ALL PARTY PARLIAMENTARY GROUP ON ADULT SOCIAL CARE

A Vision of Social Care

The Economic & Wider Value of Adult Social Care

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View Point From Helen Hayes MP

The coming together of a diverse and different range of organisations in compiling this report on the Vision and Value of Social Care - working in partnership with the APPG on Adult Social Care - signals the urgency and importance of securing a sustainable future for adult social care.

Along with my Parliamentary colleagues involved with the APPG, I hope that the report will be impactful and make a valuable contribution towards demonstrating the importance of credible reform of our social care system, to make it fit for purpose.

As the Co-Chair of the APPG on Adult Social Care, at the start of the pandemic and for most of 2021, I met on a near weekly basis – since the start of the first lockdown – with members of the APPG's Working Group, drawn from a wide range of stakeholders in the social care system.

During these discussions I had the opportunity to hear first-hand to a wide range of voices in the social care system and I know how urgently they want to see reform of our social care system. These weekly calls have been invaluable to me and my work as a Parliamentarian, providing me with accounts of the situation on the ground from across the country.

However, we should not delude ourselves that the issues facing the social care system have suddenly materialised due to the Covdi19 pandemic. Prior to the virus the social care system – despite doing excellent, transformative work every days - was already very fragile and precarious, with huge levels of unmet need, ever tightening eligibility criteria and intolerable pressures on local councils across the country. We must ensure that we learn the right lessons from the pandemic and this report aims to achieve this goal.

It is for this reason that I welcome the publication of this report and look forward to continue working with the other Parliamentary members of the APPG and the social care sector to deliver the reform social care so urgently needs.

Helen Hayes MP

Co-Chair of the APPG on Adult Social Care

View Point From The Rt. Hon. Damian Green MP

I welcome this report from the Working Group of the APPG on Adult Social Care and would like to thank all those who have contributed to bringing it together. The publication of this report on the Vision and Value of Social Care is timely and will no doubt make an important contribution to the wider debate on the reform of social care.

As the report makes clear the performance and incredible dedication of social care staff throughout the pandemic has been a tribute to the commitment of the workforce. It is crucial that we recognise this, invest in their skills and ensure they are properly rewarded for their work.

I also welcome the focus of the report on technology and innovation and its vision for that both are needed to enable better outcomes for people who access social care and support. We need to use the technologies that are available now, which allow people to spend more of their life in their own homes, living a life in comfort before they may have to go into more formal care settings. This is not only better for people, it is also better value for their families and the taxpayer.

The report also makes clear that as part of the changes to the NHS and the introduction of Integrated Care Systems, the social care voice must be properly heard. There is a risk that social care representation is restricted to Local Authorities only, when the social care sector is so much more than local councils. Clearly, local authorities have a key role to play in this, but they are not the whole social care sector. There are third sector providers and private sector providers, and their voices need to be heard as well. There are 1.6 million workers who are employed in social care and their voices need to be heard too.

As part of the debate on the reform of social care we need a 10-year Social Care Plan, to go along with the long-term NHS plan. I believe it is essential that 2021 is the year in which we start down this path and hope this valuable report will contribute to making this aspiration a reality.

The Rt. Hon. Damian Green MP

Co-Chair of the APPG on Adult Social Care

Executive Summary

As the case for reforming adult social care grows stronger, the Working Group of the APPG for Adult Social Care have set out a *Vision of Social Care*, and the *Economic and Wider Value of Social Care* with the aim of informing and supporting the public debate to support people to further their knowledge and understanding as to the positive impact social care has on the lives of people who access care and support to live their lives.

The *Vision of Social Care*, identifies a number of key areas around which the reform of social care will achieve the sustainable and meaningful impact for people who access care and support. The principal piece of legislation which defines how social care is delivered in England is the Care Act 2014, with the key purpose of care and support in the Act underpinned by a wellbeing duty. Despite the ambitions and intentions of the legislation there continues to be a gap between its aspirations and implementation on the ground. This implementation gap is due to a variety of reasons, with a lack of sustainable funding undoubtedly a key factor.

The Economic and Wider Value of Social Care sets out the scale and breadth of the social care system and provides a number of case studies to further illustrate the impact it makes on the economic and community well being in areas across the country. Investment in social care leads to tangible benefits in the spending power of local communities, supporting direct and associated employment and prosperity at the same time. Investment in social care makes a difference to the lives of the people supported, and the communities in which they live.

A sustainable future for the long term fund of adult social care must be a priority if we are to realise a positive vision which puts people at the heart of delivery. The Working Group to the APPG on Adult Social Care believes there is an opportunity to further recognise the value of social care -including nationally and at the level of local communities.

Parliamentarians, the Government and the country at large face a historic opportunity to learn the lessons from the pandemic and place the long awaited reform of social care at the top of the political agenda. The Working Group of the APPG on Adult Social Care believes there are exciting opportunities to be bold in the reform of social care, which places the priorities of people who received care and support at the centre of this reform. This can be achieved by focussing on the following priorities:

Inspires more people to join the social care workforce, by ensuring the higher profile of care and support workers during the pandemic, leads to improvements in recognition, pay and conditions.

Delivers transformation in order to improve how the social care system operates and enables greater collaboration with partners – including in health – with a strong focus and determination to deliver person centred care and support.

Achieves a sustainable system of funding, based on a better understanding by wider society as the value of social care to local communities and the country as a whole.

The resilience of the social care system means it has navigated decades of postponed reform with flexibility, but at the price of not being able to plan for the long term and rising levels of unmet need. Over many years the ‘savings’ made through underfunding of social care, has led to multiples of extra costs in remedial responses further down the line, often within the NHS for example. While the social care system is diverse and complex, the principles on which it is based are simple and uniform. Care and support focused on the needs of individuals, leading to a better quality of life for people who access care and support. However, the many pressures on the social care system has led to on-going challenges and rising levels of unmet need.

This *Vision of Social Care* includes:

- An outline of the future of social care
- What the social care system should look like in 10 years

Vision for areas where reform is required, include:

- Social care workforce
- Technology and Digital Transformation
- Funding and Commissioning

This document also includes information to provide further background on how the adult social care system in England is structured.

The challenges facing the social care system will require a change in narrative and understanding of the issues that need to be addressed to achieve reform. By making social care more appealing as career, with improvements in recruitment and retention, people who access care and support will see higher quality outcomes in the daily lives. **Greater investment in the workforce will have a strong multiplier effect. Our vision for the social care workforce sets out how this can be achieved and what it will look like.**

Improvements in the provision, scale and quality of digital technology in social care, will lead to improvements in how the social care system collaborates with key partners such as the NHS, commissioners in Local Authorities, advocacy groups and other key stakeholders with a commitment to person centred and support. **Investment in digital transformation has a multiplier effect in terms of increasing efficiencies, reducing the bureaucratic burdens and improving the overall effectiveness of the social care system as a whole. Our vison for the future of technology and digital transformation sets outs how this can be accelerated and what it will look like.**

The pandemic has shone a long overdue light on the challenges facing the social care system and the urgency of reform. We hope the Vision of Social Care, and the Value of Social Care, contained in this report will help to provide Parliamentarians with a further tool, in making the case to their colleagues from all parties, as to the importance of finally moving forward on the journey to sustainable reform.

Supporting us to live in a place we call home, with the people and things that we love, in communities where we look out for one another, doing the things that matter to us, through care and support that is inclusive, accessible and innovative.

Adapted from the vision statement developed by Social Care Future movement. To know more visit https://socialcarefuture.blog/

About Social Care:

The adult social care sector is estimated to contribute £41.2 billion per annum[1] to the economy in England. It faces many challenges - even more so due to the Covid19 pandemic - yet continues to make a huge difference to older and people of working age every day.

