A Modern Vision for Social Care

The Provider View

The Reinventing Social Care Programme
First Iteration
16 September 2021

What is Social Care and why do we need a Vision?

REINVENTING SOCIAL CARE

What is Social Care all about?

We all want a good life

We want to live in the place we call home, with the people and things we love, in communities where we look out for one another, doing what matters to us.

Caring and supporting

If we, or someone we care about, have a disability or a restricting condition during our life we might wish to access some support to do these things.

That's the role of Social Care!

Why do we need a Vision?

Unlike the NHS, the Social Care system was never designed. What we see today is the result of countless incremental changes, tinkering in the moment, seldom guided by a vision or strategy.

But Social Care can and should be designed. Working together, we can invent a system which meets the aspirations of people, places them in control of their support and their lives, and enables them to live a rich life of real purpose.

For this to happen **we need to start with a clear, shared Vision** so that all stakeholders, including the Government, can agree about what makes good Social Care, set it as a high priority and begin investing in its future.

One final thought. Social Care has a liking for fads, with each successive government implementing their own policies. This creates a lack of direction and creates inefficiencies. This vision is intended to transcend this short-termism and provide the basis for a **long-term roadmap to which all stakeholders can commit.**

Who should define the Vision?

This Vision has been drafted by a group of principled providers based on many years of experience, and with the people we support at the forefront of our thinking. We recognise, however, that the most important voices are those who access Social Care services and have lived experience. It is vital that their voice is heard as this Vision is refined to final form.

The importance of ethos, values, principles, and language too

The Social Care system must build on ethos, values and principles, and the language we use is really important too. These words convey a flavour of the Vision:

PEOPLE WE SUPPORT ENABLE COPRODUCTION
DIGNITY PURPOSE INDEPENDANCE
RESPECT ENRICHED
STRENGTH-BASED FLOURISH EMPOWERMENT
PERSON-CENTRED JOURNEY VALUED
NOURISH
ENCOURAGE PERSON-LED PEOPLE WE CARE FOR
CARING ADVENTURE RISK-TAKING
COMPASSIONATE DEVELOPMENTAL PROGRESSIVE

This flavour tastes nothing like the deficit model which has permeated though Social Care for decades. In this Vision you will hear no mention of needs, deficits or service-users. People are not just a list of diagnoses waiting to be fixed.

The first step towards designing the Vision is to specify the Mission

REINVENTING SOCIAL CARE

The Mission of Social Care is:

> To provide **care and support** to **enable** people **of all ages** to enjoy **rich, purposeful, progressive** and, above all, **happy** lives

Enable:
Enablement is central to the Social Care ethos. It speaks to the nature of the relationship between the person and giver of care and support – a special relationship in which the balance must always be right. It speaks too to the purpose of Social Care – to help people to progress, develop and achieve their wishes.

Of all ages:
People often equate Social Care with care for older people, but Social Care provides care and support to people at all stages of their lives – people at the start of their lives through to people towards the end.
It encompasses, for example, support for people with learning disabilities, people with physical disabilities, people who are homeless, people with drug and addiction dependencies and people with mental health problems.

Happy:
Surely the main aspiration that most of us have for ourselves and each other?

Care and support:
Millions of people will access Social Care services in their lives. People will access care and support for shorter or longer periods, but the mission remains the same.

