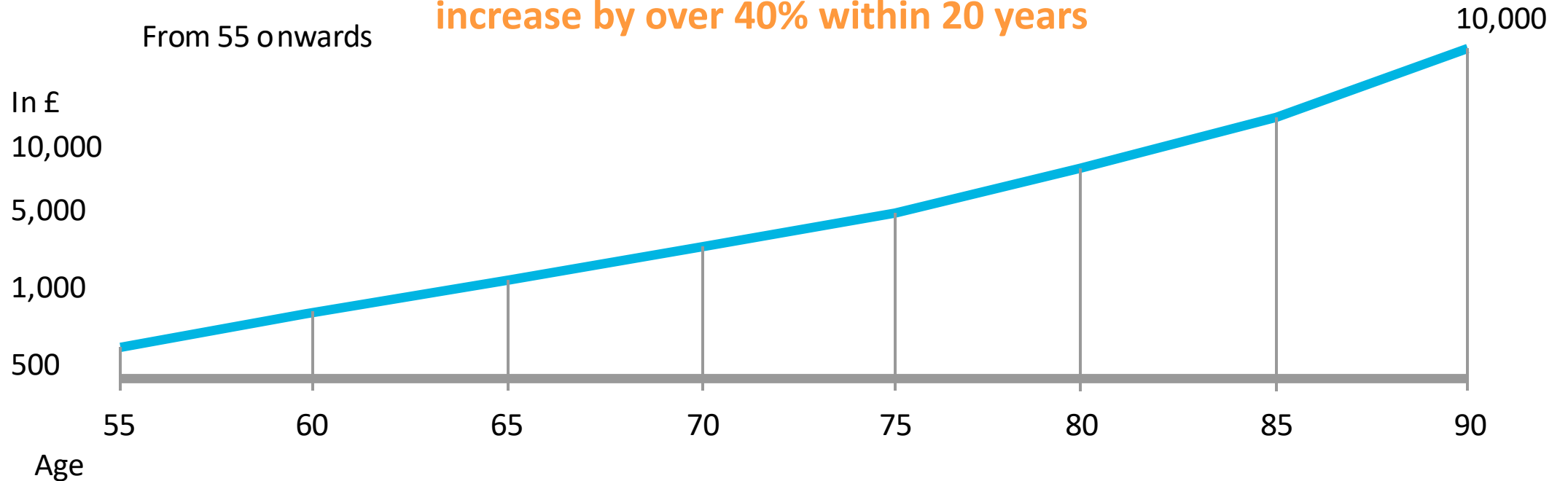
-1,000

YE 31/03/2017

-2,345,000

Growing demand

The number of people aged 65+ will increase by over 40% within 20 years



Cost of birth: £1,000 per person

Cost from birth to 55: £500 per annum, per capita

Cost at 90: £10,000

Note: There are now 800k people over 90 in the UK

What do the frontline want?



A career to be proud of



Parity of esteem and pay with NHS counterparts



Continuous professional development



A national regulator for the social care sector

How do we achieve this?



Thank you

Any questions?



Mark.Adams@c-i-c.co.uk

www.communityintegratedcare.co.uk

Find us on:



People Passion Potential

THANK YOU



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PANEL

PANEL: Innovations and New Models of Care

Chair: Nadra Ahmed OBE, Chair, National Care Association

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LUNCH EXHIBITION



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NOMINATE NOW

2022

Great British
Care Awards



Social Care
LEADERSHIP

AWARDS

RECOGNISING EXCELLENCE IN SOCIAL CARE LEADERSHIP



The National
Learning Disabilities
& Autism Awards

Social Care Covid Heroes

IN ASSOCIATION WITH

CareTalk

The voice of excellence in social care



#ThankYouSocialCare



Prof Deborah Sturdy

Chief Nurse Adult
Social Care



#CareTalkConf

#GetSocialCareDone





Department
of Health &
Social Care

Nursing Adult Social Care

Deborah Sturdy OBE Chief Nurse Adult Social Care DHSC

10/11/2021

Workforce

1.52 million ASC employees - bigger workforce than NHS

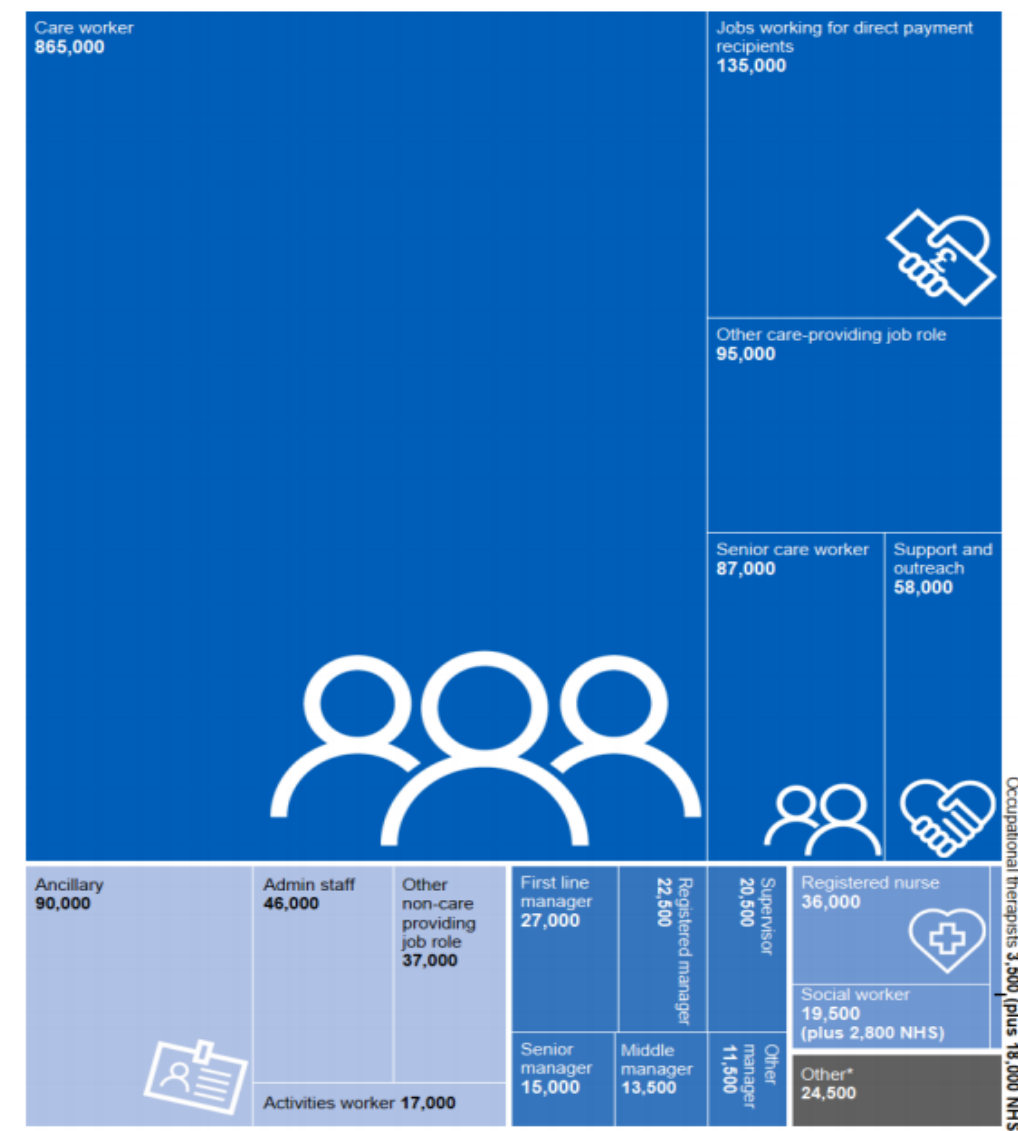
Range of professionals:

- **Managerial**– registered managers, supervisors, managers
- **Regulated professions** - social workers, occupational therapists, registered nurses, allied health professionals
- **Direct care and other roles** – carers, senior carers, ancillary staff

Landscape:

- **151 local authorities**
- **15,000 care homes** - within care-only homes (310,000 jobs) and care homes with nursing (285,000 jobs) as well as 10,000 jobs employed by Shared Lives services.
- **10,200 domiciliary care services** - with estimated workforce of 560,000 (96% within the independent sector, with 4% in local authorities).