With the upcoming Social Care White Paper and new announcements of funding and reform, we have a historic opportunity to drive significant changes in the future of the adult social care system. However, this must be centred around a bold and ambitious vision, backed up the sustainable funding required to make it a reality.

Adult social care covers a wide range of settings and in a variety of ways which provide care and support for older people and people of working age, such as adults who are disabled, or may have health conditions or mental health issues. Many people receive home care support, others take a direct payment to manage their own support. There are day services and other people are supported in residential and nursing care homes. It can include assistance with tasks such as washing, taking medication and getting out of bed in the morning or assisting with shopping or undertaking leisure and pleasure activities such as going to the cinema or theatre. Many, although not all of these services, are registered and, inspected by the Care Quality Commission to ensure they meet minimum standards of quality and safety.

While some social care enables older people to live the last phases of their life safely and with dignity many people with disabilities or lifelong conditions receive social care for decades and it is essential to enable them to live in their own home with independence as members of their communities.

Adult social care services are not free at the point of use. Support can be paid for by local government, or through private funds or provided by the voluntary sector. Access to long term social care support is subject to twin tests of need and means. Needs which can be met through public funding are set by national eligibility criteria defined in the Care Act. People who have assets above the threshold for public funded support have to pay for their care and support. Those who do qualify for support are financially assessed and many contribute to the costs of their care and support. There are also an estimated 9 million unpaid carers[2] who work to support their family, friends or neighbours.

The social care workforce in England is even bigger than the NHS workforce: in October 2020 the number of people working in adult social care was estimated at 1.52 million by Skills for Care (for reference NHS England employs 1.3 million). Local government has the main responsibility for publicly funded social care; in England this is under The Care Act 2014 and the Health and Social Care Act 2012. Local councils provide information and advice, assess and monitor needs and finances, provide short-term support, safeguard vulnerable adults from abuse and neglect, and commission care from over 18,200 organisations – and importantly, have the responsibility for shaping markets in their areas, which impacts everyone's ability to draw on care whether they are financially supported or self-funding. The ultimate goal of adult social care is to support people to live with dignity, respect and independence.

1. "State of Adult Social Care Sector", Skills for Care 2020, 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-2020.pdf

2. "4.5 million become unpaid carers in a matter of weeks", Carers UK, June 2020, https://www.carersuk.org/news-and-campaigns/news/carers-week-4-5-million-become-unpaid-carers-in-a-matter-of-weeks

What should Social Care look like in 10 years?

About People:

- Care will become more personalised and draw on community-based support.
- Shaped at the local level with the involvement of people through co-production within an enabling national framework
- Commissioning based on values and co-production rather than funding pressures.
- Asset-based commissioning with more prevention and early intervention and less need for crisis type eligibility driven responses
- Adopts a human rights approach for those receiving care and support and the workforce.
- Learns the lessons from the Covid19 pandemic to use the social care system to help reduce inequalities and provide high quality support, and tackles the impact on inequality of rising levels of unmet need.

Enables Independence:

- More people enabled to organise their own support with the support they need to do this

Integrated:

- Social care providers will be working in close coordination with NHS service providers.
- More joined up action between health, housing and social care and other public services.
- That leads to better health and care outcomes which can be understood and assessed without the need for overly complex regulation (though that is not to say there should be no regulation): based on what matters most to people needing support and their families (see Making it Real as potential yardstick).

An Empowered and Rewarded Workforce

- The pandemic has shone a long overdue spotlight on the dedication, commitment, resilience and high skills of the social care workforce, and the role they play as key workers in every community across the country.
- We must use this opportunity to see better pay, better conditions and better recognition for the social care workforce. This is particularly important in the context of the mental health and well-being of the social care workforce. There remains a huge recruitment challenge to attract people into social care, and we must create the right environment, pay scales and opportunities for aspirational career progression, with clear pathways for people to progress in careers in social care.
- Investing in the workforce also includes training and qualifications in place to enable this progression. It is also important that we achieve genuine parity of esteem between health and social care, with significant steps taken to ensure that social care receives the same status and respect as that of health, including respect for the skills of the social care workforce. Achieving this parity has the potential to attract new talent and improve recruitment prospects for the sector.
- Parity of esteem between health and social care is essential, if we are to realise the benefits of establishing a vision for the future of adult social care. A more positive portrayal of the value and benefits of working in the sector, with a greater appreciation by wider society of the value and high skills of the workforce.

Innovative:

- Effectively using technology to improve efficiency and empowering people who receive care, and their formal and informal carers.
- Commissioners encourage new models of care and innovation - in terms of technology, housing with care and social care practice, including greater scale in the aims of the Transforming Care agenda for people with learning disabilities with improvements in community housing provision.
- Increased scope and space for growing, spreading and embedding more innovative approaches to care and support (examples include TLAP's directory of innovations in community-centred support).

Sustainable:

- Recipient of adequate funding and investment, with a fair settlement between the state and citizens on sources of funding.
- Recognised and valued as essential for the wellbeing and dignity of many citizens.
- Social care is an investment in a more resilient society, not a drain on public resources – this needs to be incorporated into the narrative used to engage in the wider public debate on the reform of social care.

Areas for Policy Development:

The Care Act 2014 had and has significant support, but the implementation gap of the act, in large part due to unsustainable funding, means that the Act failed to deliver the intended impact. Here we are setting out a vision for three areas of policy development that will drive us in the direction of the vision for the next 10 years:

- Workforce Development
- Technology and Digital Transformation
- Funding and Commissioning

The Social Care Workforce:

Adult social care is a complex sector with a wide range of services offered by around 18,200 employers operating an estimated 38,000 establishments. Adult social care and support is provided by over 1.52 million skilled workers - (larger than the 1.3m NHS workforce) - who carry out 1.65 million job roles. The number of job roles has increased by 9% (or 130,000 more job roles) since 2012. Those workers are employed in numerous job roles: 41% (680,000) are employed in residential services, 43% (715,000) in domiciliary care, 13% (220,000) in community care and 2% (35,000) in day services. Most (79% or 1,295,000) of the total workforce are employed in the independent sector, 7% (113,000) work for local authorities, 6% (102,000) for the NHS and 8% (135,000) work for around 70,000 direct payment recipients. Individual employers, on average, employ 1.9 PAs each.

The social care workforce should receive parity of esteem with workers in the NHS, with a recognition as to the professional nature of the workforce, led by Ministers, MPs and senior figures in the NHS. A Workforce Strategy for Social Care would help to support those who work in social care, but it should complement other priorities such as Children's Services, unpaid carers and the NHS workforce development plan to ensure it recognises social care in the round.

Future Demand

Skills for Care have calculated that if the adult social care workforce grows at the same rate as the projected number of people aged 65 and over in the population, then the number of adult social care jobs in England will increase by 32% (or by 520,000 jobs) to around 2.17 million jobs by 2035.

A more detailed breakdown of the size and structure workforce, including gender, ethnicity, turnover/vacancy rates and pay can be found in Skills for Care 'The state of the adult social care sector and workforce in England' report The state of the adult social care sector and workforce in England. Local reports based on local authorities are also free to download Local area information.

The social care workforce is large and complex, with low pay, high vacancy rates, which leads to low quality care and support, which serves to exacerbate the challenging conditions for those who engage in the sector.