Person-specific, but many would agree they are central to a desirable life

Rich: For most people richness comes from the relationships we enjoy, our homelife, our work, our activities and our interests. For some it will include spiritual wellbeing too.
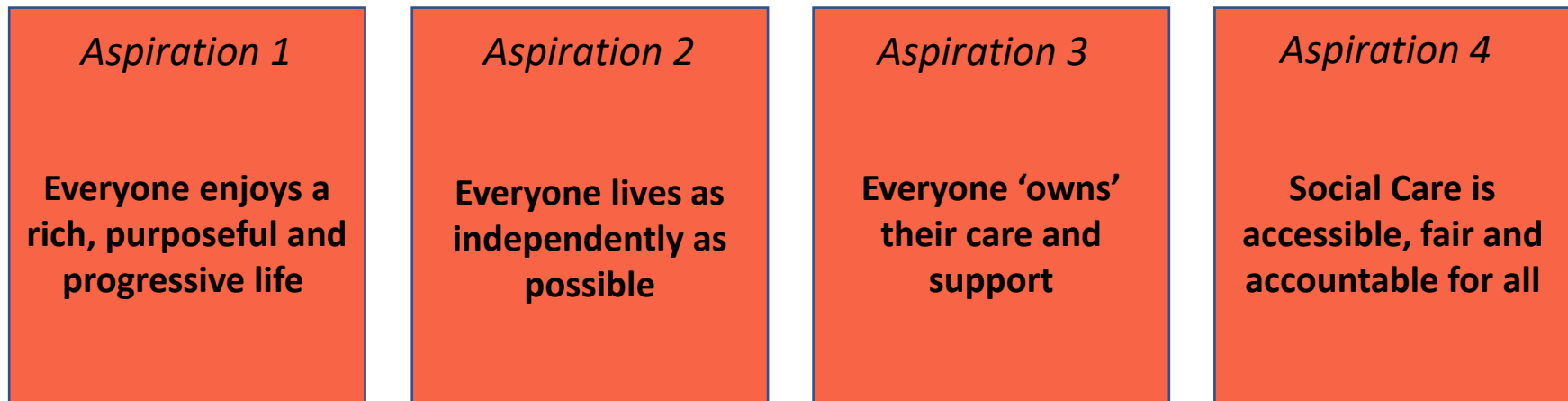
Purposeful: Purpose is so important, so core to life. For many it is the very foundation for self-worth and happiness.

Progressive: People have a boundless capacity to grow, develop and achieve. Social Care should encourage and support development to enable people to grow and flourish for their own sake, and perhaps because it will reduce their reliance on Social Care too.

The Social Care Mission is supported by four key aspirations

These aspirations are the high-level objectives which, when achieved, will ensure that the Mission is accomplished

Aspiration 1	*Aspiration 2*	*Aspiration 3*	*Aspiration 4*
Everyone enjoys a rich, purposeful and progressive life	**Everyone lives as independently as possible**	**Everyone 'owns' their care and support**	**Social Care is accessible, fair and accountable for all**

In the context of these aspirations, 'everyone' means people who access Social Care services, either now or in the future.

Some people will access Social Care services throughout their lives, whilst others will access services periodically.

Aspiration 1: Everyone enjoys a rich, purposeful and progressive life

Everyone enjoys a rich, purposeful and progressive life

➢ People are supported to express their **wishes, dreams & ambitions**

➢ People are enabled to achieve their **desired lifestyle**, in all areas of their lives

➢ People have a reason to get up in the morning, and live with real purpose (**no groundhog days**)

➢ People enjoy progressive lives in which they are supported to grow, develop and **flourish**

➢ Social and developmental aspects of life equal have **equal weight** to medical and safety aspects

➢ People take considered risks to **discover, experiment and learn**

➢ People are cared for with compassion and **dignity** at the end of their lives

Wishes, dreams and ambitions:
Recipients of Social Care should be able to live life with no assumed or externally imposed limits. Learned helplessness no more!

Desired lifestyle:
What does this 'desired lifestyle' mean to you? Sharing life with a special person, having children, enjoying intimacy, spending time with friends and relatives, clubbing in Ibiza or walking in the woods? People accessing Social Care services are entitled to these things too…

No groundhog days:
Remember those days when you jump out of bed with a spring in your step, excitedly anticipating the day ahead? This is what every day should be like for people accessing Social Care.

Flourish:
The dictionary definition says it all: *To grow or develop in a healthy or vigorous way, especially as the result of a particularly congenial environment*

Equal weight:
Great Social Care does so much more than keep people alive – it supports development, psychological wellbeing and self-realisation too (Maslow, we know!)

Discover, experiment and learn:
Life is journey - a journey of discovery and experimentation through which we grow and learn, making mistakes along the way. Social care should not wrap people in cotton wool – rather, it should encourage people to be out there, giving it a go, taking a few risks along the way.

Dignity:
Treating people with dignity, whether those accessing services or those delivering them, must remain firmly at the heart of Social Care.

Aspiration 2: Everyone lives as independently as possible

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Everyone lives as independently as possible

➢ The way people live **amplifies their strengths** and builds on their personal assets

➢ Younger recipients of services **live like other citizens**

➢ Younger people are able to **develop functional capabilities** to live more independently

➢ Older people **choose the place they call home**

➢ Older people are supported to **delay functional decline**

➢ **Preventative approaches** are maximised for all people

➢ Reliance on Social Care is minimised to **the right level**

Amplifies their strengths:
The ethos of Social Care is to focus holistically on the person, building on their strengths, not fixing their deficits.