Chart 7. Estimated number of adult social care jobs by individual job roles
Source: Skills for Care estimates



* 'Other' includes 11 job roles which were estimated to include fewer than 6,000 jobs each.

Social Care Reform - Workforce

- Recognition of the importance of having clear career pathways to help people build and navigate a career in social care. These pathways will be supported by the frameworks needed to enable workers to assess their career goals and to access the skills training and personal development opportunities they need to support these.
- This is aimed at supporting both increased opportunity for those in care worker roles, aiding retention, and attracting new people to the sector.
- Working with the sector and other government departments to understand how we can further support recruitment and retention.
- Key will be how we increase recruitment and retention of staff, building a vision for the future of the workforce, focused on developing new career pathways to equip staff at all levels with the right skills to deliver high quality care, particularly as the complexity of care increases.

Reform Opportunity Workforce

- We will be working towards;
- providing support in professionalising and developing the workforce, including hundreds of thousands of training places and certifications for our care workers and professional development for regulated workforce;
- Funding mental health wellbeing resources and access to occupational health funding to help staff recover from their extraordinary role in helping the country through the pandemic, including through offering services such as counselling, coaching and workplace improvements; and
- introducing further reforms to improve recruitment and support for our social care workforce, with further detail set out in the upcoming White Paper.

What is our ambition?

- Levelling up the professional recognition, celebrate and recognise success
- Defining a new narrative for the workforce - we want to provide opportunities for personal and professional development by creating clear career pathways and opportunities across both health and social care
- The experience of an undergraduate is important for a totally informed workforce: joint working and integration across the NHS and local government to include nurses, paramedics, medical students etc.
- We want to reflect the diverse communities that we support, creating leaders - recognition of Ethnic Minority Groups and equitable opportunities
- Creating the excited, informed future leaders to take social care forward - Influence this and the next generation

What are our opportunities for the workforce?



Opportunities – Learning and Development

- New roles from Novice to Expert
- Building the evidence base and academic underpinning
- Changing the undergraduate experience to shape the longer-term workforce, understanding and responsiveness
- Creating a post graduate qualification in Nursing/Specialist Practice – N Tyneside CCG
- Well educated workforce evaluating the impact on care quality
- Knowledge & Skills Framework which supports lifelong learning
- Appointment of the UK's first Chair in Care Home Nursing
- Creating career pathways for everyone, creating a momentum and options

Opportunity to Bust the Myths

- Creating a belief and confidence in what social care offers, and the complexity of what it does
- Changing the perception – outdated thinking and myths
- The most skilled workforce needed
- Social Care as a first -class career choice not a second -class option
- Its complicated, its diverse, its challenging, its interesting, its complex



New Opportunity

- Social Care Nursing Voices are critical
- Integration and NHS partnerships key, and happening
- Professional pride in our skills and knowledge to stand out and influence
- Workforce reform monies to support change
- Celebrate success NT Award 2021
- Telling our career stories
- Working with Council of Dean's, HEE to influence increasing undergraduate placements, shaping the future workforce

New Opportunity

- Building our leadership capacity in an inclusive way
- Partnerships are critical
- ICS landscape – Inclusive of ASC Nurses
- Working with Team CNO
- Workforce Planning for the future – HEE leadership and inclusion
- Creating a community for our specialism

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CARE



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Prof Martin Green, CEO, Care England



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Professor Martin Green OBE

Chief Executive
Care England

The Way Forward for Adult Social Care

*Care Talk Conference, London
10th November 2021*



The Future

- A New Vision for Social Care
- Personalised/Co-Produced Care
- Innovation
- Integrated Measures
- Workforce
- Regulation
- Technology
- Funding
- Capital Investment



Services for People

- Commissioning and policy.
- Wellbeing, physical and emotional.
- Relationship based care.
- Self-funder market.
- Workforce.
- Reputation/public understanding.
- Diversity and responsiveness.