What We Want to See:

- Policies to reform adult social care must address the needs of the workforce.
- There is a need for an **adult social care workforce strategy/ people plan** where central and local government, employer bodies, improvement bodies and people who use care and support work in partnership. This plan needs to be a partnership between the people who work in care, and people receive care and support.
- We need a consistent approach to workforce planning which is joined up by a national plan, underpinned by credible data and intelligence which sets the direction and priorities for workforce capacity and capabilities, and is underpinned by a vision. It should be:
    - anchored in the vision of improving the quality of life of the people who access care and support.
    - clear on the different roles and responsibilities of employers, Government (central and local) and improvement bodies.
    - accompanied by social care funding reform so that the system is adequately funded.
    - clear on the national to local join up, including how Integrated Care Systems (ICSs) can use it alongside the NHS people plan to develop integrated local strategies.
    - Recognise the contribution of unpaid carers as part of the social care workforce.
- We also need to promote in the eyes of the public **a more positive image of social care as a rewarding and fulfilling career, and for people to see this in practice**. This will help attract more people, including young people, who will see adult social care as a career of choice, and support longer-term succession planning.
- We need to address low pay and poor terms and conditions in social care jobs. For example, the recent Court of Appeal ruling on pay for sleep-in shifts, reinforced perceptions about the status of working in social care.
- People who access care and support are diverse, and the social care workforce should also reflect this diversity and be inclusive of people from different backgrounds.
- We also need to look at **career development and frameworks** that help people feel valued and help them see where they can most easily build their careers.
- Pay conditions that allow care workers to enjoy the fulfilment they receive from working in social care alongside feeling rewarded and recognised.
- We need to invest in supporting employers to **invest in the learning and development** needs of their workforce. Values based recruitment is also an important factor to improve the quality of the workforce.
- Ensuring that social care and health work well together (for example through ICSs) but not at the expense of the breadth of social care. This means promoting and understanding social care in terms of the vital role it plays in people's lives in our community.
- Consistently supporting social care staff to maintain their safety, physical health and mental wellbeing.
- When envisioning a person-centred care social care system, the requirements and expectations of the workforce will sometimes become blurred as roles evolve and respond to people who access care and support. The expansion and development of the social care workforce into roles that enable prevention and the growth of innovative models of care, will lead to greater personalisation of care.

Case Studies

Isa Williams

Isa Williams won Anchor Hanover's Rising Star of the Year Award in 2021. Aged 18, Isa has worked at Townend Close Care Home in Keighley since March 2020 as an apprentice carer and will now compete other apprenticeships across the country as part of the nationwide National Apprenticeship Service Programme.

Isa describes her apprenticeship with Anchor Hanover as "an amazing experience" which has enabled her to learn a wide range of new skills and boosted her confidence. She says:

"I have learned so much and developed not only in my work but also as a person. I've been able to improve my English and IT skills and grow my confidence through talking to new people and developing working relationships with residents. Each day at work is a new learning experience and it is amazing to make a difference in people's lives."

Sam Henderson

Sam's journey in the care sector began in his early 20s when he was working in a care home as a chef having previously worked in a hotel. Whilst there, he got to know the residents which he says "really opened (his) eyes" to the idea of becoming a care worker.

Beginning as a mental health support worker, Sam worked his way up through the organisation and is now Manager of Anchor Hanover's Augusta Court care home in Chichester. The home provides dementia care and palliative support.

Of his career in care work, Sam says:

"Although I was working in the kitchen, I really got to know the residents and I was really keen to get more involved and get rid of some of those misconceptions that care wasn't a career for young men. You are helping residents and their families at what is the most difficult time of their lives. But it's so rewarding when you can see what kind of difference you can make, and you do that by being part of a team."

Rob Martin

Rob joined Anchor Hanover in 2013 as National Care Quality Manager before becoming Director of Care Quality in 2015 and is now Managing Director of Care Services.

His career began in the armed forces in the Royal Artillery in the early 1990s. After leaving the forces with exemplary service after over seven years in 2000, Rob attained CIPD membership and Certificate in Personal Practice before joining the HR team at the merger of two NHS Trusts from 2001 to 2002.

He joined the care sector in 2004 as a Registered Manager of a homecare service during which time he also achieved an NVQ level 4 in Leadership and Management. From 2005 to 2006 he was a social care Training Manager and Operations Manager from 2006 to 2007. Prior to joining Anchor Hanover, Rob also worked as a Regional Quality Manager and later National Quality Manager with homecare provider.

He has also completed the Kings Fund's Top Manager Programme for senior leaders in health and social care.

Of his career in the care sector so far, Rob says:

"Many people may not consider social care as a natural career choice for someone coming out of the armed forces, but the sector has allowed me to apply and enhance many of the skills I learned in the army. The training and development opportunities in care have been essential to where I am today and really demonstrates the opportunities the sector offers for people from a wide-range of backgrounds to enjoy a rewarding and fulfilling career."

Technology and Digital Transformation

Other sectors of society have taken advantage of technology to deliver improvements in user experience and efficiency benefits. A National Strategy for digital transformation across social care would help to ensure more consistency across the country and improve outcomes for people who access care and support.

Information management and reporting is a significant part of the workload of any care team. Over 65% of care teams across the UK still collect information on paper.[3] This results in a drop of job satisfaction, recording information for recording sake (this information is recorded but not always used to improve quality of care), and duplicate reporting, where the same information needs to be reported to both CQC and the Local Authority; it is widely accepted that a better information flow between stakeholders in the sector would result in significant efficiency gains, potentially improved outcomes, and improved experience for people who receive care and support.

Digital transformation can change the paradigm of what is meant by integration. With the right digital frameworks integration can become focused on the individual, their choices, their health, their care, without any of the gaps between institutions, with care delivered more effectively, with better outcomes.

It is in this context that Digital transformation can enable innovation in terms of service design, enabling new models of care to be developed and scaled up. This is particularly important in the context of housing design and the incorporation of new technology and innovation, including in the development of new models of care.

Although the information flows between Social Care and NHS can be complex, there are some fundamental principles that can enable large scale uptake, and rapid delivery of benefits for both Social Care and NHS. These include:

- **Ensuring all care providers become digitally enabled:** this is a cornerstone for accessing the benefits of digital across the sector - a similar trajectory to what happened with uptake of GP digital systems in the 80's (from less than 5% in 1980 to over 90% adoption in 1992) - this will unleash a range of benefits to care providers (more time available for face to face care, less effort on administrative tasks), and more meaningfully, this will deliver immediate improvements in safety of care and quality of care, and open the door to a more personalised care, where each person is involved in shaping their own care; digital platforms can support personalisation, coordination of circles of care, and enable individuals to take as little or as much control as they are prepared to take. This will require a digital infrastructure to be in place to reach its potential. Ultimately, they enable the transition from the current commissioning model to modern models of co-creation and continuous innovation in care planning; this requires investment in ongoing programmes such as the enrolment of care providers in the DSPT (Data Security and Protection Toolkit) so that providers meet good data security standards, and investment in the Joining Up Care programme, within the NHSx portfolio:[4] The impact of a digitally enabled care team is widely recognised in projects such as the Hubble Project[5], case studies[6] or numerous research initiatives, e.g., on care worker engagement.[7]
- **A means to give choice and independence:** Every person and their family wants to access services, self-help, and to retain control of their lives, and having the right digital infrastructure allows this to take place. This can be through assistive devices which support people with daily activities and digital tools which enable family members to coordinate in supporting the person both with their activities or in using health and social care services, but above all, allowing people to control their own lives: giving them the ability to write their care plans, their advanced decisions, and supporting them in remaining independent and healthy for as long as possible. It is also important to make technology equitable, ensuring it is easily retrofitted and accessible regardless of where people live. Technology when used effectively, is a tool to support people to live fuller lives and barriers – such as access to online services – should be moved to facilitate its use. This will also provide opportunities for people to access their records and care and support plans. Technology also needs to enable co-production of care plans, and care pathways, thereby enabling each person to shape the technology that wraps around them and their requirements.