Live like other citizens:
The gap between the way younger recipients of Social Care and other citizens live is huge, in all areas of life. Social Care must close the gap.

Develop functional capabilities:
Social Care is progressive and developmental. If people are supported to develop functional capabilities, whether making toast or catching a bus to work, they will live better and more independent lives, with less reliance on Social Care for support. They will also rely less on other services, such as the NHS.

Choose the place they call home:
Social Care is not prescriptive. Some older people may choose to remain in the place they have called home for years, whilst others might choose a new home in which they can benefit from greater levels of care and support and access wider social and recreational activities. It's 'horses for courses!'

Delay functional decline:
There has been some great research to show how addressing functional decline in older people enables them to live better in later life, with less reliance on Social Care services. Isn't this what Social Care should be about in a nutshell?!

Preventative approaches:
It's just a no-brainer! With preventative approaches everybody wins, especially the person who avoids a detrimental outcome.

The right level:
Many younger people would like to be enabled to receive less support, whilst some older people would welcome more. Social Care should aim for the optimum – not too little, but definitely not too much. Who really wants to be receiving care and support anyway?

Aspiration 3: Everyone 'owns' their care and support

Everyone 'owns' their care and support

- The **balance of power** sits with the person accessing support
- People exercise real **choice and control** over all aspects of their lives (supported as necessary)
- People have **clear information** to make informed decisions
- Care and support is **person-centred**
- Care and support processes are **person-led**, shaped according to individual wishes
- The money follows the person, so those accessing care and support have personal budgets to drive **consumer sovereignty**
- People are free to buy additional services as they wish

The balance of power:
The relationship between a person and the person delivering their care and support should be one of equals, but the recipient is the customer, and the customer is king!

Choice and control:
Buzz-words in Social care for so long, but as important now as ever.

Clear information:
Social Care can be a quagmire to navigate, so people need the right information at the right time to inform decision-making.

Person-centred:
Person-centred approaches originated in the '50s but remain highly relevant today. At their heart are principles which run through this vision – treating people as human beings rather than a list of symptoms and diagnoses, building on people's strengths, the way that people should interact in the care and support system, and the way that services should be delivered seamlessly and holistically.

Person-led:
People should lead their care and support to the max. This means 'owning' their assessment, choosing their services, shaping support plans and leading reviews. Information is key, as is the availability of support and advocacy as required.

Consumer sovereignty:
If we believe that a healthy market drives innovation and quality, then people need to have the ability to spend their budget as they choose.

Aspiration 4: Social Care is accessible, fair and accountable for all

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Social Care is accessible, fair and accountable for all

➤ Support is accessible to those who want it, **when they want it**

➤ Eligibility criteria are applied consistently (**no postcode lottery**)

➤ **Best practice models** of commissioning, contracting and care management are operated universally

➤ Fees for publicly funded services are **fair to all parties**

➤ Contributions to fees are progressive, but give some **protection** to erosion of estate

➤ There is an **honest debate** about the conflict between what we want and what we can afford

➤ All parties develop trusting relationships and are accountable for their actions

When they want it:
Social Care should be delivered on a timely basis, especially where early intervention will prevent deterioration.

No postcode lottery:
Social Care resources are not infinite, so need to be rationed. But provision should be fair and consistent across the country. It shouldn't matter where you live, whether your Local Authority is well-heeled or how it chooses to prioritise its spending.

Best practice models:
In many areas of process and practice we know what good looks like. So why to we have such variations across the country, and why do we keep reinventing the wheel? Let's have standard assessment processes, standard commissioning processes, a standard contract...we could go on!

Fair to all parties:
Fees will be set fairly by ethical providers based on their costs, risks, and a requirement to make a reasonable return - sufficient to facilitate investment and development. The fee level should represent good value for money for purchasers (who should rightly vote with their feet where it doesn't!)

Protection:
The notion that people should not have to spend all their estate on care and support is sound and widely-supported, but should be balanced with the ability to pay. Social Care should not be funding services for people who can comfortably afford to fund those services themselves.

Honest debate:
There is always a gap between what we want and what we can afford, so we need an honest debate about what a modern society wants of its Social Care system, and how it is prepared to be taxed to pay for it.

# The four key aspirations are underpinned by five foundations

These foundations form the base on which the Social Care Vision is built. If they are not firm and solid, then we are building our aspirations on shaky ground, and they are unlikely to become to the well-constructed structures we wish to see.