Inclusion, Access and Equality

- Clear and consistent national policy.
- Clear community based planning.
- Parity of recognition between health and care.
- Outcome based commissioning.
- End to duplication/Better Information flows.
- Planning process streamlined.
- Integration of policy, practice and budgets.
- An end to ageism.

Caring for Our Workforce

- Recognition and reward.
- Cross government workforce planning.
- Cross sector training budgets.
- Career pathways in care.
- Clearer regulatory expectations.
- Career structures and higher pay.
- Pensions and benefits.



Diversity

- Doing things differently.
- Finding new ways of delivering care.
- Engaging with local needs.
- Moving away from commissioned services.
- Commissioners become community based market shapers.



Technology as a Solution

- Many Care England members are embracing technology and digital deployment.
- Competition will drive delivery.
- Technology will be a differentiator between care providers.
- Technology will drive quality and deliver data.
- Technology will increase efficiency and productivity.
- Technology and data will improve proactive care.
- Technology is the key to integrated services.

Professor Martin Green OBE

Chief Executive
Care England

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@CareEngland



Professor Martin Green
Care England



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Prof Dame Donna
Kinnair DBE,
former Chief
Executive and General
Secretary of the Royal
College of Nursing



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Recognising the Value of Diversity in Social Care

Dame Donna Kinnair

Aptitude ability and talent are equally distributed across the population



Equality of opportunity is not

A word cloud in the shape of a heart. The word 'respect' is the largest and most prominent in the center. Surrounding it are various other words in different sizes and orientations, including 'be kind', 'be polite', 'listen', 'serve', 'abilities', 'qualities', 'people', 'things', 'differences', 'accept', 'achieve', 'be thankful', 'admire', 'be kind', 'be polite', 'listen', 'serve', 'abilities', 'qualities', 'people', 'things', 'differences', 'accept', 'achieve', 'be thankful', 'admire'. The words are arranged to fill the heart shape, with some words appearing multiple times.

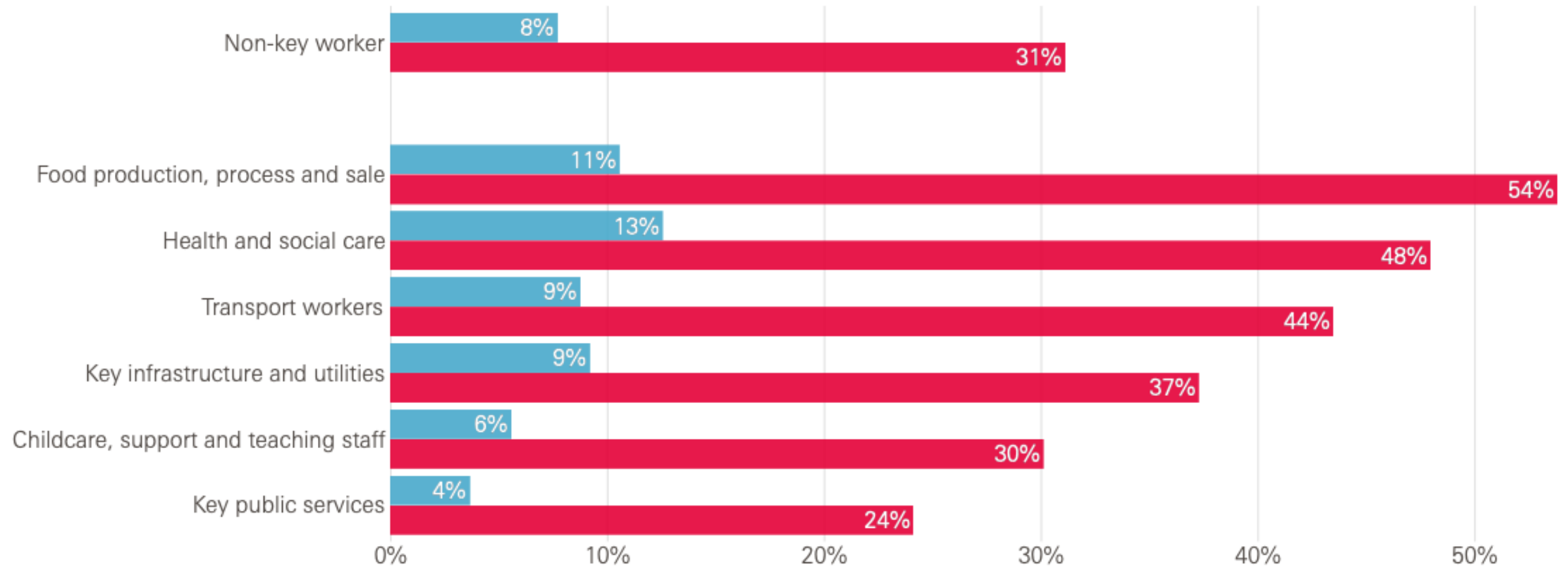
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Black and minority ethnic (BME) workers make up a disproportionately large share of key worker sectors in London