Investment in technology in social care is investment in the infrastructure that will enable social care to reconfigure and integrate with other services, enabling integration to happen around each of us when we need support.

It is essential that care providers and people with lived experience are involved in the design and implementation of digital transformation - the paradigm of NHS procurement dictating the direction of travel can make it difficult to access the benefits if providers and people with lived experience are not involved.

3. https://www.digitalmarketplace.service.gov.uk/digital-outcomes-and-specialists/opportunities/13150).

4. https://www.nhsx.nhs.uk/blogs/support-digital-social-care-records/).

5. https://www.digitalsocialcare.co.uk/social-care-technology/the-hubble-project

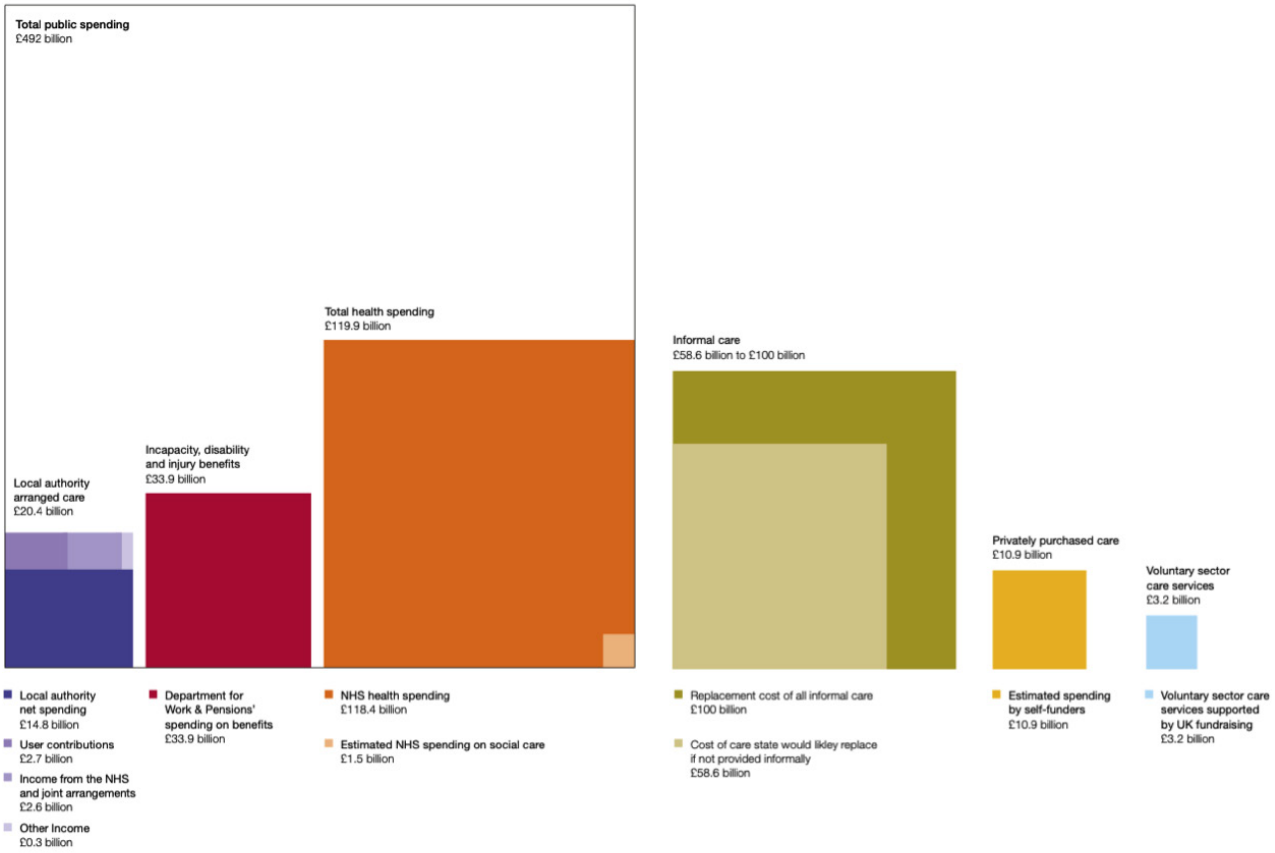
6. https://www.digitalsocialcare.co.uk/success-stories/

7. https://nourishcare.co.uk/research-paper/

Funding and Commissioning

Research carried out by Skills for Care found that the Adult Social Care Sector was estimated to contribute £41.2 billion per annum to the economy in England. The total wage bill of the sector, calculated using Adult Social Care-Workforce Data Set information, accounted for around half of this amount at £22.3 billion in 2019/20 (up 2% from 2018/19). The economic contribution estimate also includes private sector profits, indirect effects (the adult social care sector's supply chain), and induced effects (money spent by people working in adult social care).

Estimates of the value of care for adults 2016-17



Note

1 NHS Digital, Adult Social Care Activity and Finance Report 2016-17 local authority net spending on adult social care (£14.8 billion) differs slightly from Department for Communities and Local Government, Revenue Outturn Summary 2016-17 (£14.9 billion).

Source: 1) HM Treasury, *Country and Regional Analysis;* November 2017; 2) NHS Digital, *Adult Social Care Activity and Finance Report 2016-17*; 3) Office for National Statistics, *Household satellite accounts: 2005 to 2014*, April 2016 4) National Audit Office estimate based on Carers UK, *Valuing Carers 2015*, November 2015; 5) Skills for Care, *The economic value of the adult social care sector in England*, February 2013; 6) National Council for Voluntary Organisations, *2013-14 UK estimate for adult and children's social services combined*, UK Civil Society Almanac 2016; 7) NHS England, *Better Care Fund: 2016-17 Planning Data, Submission 4*, unpublished

The current structure of accountability leads to concerns about an implementation gap. The current model of having care commissioned through dynamic purchasing systems can leads to a race to the bottom, with resulting poor quality of care and prices paid below what most consider to be a fair price for care. Under the current system, many of those who provide care are left without resources to innovate, increase quality and efficiency of the services they deliver. Two lines of thought are evolving:

- Need for national coordination and oversight - the implementation gap of the Care Act is a reflection of the lack of national coordination. National coordination of social care is also important in terms of representation - coordination with the NHS at national level, and a degree of command and control on important issues such as implementation of co-production commissioning models at a national level, and the development of integrated models of commissioning where Social Care has similar parity of esteem to that of the NHS – there is also a need for harmonisation as different local authorities have different contracts and slightly different approaches in administration.
- The combination of integration, digital transformation, and development of the workforce is expected to lead to gains in efficiency, which are essential if the sector is to remain sustainable considering the expected increase in demand. There is a widespread consensus about the necessity for an increase of funding for social care.

Both the Health Foundation and the King's Fund estimate a requirement for an immediate investment of additional £8bn in adult social care, (the amount that will be required to restore quality and access to 2009/10 levels), funded nationally and distributed according to a fair funding formula – which limits workforce pay. **Approaches based on increasing effectiveness of the sector based on innovation-led increases in productivity will require investments above that figure**. In general, the Social Care funding gap will continue to increase unless significant investments are made in the short term to drive innovation and a restructure of the commissioning model which is expensive and inefficient - with a degree of national coordination and central government accountability, alongside local ICS delivery in close collaboration between NHS and Local Authority commissioning, and direct collaborative working between NHS provider organisations and Social Care providers.

Appendix - How Adult Social Care is Structured

"Adult social care covers social work, personal care and practical support for adults with a physical disability, a learning disability, or physical or mental illness, as well as support for their carers.

Adults with social care needs often need long term support to stay safe, maintain independence, have relationships and meaning to their lives. These needs are often multiple and interrelated with other needs. Adult social care is therefore part of a complex system of related public services and forms of support.