The foundations fall into two categories:

1. **Structure and system foundations,** which create the environment in which outstanding service provision can be nurtured and flourish

Foundation 1 **Structure and system**	*Foundation 2* **Integration**	*Foundation 3* **Market and Funding**

2. **Service delivery foundations,** which enable providers to deliver outstanding services aligned with the key aspirations

Foundation 4 **Workforce**	*Foundation 5* **Technology**
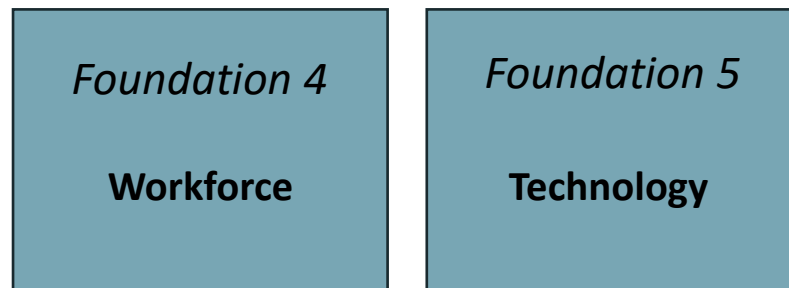
Foundation 1: Structure and system

Structure and systems

The **structure and systems** through which Social Care works are wholly designed to **facilitate delivery of outstanding services** which meet the key aspirations.

Structure and systems:

Take a helicopter view of Social Care and it will be obvious that it was never designed. We have a structure of central, regional and local players operating through systems with unclear accountabilities and inherent conflicts. The most obvious is the unenviable position of Local Authorities, which have a duty of care to their populations but are also required to ration ever-tighter resources.

Redesign is well-overdue but never happens because it sits in the 'too hard' box. Time to pull it off the shelf and have a crack!

Facilitate delivery of outstanding services:

Perhaps the most important element of Social Care is the interaction between the person delivering the care and support and the person receiving it. At it's simplest, the structure of Social Care and the systems that operate within it should seek to ensure that this interaction, care and support delivered moment by moment, should be a good as it possibly can be.

But what does that mean? Well, it means the right person, with the right values and skills, trained well, remunerated in line with their value, working to a person-centred plan through person-led processes, managed by a outstanding manager. And so much more.

Thinking about the moment of interaction is helpful because it gives an insight into what the system should be doing.   It provides us with a litmus test – anything which enhances the moment of interaction has a place within the structure and system, and we should build on it, but anything which doesn't, we should stop.

In our vision, the structure, the systems and everything which happens within them link to and enhance the moment of interaction.

Maybe this is a good place to start the redesign...

Foundation 2: Integration

Integration

Social Care **dovetails** with other agencies to provide a **seamless experience**.
Social Care **takes the weight off the NHS**.

Dovetails:
Social Care sits within a range of services which people might access. Others include the NHS, the DSS, Districts and Boroughs and a raft of non-statutory bodies, community groups and peer-led support. Social Care should be distinct and independent. but services should dovetail perfectly.

Seamless experience:
A core concept within person-centred approaches is that people receive holistic services. This determines that agencies and individuals providing services should work seamlessly together.

Takes the weight off the NHS:
Many people are in hospital who shouldn't be. Social Care can provide a solution to NHS capacity issues by working to prevent hospital admissions and providing step-down services.

Foundation 3: Market and Funding

Market and Funding

A **strong care market** which provides people with real choice. **Sufficient funding** for providers to invest in high-quality, efficient services which offer value for money to the public purse and self-funders

Strong care market:
Opinions vary as to what constitutes a strong care market. In particular, people have differing views on the role of private providers. We see virtue in a mixed market which provides a wide range of service options from which people can choose. The important element, regardless of ownership structure, is that organisations operate ethically to deliver high-quality services.

Sufficient funding:
There is widespread acknowledgement that the Social Care sector is underfunded by several billion pounds, and this needs to be rectified.
For providers, funding needs to be sufficient for them to reward staff fairly, improve quality, invest in growth and development and make a reasonable return.
In the medium-term, funding and returns must allow existing organisations to flourish, whilst attracting new entrants to stimulate a rich and diverse market which gives people a wider range of service options.
In the longer-term, funding must be sufficient to enable providers to invest in innovation, development, diversification and growth so that the Social Care market remains fit for purpose and responsive to future challenges as they emerge.