■ BME share of employment – rest of the UK ■ BME share of employment – London



Results

- ▶ Better care

Communication, understanding

- ▶ High employee morale

pleasant to work there, Feeling of inclusion,

- ▶ Workforce retention


- ▶ Stronger individual motivation

What we can do as organisations

- ▶ Welcome environment
- ▶ Address issues of bias quickly
- ▶ Diverse applicants
- ▶ Supporting underrepresented minorities
learning- orientate
- ▶ Customer service approach

Inclusion Solution: Five areas for focus

- ▶ **Accountability:** How employers /employees can be both transparent and hold themselves and their teams accountable on maintaining their goals relating to equality and inclusion
- ▶ **Leadership:** What we as a community of leaders - from all levels - will commit to invest in and do in the short, medium and long-term both individual/collective
- ▶ **Metrics:** How we make sure we measure what is meaningful in terms of improving outcomes for all healthcare staff
- ▶ **Narrative:** Improving how we effectively share information that shows why this work is important
- ▶ **Voice:** Ensuring that a wide of range of voices of staff, patients and others across the health and social care sector are heard and acted upon

A close-up photograph of a pair of hands gently cupping a bright red, textured heart. The hands are positioned on either side of the heart, with fingers slightly curled. The background is dark and out of focus. Overlaid on the heart is a three-line text in a white, monospaced, typewriter-style font.

*Our lives begin to end
the day we become silent...
about things that matter.*

Thank you

Any questions?

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PANEL

PANELIST QUESTION TIME

A NATIONAL CONVERSATION IN SOCIAL CARE

Chair: David Brindle, Social Care Commentator

Baroness Rosalind Altmann, CBE

Roger Booker, CEO Care Sante

Karoline Gerlich, CEO, Care Workers Charity

Liz Kendall MP, Shadow Minister for Social Care.

Anna Severwright, Co-convenor, Social Care Future



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CLOSING REMARKS



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“Conversations in Social Care”

TALKING EXCELLENCE IN SOCIAL CARE”



“Conversations in Social Care”
TALKING EXCELLENCE IN SOCIAL CARE”

Host: Steve Walls



IN ASSOCIATION WITH



Jane Ashcroft CBE
Chief Executive at Anchor Hanover Group



“Conversations in Social Care”
TALKING EXCELLENCE IN SOCIAL CARE”

Host: Steve Walls



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with Deborah Sturdy OBE
Chief Nurse for Adult Social Care



Department of Health & Social Care

NOMINATE NOW

2022

Great British
Care Awards



Social Care
LEADERSHIP

AWARDS

RECOGNISING EXCELLENCE IN SOCIAL CARE LEADERSHIP



The National
Learning Disabilities
& Autism Awards

Social Care Covid Heroes

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