For decades, Social Care has been an essential part of the set of societal responses in place to support citizens through disability, moments of illness or frailty." National Audit Office, Social Care at a Glance.[8]

Although separate, its history has evolved in tandem with the NHS. The separation stems from:

- NHS being free at the point of use, while Social Care is means tested;
- NHS being funded nationally, while Social Care is funded locally;
- NHS tends to focus on diagnosis and treatment of ill health – 'a sickness rather than wellbeing model' although the stated aim of NHS policy is to shift away from this towards a health and wellbeing model according to the NHS long term plan.[9]
- NHS having a strong presence in the public's mindset, whereas Social Care less so;
- NHS is funded centrally and is managed in a command-and-control loop by the government, Social Care is funded by Local Authorities which are accountable to local residents;
- NHS care is geared towards short term episodes of treating specific illness or injuries while social care is more often involved in response to long term/lifelong conditions and is designed to enable people to continue to have a good quality life with purpose;

The coordination of the two systems is essential for both to work sustainably. We know that reductions in social care usually result in less efficient use of resources within the NHS (with overall degradation of experience for the individual). Attempts at delivering integration programmes include the Better Care Fund, an ongoing effort to pool budgets at a local level, with a drive to find savings from collaboration.[10] In February 2017 the National Audit Office found that the integration programme was failing to demonstrate value for money.[11]

Care teams are extremely varied depending on whether they provide more or less specialised care, whether the people they support are self-funding for their care or if this is being part or fully commissioned by a local authority or a CCG. In England they are held accountable via CQC registration and inspections, and other reporting obligations as a baseline, and for those that are commissioned by local authorities and NHS there is an added degree of scrutiny from local clinical audit teams, as well as contract monitoring among others. Not-for-profit organisations also have to operate with charity commission and social housing regulator frameworks when appropriate.

Discussions about integration often result in dialogue between the regional NHS and Local Authorities which commission services from providers which are then delivered to support people. But the vast majority of care is provided by home care or care home organisations, and these, together with people with lived experience need to be part of integration discussions. The drivers that lead to positive outcomes for a person receiving support are in their vast majority controlled by the person and their close circle of care.

In the future, care can be provided through a seamless range of services that enable citizens to be as independent as they can be, drawing support from their circle of care, from an empowered and skilled care workforce, which is funded sustainably in such a way that enables people to achieve outcomes that are important to them.

8. https://www.nao.org.uk/wp-content/uploads/2018/07/Adult-social-care-at-a-glance.pdf

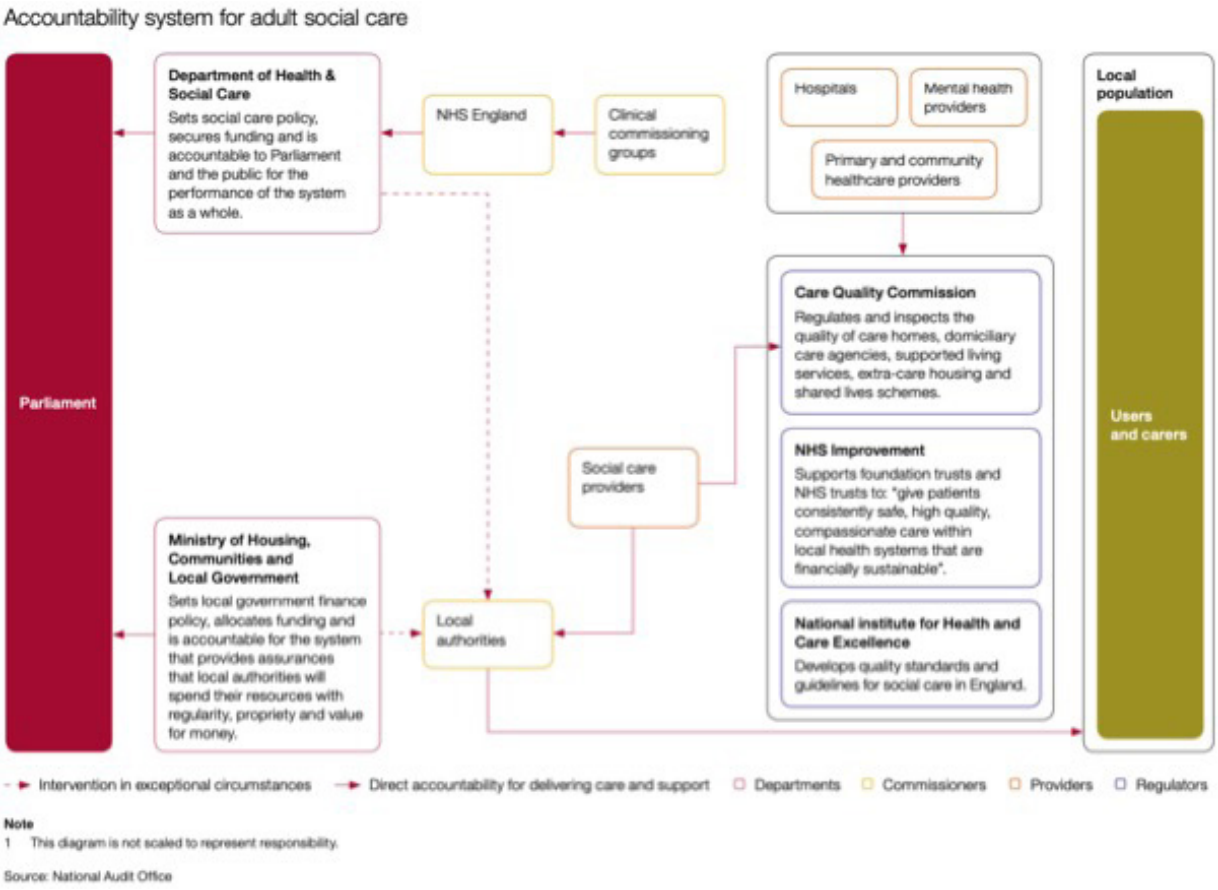
9. https://www.longtermplan.nhs.uk

10. https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021

11. https://www.nao.org.uk/report/health-and-social-care-integration/

Accountability

Accountability for care delivered is not always aligned, which sometimes leads to a hard-to-find focus for integration between different systems.



Note
1 This diagram is not scaled to represent responsibility.

Source: National Audit Office

Stakeholders and Stakeholder Dynamics

People receiving care

Some people living with long term conditions, disability, frailty, dementia, learning difficulties have experienced the divide between health and social care in many ways – systems assess differently, which can lead to challenges in the co-ordination with care teams in domiciliary care or care homes, or being transferred between a care home and hospital without basic patient information. When this works well this is good co-ordination with District Nursing. Communication between these settings is often done through endless phone calls, faxes and emails – people receiving care can feel the brunt of the lack of continuity in several ways:

- Delayed hospital discharges, or unsafe hospital discharges;
- Care delivered by both NHS nursing and care teams – without coordination;
- Unsafe care received for lack of continuity between different care workers in a team – often care workers not knowing enough about the person's allergies, or how to provide care in line with their specific circumstances;
- The person feels isolated, and family feels excluded from their care – often having to rely on the verbal report from care managers about care given;

Family and friend carers

Families provide the vast majority of care - and this is growing. By caring, families, and more often women, support and help people who need support navigating the health and social care system - often puzzled by how complex it can be. According to Carers UK in 2020 there were over 9 million people providing unpaid care. This has impact at various levels - people of working age who abandon careers, or older people whose health degrades as a result of the stresses of caring for others are two examples of how lack of support for family and friend carers can mean in terms of economic impact and pressure on health and care systems.