Foundation 4: Workforce

Workforce

A **professional**, **qualified, accredited, responsible** workforce which is **well-resourced**, well-trained, **properly rewarded** and **respected** for the skilled and challenging role it fulfils

Professional:
Delivery of Social Care services is a highly skilled and tightly regulated job and should be recognised as such.

Qualified:
Some excellent work has been done to ensure that people are properly-qualified to undertake work in Social Care. We should build on this to enhance the quality, weight and recognition of Social Care qualifications

Accredited:
Accreditation is a mark of recognition, a badge to be worn with pride. It underpins the vital agenda to professionalise work in Social Care.

Responsible:
Lest we forget, the Social Care workforce is responsible for people's most precious and treasured commodity – their family member.

Well-resourced:
The shortage of staff, both now and in the future, is acute. We need radical strategies to attract people into the sector. This means opening up channels, such as staff from overseas, the early-retired and prison-leavers, and enticing people to come through those channels with improved status, recognition, reward, development and career prospects

Properly rewarded:
Roles in Social Care are complex and challenging. They are delivered by remarkable people with strong values and great skills and competencies. Yet we have pushed pay down towards minimum wage. This inequity should be addressed by the implementation of competitive National Minimum Care Wage.

Respected:
We wish to see people working in Social Care properly respected and valued in our society. But this can only happen if we recognise, professionalise, accredit and reward people as we should.

Foundation 5: Technology

Technology

Technology, **used smartly to enhance people's lives** and, as appropriate, **minimise reliance** on people to provide care and support

Used smartly to enhance people's lives:

The scope for technology to enhance people's lives is simply huge. Whilst most people in society now use technology without thinking, this is not true for many recipients of Social Care – some of whom do not even own a smartphone. So people miss out on information and intelligence, on keeping abreast with current affairs, on linking in with friends and family, on discovering new opportunities, whatever they may be. Technology really can transform lives.

Minimise reliance:

With some exceptions (such as older people who look forward to the social aspects of their daily call), people generally want their care and support minimised, or at least optimised. If this is true then people will embrace technological solutions which enable this to happen. The range of solutions is ever-widening, from sensors to flag changes in physical wellbeing to apps which provide guidance to people accessing the community without support.

Oh, and there is a clear financial benefit here too!

Bring it all together and we have a modern Vision for Social Care!

REINVENTING SOCIAL CARE

The Social Care Mission

To provide **care and support** to **enable** people **of all ages** to enjoy **rich, purposeful, progressive** and, above all, **happy** lives

The Mission is supported by four key aspirations

Everyone enjoys a rich, purposeful and progressive life

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The aspirations are underpinned by five foundations

Structure & system

The **structure and systems** through which Social Care works are wholly designed to **facilitate delivery of outstanding services** which meet the key aspirations