Care Workers

Care work is all consuming – coordinating work with training, under a high degree of scrutiny which trickles down from the regulatory frameworks applied to care provision. Many would say that there is a lack of training for social care workers and investment in this compared to the NHS. There is a high vacancy and turnover rate in social care. Low morale, reflects low pay and conditions, low status compared to NHS, lack of career paths, lack of control and autonomy.

Registered Managers

Registered managers are responsible for leading their teams, ensuring safety for their staff and their carers, ensuring their teams are responsive to the needs of those that rely on them, and are accountable to CQC, commissioning bodies, owners, and ultimately people receiving support and their families. Registered Managers have a significant influence on the quality of a service. It is widely believed that having a competent Registered Manager in place leads to a service being awarded higher ratings by CQC, and results in lower turnover of staff.

Care Providers

Care providers are in their vast majority operated by private operators or charities. A small percentage is directly operated by local authorities. All these owners have an essential role to play in investing in the creation, maintenance and continuous improvement of building stock, and overall contribute to a varied sector giving people and commissioners choice.

Commissioners (Local Authorities and NHS):

Budget holders for state funded care sit mostly within Local Authorities. Creating frameworks of approved care providers, placing and managing contracts involves substantial effort from contract monitoring teams who need to ensure that care is being provided in a way that is safe, in line with the contract, and that outcomes are being achieved. NHS also commissions care, mostly in the context of Continuous Healthcare frameworks.

NHS CCGs (currently being restructured into Integrated Care Systems):

There are multiple entities within a CCG with which social care operates – but the most common interactions take place with:

- GP practices – these provide primary care to people receiving support in the community and residents in care homes – GPs want to be able to assess a person's state of health based on latest reliable observation data, and information related to the person's care and medication – this data is very rarely available remotely;
- District nursing – where specialist community teams supervise specific areas of care, e.g. incontinence, across a geography – these teams want to ensure clear guidelines are set for what good looks like in each domain of care, to train care teams, and to intervene where there is reason for concern regarding quality of care; information of care quality in a region, rate of incidents and stratified risk is not easily available to community nursing teams, or requires large amounts of effort to produce and maintain on either side;
- Hospitals – A&E admissions and hospital discharge back into the community – with the need to give hospital teams context about the patient coming from their care teams in the community, and the need to give care teams context of the hospital stay when the patient is being transferred back.

There are a plethora of challenges in coordinating care in all these scenarios. The restructuring of CCGs and creation of ICSs aims at better coordination at regional level. To meet these needs, GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as primary care networks (PCNs).

Department for Health and Social Care:

As the government body for the sector, the department continuously engages with NHS England being able to monitor and adjust capacity, quality and safety. But given the nature of the funding streams into Social Care, the department does not have the same level engagement with the sector's care providers and accessing good quality data at scale is difficult – often relying on LGA, ADASS or CQC for secondary data.

CQC:

Adult Social Care's regulator operates a system including provider registration, information return, notifications, and service inspections. CQC makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve through a system of notifications, monitoring through direct and indirect assessment of people's experiences of receiving care, and regular inspections of registered services.

The Economic & Wider Value of Adult Social Care

The Value of Adult Social Care to Encourage Long-term Reform

Introduction

By outlining the economic value that the adult social care system generates at a national, local, and individual level, this information is presented with an intention to inform the public debate on the wider reform of social care, and in particular provide context when issues of funding and investment to support reform arise.

The adult social care system is a major economic driver in the UK, and one of the few areas which contributes to local economies in every part of the country. People are increasingly aware of the importance of social care in supporting millions of people to live their lives, but its economic impact rarely receives the same recognition.

The longstanding challenges facing social care, and the associated need for reform, have been brought to the forefront of political discussions due to the impact of the Covid-19 pandemic. As has been the case with previous attempts to secure meaningful reforms for social care, too often these discussions have been derailed by concerns regarding the financial resources required to make change happen.

Too often conversations about reform have framed social care as a 'burden', focussing only on the resources required to support it from individuals, as well as both local and national Government. This is of course a significant consideration, but does not accurately reflect the whole economic impact of the social care system; the jobs created by the sector, the investment in every local economy in the country and the support provided to people who access care that enables them to achieve employment and financial independence.

Investing in social care also leads to wider cost savings in the NHS, with the Health Foundation highlighting the impact of delayed discharges due to a lack of appropriate social care provision in local communities. For example the number of delayed days attributed to social care increased from 496,828 in April to November 2016 to 509,477 during the same period in 2017.[12]

12. https://www.health.org.uk/blogs/nhs-winter-pressures-going-home-from-hospital

National

Skills for Care's annual 'State of the Adult Social Care Sector and Workforce' report published in October 2020 estimates that the adult social care sector contributes £41.2 billion per annum to the economy in England. This value is generated directly into local economies across the country. There are over 38,000 care-providing locations in England, and numerous care settings are present in every Local Authority area in the country.[13]

Employment & Wages

Of this £41.2 billion economic contribution, approximately half (£22.3 billion) is spent on staff wages, with the average median hourly wage for a social care worker being £8.50. The social care sector is currently estimated to employ over 1.52 million people, more than the total NHS workforce.[14] People are employed in a wide range of roles, including as frontline care and support staff, Personal Assistants, porters, caterers, administrative workers and many others. 79% of workers in the sector are employed by independent providers, 8% by people who receive Direct Payments to self-direct their own care and support, and the remainder employed primarily by Local Government.

There are also an estimated five million unpaid carers – 1 in 7 of the workforce - who voluntarily support family or other people close to them, providing care for needs in their local communities, that would otherwise not be addressed, or would have to be met at Government expense. According to Carers UK, unpaid carers save the economy £132 billion per year, an average of £19,336 per carer.[15]

Since 2012, the number of available jobs in social care sector has increased by 9% to a total of 1.67 million (1.16 million full-time equivalent roles, accommodating for the significant number of part-time workers in the sector).[16] The sector routinely reports over 100,000 vacancies annually, and is expected to grow even further over the next decade. Skills for Care estimates that due to demographic changes by 2035, an additional 520,000 care and support workers will be needed in England.[17]

Local Spending & 'Anchor Institutions'

The remaining portion of the £41.2 billion is spent on the delivery of services and the maintenance of care settings. This includes staff equipment (including infection control tools), resources for people who access care (e.g. food, activities, furniture), transportation, administration and the upkeep for a wide variety of care settings (including care homes, day centres and people's own homes).

Care settings are often viewed as "anchor institutions" that, by necessity and intention, generate spending which remains within the same community in which it exists. This spending in turn supports a wide-range of local businesses ranging from retail to construction and entertainment.

As Community Integrated Care recent report – Unfair to Care – highlighted, 'Social care workers are rooted in local communities, creating a virtuous circle of localised spending. Any investment in the sector, by proxy, also supports other local industries' leading to tangible economic benefits to local areas.[18]

Inequalities

The social care sector is one of the largest employers in the country, and its workforce is disproportionately composed of people from disadvantaged socio-economic backgrounds and people with protected characteristics.

- 82% of workers identify as female, including:
    - 83% of direct care providers
    - 79% of managers
    - 67% of senior management
- 27% of workers were over the age of 55, higher than the national average of 20%.
    - The average age of the workforce has increased from 42.5 in 2012/13 to 44 in 2019/20
- 21% of workers identified as being of an ethnicity that was Black, Asian, Mixed, or Minority Ethnic (BAME).
    - This rose to 66% of the workforce in London specifically.
    - 22% of direct care providers identify as BAME, as do 15% of managers.[19]

Local & Personal

At a local level, the spending by both social care providers and people who self-direct their own care impacts the local economy in numerous ways. People employed by the sector helps to drive employment and spending in the local economy, but on a much wider scale, social care contracts for numerous businesses covers areas as diverse as catering, entertainment, construction and transportation.

Social Care also generates great value at an individual level - 840,000 adults' access publicly-funded long-term social care in England, and millions more access care that is short-term, privately funded or provided unpaid from family and loved-ones. Care provides economic value by supporting people to live independent lives, with control over their own finances and in many cases supporting them into employment to contribute to the economy overall. This also reduces need for people to access welfare support, reducing the expense on the public purse.

13. 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-2020.pdf]

14. https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

15. https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures

16. https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-size-and-structure-of-the-adult-social-care-sector-and-workforce-in-England.aspx

17. Ibid

18. https://www.unfairtocare.co.uk/wp-content/uploads/2021/07/Unfair-To-Care-Summary-Report-Single-Pages.pdf

19. https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-size-and-structure-of-the-adult-social-care-sector-and-workforce-in-England.aspx

Case Studies – Examples of the Economic Value of Care and Support

The Adult Social Care APPG's Working Group is composed of numerous representatives of the social care system, who have provided some examples of case studies to demonstrate the impact of social care organisations on local economies and individuals across the country.

Methodist Homes (MHA) - Building Stronger Communities

MHA is the UK's largest charity provider of care for older people, supporting over 18,000 people through its 89 care homes, 70 retirement living communities and community support schemes.[20]

Two areas of particular impact can be seen in Stoke-on-Trent and Teesside. Both of these areas are identified as 'level 1' areas for Government levelling up investment. Both areas have higher than average unemployment rates, with unemployment in Middlesbrough reaching 10% in 2020.

Spotlight on MHA in Teesside: In and around Middlesbrough in Teesside, MHA runs two care homes, Montpelier Manor and Reuben Manor, which support 119 people with nursing or dementia needs; Hilton Court, a retirement living community for 39 people; and an MHA Communities scheme supporting 136 people in the community with regular befriending calls and activities (subject to Covid restrictions). These services therefore support almost 300 people with varying care needs, employing 154 local people (full and part time) with salaries of around £3million per year in total, and supporting 25 local volunteers. In addition, the schemes support 10 local businesses including local plumbers, window cleaners and cafes.

Spotlight on MHA in Stoke on Trent: In Stoke on Trent, MHA runs Claybourne, a dementia-specialist care home for 45 people; Adlington House, a retirement living community supporting 80 people; and MHA Communities, a scheme supporting 293 people in their homes with regular befriending calls and other activities (subject to covid-restrictions).

These services therefore support over older 400 people with varying care needs, employing 81 local people (full and part time) with salaries of almost £1.5million in total each year. These services also support 24 local business that supply services such as caterers, painters and engineers. In addition, MHA supports 82 volunteers who are part of its MHA Communities scheme, strengthening community ties and connections across the area.

Affinity Trust, Copton Ash Development, Leicestershire

In November 2019 Affinity Trust, a national charity supporting people with learning disabilities and complex needs, secured capital investment from NHS England of almost £1 million for a new build scheme in Marksfield, Leicestershire.[21] This has involved the demolition of a single derelict bungalow and the development of four new self-contained bungalows for individuals leaving hospital and other care settings under the Government's *Transforming Care* agenda. In total £1.5m has been invested into the site, including funds from Affinity Trust's own reserves.

Copton Ash opened in May 2021 to provide a long term home in the community for four adults with learning disabilities with 24/7 support in place.

People supported at the scheme are tenants in their own home and benefit from the choices, greater control over their lives and the community engagement which this brings. Each individual has a staff team consisting of 1:1 or 2:1 support and over time will benefit from a focus on their independence, community presence and skills development; with the further utilisation of assistive technology, thus potentially reducing their reliance on paid support. This is expected to produce savings for the public purse compared to their long term stay in the NHS.

The site has been developed throughout the COVID-19 pandemic and involved the input of professional firms including architects, surveyors and consultants at a cost of £100,000. The Midlands-based building firm employed on the site for 15 months at a cost of £1 million has supported the direct employment of 14 full-time equivalent builders, contractors and site management.

The scheme has also created 32 new sustainable jobs in social care, for Support Workers and managers on site. Staff are highly trained by Affinity Trust to meet the specific needs of the people they are supporting, benefiting from the achievement of the Care Certificate, Apprenticeships in Social Care Levels 2, 3 and 5 and a range of other specialist training, including that sourced from local training providers. The staff team on site and the individual tenants are further supported by a team of senior managers and Head Office staff at Affinity Trust as well as a specialist Clinical Team. The Copton Ash scheme will therefore generate ongoing revenue and staffing costs in excess of £825,000 per annum with additional expenditure of £175,000 on non-pay costs, including with local firms and businesses.

20. https://www.mha.org.uk/

21. https://affinitytrust.org/

Dimensions, Somerset & London

Dimensions provides personalised social care services for people with learning disabilities and autism, including challenging behaviour and complex needs.[22]

Spotlight on Somerset: The Discovery Supported Employment Service supports people who have a learning disability and autism into paid employment within the local area – a much needed service given 65% of people who have a learning disability say they would like a job, but just 6% of people are in paid employment.

The service is funded through Somerset County Council as part of its contract with Discovery, a social enterprise working across Somerset to provide social care to people who have a learning disability and autism.

The Supported Employment Service employs around 20 people to provide bespoke employment support. This includes a period of getting to know each individual, understanding the roles they might be interested in and securing paid and unpaid job trials within local sectors, including social care.

The service then supports employers to design accessible recruitment processes, including working interviews – where people are assessed over a period of time carrying out the role. These adjustments to recruitment greatly benefit people who have the right skills to perform a role, but who may struggle with a standard format interview process.

If successful, the person then receives employment support from the Employment Co-Ordinator, working with their employer to identify any issues or barriers within the working environment. The aim of this is for the support service to fade out over time, as the employee and employer become more confident working together.

The Supported Employment Service has supported 123 people into sustained paid employment (retention beyond 6 months), over the past 3 years.

This includes those who have participated in the HPC Programme, a 10-15 week work experience programme run in conjunction with EDF Energy at the Hinkley Point Power Station. This programme has seen 6 people who have a learning disability gain sustained, paid employment at the site – contributing to the local economy and the broader national agenda on Green Energy.

Ryan's Success Story - Another recent success story is Ryan's. As the pandemic hit, Ryan's day service was closed, leaving him without his regular opportunity to get out and about. As a result, Ryan approached the Discovery Supported Employment Service with a view to gaining a job, leading to him successfully getting a cleaning job with the local ambulance service. Ryan has worked through the pandemic as a key worker and is immensely proud to have done so. Ryan's story shows that, with the right support, people can be active citizens, helping to sustain the local economy and contributing to the local community.

Spotlight on London: In London, Dimensions has a total local spend £7,270,000. Of this amount, £6,310,000 is spent on staff wages for 297 staff and £223,000 is spent on procurement (including food, training, activities and furnishing).

22. https://dimensions-uk.org/

Guild Care, Worthing – A member of the National Care Forum (NCF)

Guild Care is a social care charity and provides a range of services to people in Worthing, on the south coast.[23] The organisation operates three residential care homes with 181 beds combined with a mix of nursing, residential and dementia provision, Home Care service with around 300 customers (a mix of care and domestic provision), day services and housing provision for people with learning disabilities and older people and a retail function with 11 shops.

The organisation employs around 600 people (385 FTE) and has 200 volunteers. 72% of its workforce are employed as carers and support workers. 93% of its workforce lives in Worthing which would indicate a significant amount of its £12.4m payroll costs are spent in the local community.

Suppliers - Guild Care uses local suppliers wherever possible. For 2019/20 its total spend on suppliers was £3.9m. The top suppliers, shown below, included many local services and companies.