Integration

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Market & Funding

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Workforce

A **professional , qualified, accredited, responsible** workforce which is **well-resourced**, well-trained, **properly rewarded** and **respected** for the skilled and challenging role it fulfils
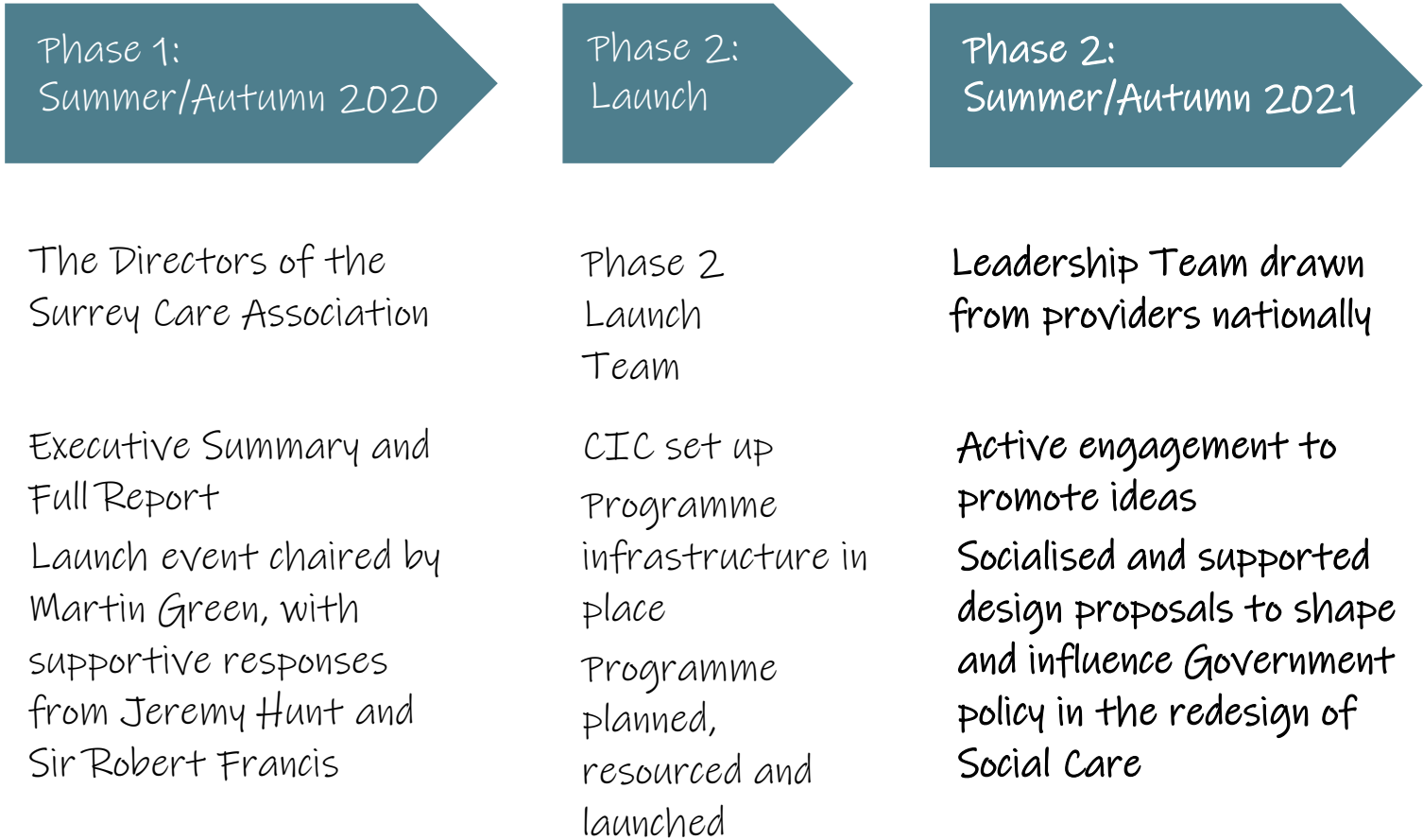
Technology

Technology, **used smartly to enhance people's lives** and, as appropriate, **minimise reliance** on people to provide care and support

Appendix I: The Provider View

➢ Most policy initiatives are driven by Government, think-tanks or academia. It is relatively **unusual for providers to come together** to produce wholesale policy proposals

➢ We have a **vested interest** in reinventing Social Care because they want to create an environment in which their organisations can thrive. More importantly, we are **principled people who genuinely care** about the wellbeing of the people they support

➢ We spend a **significant part of our lives** – both inside and outside 'work' – thinking about and striving to deliver great services alongside the people we care for and support

➢ Providers have **years of experience and insights** to offer, and these are informed by working with and listening to people who use social care services and their families and carers.

➢ In many ways, providers are the **permanence in social care**. Most of our team have been working in the sector for over 20 years.

➢ There is **strength in diversity of experience, insights and views**. And as providers, we come in all shapes and sizes (as people and organisations!), bringing insights from across the country, the rural an urban, private and NFP, different cultures and different approaches

➢ We are determined to ensure that our commitment, insights, learning and experience contribute positively to Reinventing Social Care and **shape a shared vision for the future**

Appendix II: The Reinventing Social Care Programme

REINVENTING
SOCIAL CARE

Phase 1:
Summer/Autumn 2020

Phase 2:
Launch

Phase 2:
Summer/Autumn 2021

Who?

The Directors of the Surrey Care Association

Phase 2 Launch Team

Leadership Team drawn from providers nationally

Output

Executive Summary and Full Report
Launch event chaired by Martin Green, with supportive responses from Jeremy Hunt and Sir Robert Francis

CIC set up
Programme infrastructure in place
Programme planned, resourced and launched

Active engagement to promote ideas
Socialised and supported design proposals to shape and influence Government policy in the redesign of Social Care

Appendix III: Programme Contacts

Programme Co-Lead (Internal):   Fiona Aldridge   leadinternal@reinventingsocialcare.co.uk

Programme Co-Lead (External):   Bex Pritchard   leadexternal@reinventingsocialcare.co.uk

Programme Chair: David Holmes   chair@reinventingsocialcare.co.uk