Supplier Name	Description	Spend 2019
Supplier	Catering services in the care homes. The costs are predominantly for staff, but food is sourced locally.	£ 985,834.20
Supplier	Local company providing agency staff	£ 192,942.57
Supplier	Care supplies	£ 186,611.01
Supplier	Local agency	£ 183,896.58
Supplier	Local agency and training company	£ 164,336.65
Supplier	National energy supplier	£ 163,700.34
Supplier	Local care provider	£ 153,589.45
Supplier	Interior design and furniture	£ 137,683.92
Supplier	Local agency	£ 120,151.76
Supplier	Local kitchen and bedroom company	£ 119,323.80
Supplier	National IT	£ 118,708.61
Supplier	Local carpet company	£ 106,577.00
Supplier	Office renovator	£90,130.06
Supplier	Local leases and services	£86,988.38

Finances - For the financial year 2020/2021;

- Capital spend was £0.1m.
    - This was much lower than previous years due to Covid and was due Guild Care being protective of its cash position but would anticipate an increase again in future years as it looks to invest in existing and new facilities.
- Balance sheet shows a net book value of £10.6m for its properties.
- Turnover was £16.2m.
- Employee costs were £12.4m.
- Public benefit was £2.5m.
    - This is calculated as the difference between the amount it costs to provide care and the rate which private fee payers pay, for its care homes, enabling the organisation to provide beds for people on Local Authority and NHS rates (significantly lower than the actual costs of care), and to be able to ensure that for private fee payers they can continue providing care for people, even if their own sources of funding runs out.
    - Guild Care also effectively subsidise many of its 'community services' to enable it to provide services above and beyond the level at which the Local Authority funds the service.

23. https://www.guildcare.org/

Social Return on Investment

Guild Care employed a specialist agency to calculate its Social Return on Investment. Social Return on Investment (SROI) is a framework for measuring and accounting for the full social, economic and environmental impact of activities, including those that have no direct monetary value.

The key principle of SROI is that it measures change in a way that is relevant to the people that are experiencing it. The main difference from other methods of social impact measurement is that it puts a monetary value on these impacts and calculates a ratio of return for those organisations that are contributing to create the change.

The SROI framework, like financial accounting, only considers material stakeholders and outcomes that are material to the stakeholder and to the scope of the project. This SROI evaluation explored the changes to stakeholders as a result of Guild Care's services and interventions. We have undertaken a comprehensive programme of consultations with a relevant sample of the stakeholders.

SROI analysis uses financial proxies to establish the value of the identified outcomes. Usually, price is used as a proxy for the value of products and services when there is an associated market price. For intangible benefits, such as most of the outcomes reported by the Guild Care customers, we used financial proxies to attach a valuation.

There are a number of public resources developed that provide financial proxy data, underpinned by thorough research and endorsed by respectable institutions. We have taken our proxies from these sources as much as possible, including:

- HACT Social Value Bank – a bank of methodologically consistent and robust social values that can be used to provide a basic assessment of social impact, provide evidence of value for money, and compare the impact of different programmes, and calculate SROI or Cost-Benefit Analysis.
- Global Value Exchange – the Global Value Exchange is an open source database of Values, Outcomes, Indicators and Stakeholders to provide a platform for information to be shared enabling greater consistency and transparency in measuring social and environmental values.
- Cabinet Office's Unit Cost Database – for outcomes related to resource reallocation for public agencies we have adjusted financial proxies to the far more accurate data available from the Cabinet Office's Unit Cost Database that covers over 600 cost estimates derived from government reports and academic studies, and specifically designed to inform evaluations.
- The Social Impact of Housing Providers – a research report produced by Daniel Fujiwara for HACT focused on the social impact of housing providers using the well-being valuation methodology.

The outcome - for every £1 invested in its community services, they can evidence £8.76 of local value being created.

For the financial year 2020/2021 they spent c.£2m on the delivery of our community services, which represents c.£17m in social value.

Its SROI framework was created in 2015 and focussed on a selection of its community care and services. They are in the process of renewing this to include their LA/CCG funded residential care.

NorseCare in Norfolk

NorseCare are the largest care provider in Norfolk with 21 care homes, supporting around 900 residents plus the provision of care and support in 15 housing with care schemes for around 600 tenants living independently in their own flats.[24]

The company is wholly owned by Norfolk County Council and is a Local Authority Trading Company (LATC), meaning that they are free to operate as a commercial company but remain wholly owned by the local authority. As trading bodies, LATCs are in a position to provide their services to a wider market than a council department.

NorseCare's business model enables them to make profits as a business, with an agreed rebate paid back to Norfolk County Council as the sole shareholder of the business.

Employment - As the largest care provider in Norfolk, NorseCare is also an important and influential employer. Across the homes and schemes, nearly 1,200 staff are employed with over 500 employed on a casual basis. Roles are varied from administrative and clerical roles to direct hands-on care, with a variety of hours and shift patterns available. There is a clear career progress model in place, with many examples of how care home managers have progressed to their current role from beginning as a care and support worker.

Staff may apply for funding from a central Community Fund from the Norse Group whereby they can access up to £750 by way of a grant in support of a local project where they have direct involvement outside of their daily role. For example, this might be as a coach or company secretary of a local children's football team where funding might be required for a new kit for the team. In return, the kit will carry the Norse Group branding.

Supporting local suppliers - NorseCare uses a large number of local suppliers to support their homes and in housing with care schemes. Multi-million pound contracts are in place to support catering and care agency companies who provide care workers at different levels to cover absences. There is an ongoing programme of maintenance and redecoration of care homes. Contracts are in place with many local builders, tradesmen and suppliers to support these projects.

In addition, there are high-value contracts for local suppliers providing workwear/uniforms, tech support, IT testing, grounds maintenance, infection control plus the supply and maintenance of mobility aids and equipment.

24. https://norsecare.co.uk/

The Pod in Coventry – Supporting Independence

'The Pod' is a mental health service project funded by Coventry City Council and the local NHS Clinical Commissioning Group.[25] The Pod works with adults living with severe and/or enduring mental ill-health (bipolar, psychosis, schizophrenia), achieving outcomes through one to one appointments with clear time bound goals and milestones with a focus on outcomes. It is an example of joined-up care between local NHS initiatives and social care, working together to deliver improved outcomes for people while also reducing pressure on the NHS.

The Pod was formerly the Lamb Street Day Centre, which offered therapeutic support groups, gardening and courses in basic English and basic Maths to people with severe mental illness. In 2009 there were 106 people regularly attending the centre, about half referred by the Community Mental Health Team more than ten years previously. There was no sense that 'moving on' from these services was either possible or a good idea.

By 2017, the setting had been relaunched as 'The Pod', open to all and hosting events, community activities and a fully functioning café, serving highly regarded and affordable meals. The Pod is based on a model called "social brokerage", which the organisation describes as follows:

There are around 200 referrals a year. These are for people with the most complex and critical mental health needs. The work starts with a meeting at the Pod and then continues in a place of their choice. It might be in the café, or anywhere in the community. The focus is on the person and their individual mental health recovery in a way, pace and place that works best for them. New opportunities and interests are found across the city. People are supported to reengage with their communities. These are journeys of discovery, creativity and hope. People now move on, but the Pod is still there as the first point of contact if people need to re-connect.

This model of care has enabled people to move on from the most challenging of circumstances to live more independent lives, becoming less reliant on services and engaging with wider society in more productive and healthy ways.

25. https://www.coventry.gov.uk/info/238/the_pod/1469/the_pod

About the APPG on Adult Social Care

To act as a forum for members of the Houses of Commons and Lords to engage with the wider adult social care sector, with the aim of engaging in a cross-party and non-partisan manner to support the development of government policy on the reform of the adult social care system.

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