

Looking to the future: a perspective from the not for profit sector

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National Care Forum

Who is the National Care Forum ?

We are the leading voice for not for profit care providers

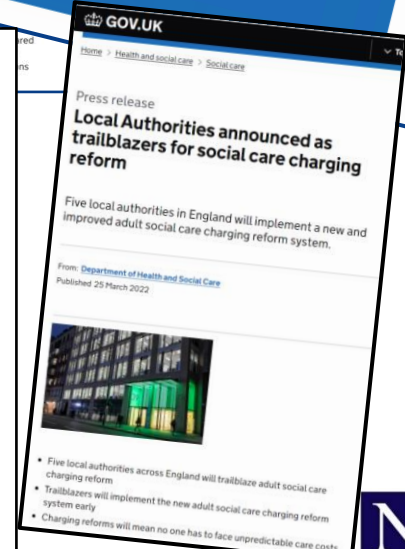
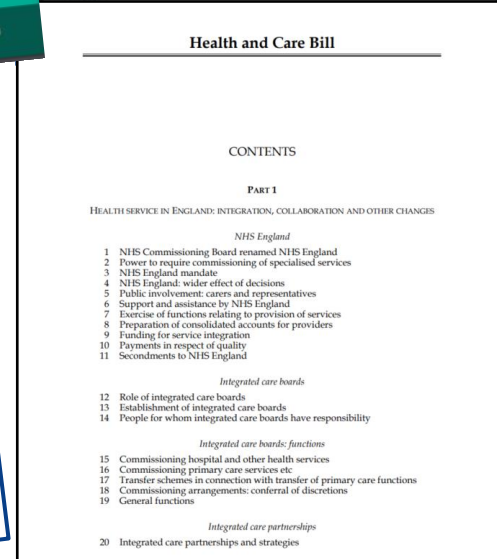
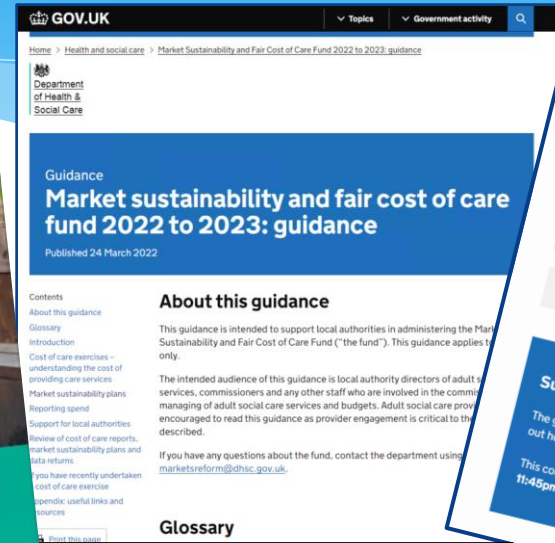
Our members provide a wide range of care and support services including:

- ✓ home care, housing with care, day care, intermediate care, outreach services, dementia care, residential and nursing care, services for people with learning disability and autism, both supported living and care homes, service for people with mental health problems, and other more specialist provision

Our members:

- ✓ Provide care and support to over **218,000** people
- ✓ Operate over **7300** services
- ✓ Provide more than **49, 000** care home places
- ✓ Employ over **117,000** staff & some **14,000** volunteers

The policy landscape



Data & digital – the ambitions for social care

Huge digital ambitions for Integrated Care Systems:

- ICS Digital investment plans finalised by June 2022
- Unified Tech Fund
- Dec – 2022 - Data standards for social care

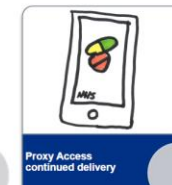
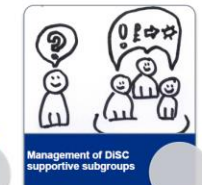
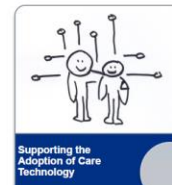
March 2024

- 80% of care providers using digital social care records (assured supplier list)
- Falls prevention - over 20% of care homes will have acoustic monitoring solutions or equivalent care tech in place.
- Each ICS must have a functional and single health and adult social care record for each citizen
- Guidance, toolkits, support offers

Capacity Tracker review

- As we've said previously, we intend to continue with use of Capacity Tracker in 2022/23, but with reduced volume and frequency of data collection.
- Following recent COVID policy announcements, particularly the announcement of the intent to revoke VCOD regulations, this is the right time to review how we are using Capacity Tracker, and decide what changes to make going into 2022/23.
- By the 25th February 2022 we want to collect initial feedback from you to inform how we use Capacity Tracker in 2022/23. We will then iterate this with you, aiming to finalise plans by 15th March. In parallel, we want your views on improving the usefulness of CT by 8th Mar 2022. We will also be inviting Steering Board members to give feedback on all this.
- We'll also, as previously discussed, be running a series of workshops to support development of a longer term provider minimum dataset.

2022/2023 and beyond



Understanding the impact of this government's social care reform

Plenty to think about here:

- ✓ Better access & choice?
- ✓ Innovation in the social care offer?
- ✓ Real impact on people using care services? (older people, self funders, working age)
- ✓ Sustainability of the sector?
- ✓ Workforce impacts?
- ✓ Has it driven/ will it drive any behaviour change?



Future proofing

- ✓ How can you help us future proof social care?
 - ✓ What will the customer of the future want?
 - ✓ Future diversity?
 - ✓ What will the future workforce want?
 - ✓ What role can technology play?
 - ✓ Future service design?
 - ✓ What about the climate impacts? How to be carbon neutral? How to be more green & sustainable?



Challenging assumptions & ideology

➤ Home First

➤ Lots of assumptions here

➤ Over two million over-55s are living in a home that endangers their health or wellbeing

➤ Discharge to assess

➤ What works? What doesn't

➤ What do we need to do differently?

➤ Reality vs rhetoric

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Our advice for clinicians on the coronavirus is here.
If you are a member of the public looking for information and advice about coronavirus (COVID-19), including information about the COVID-19 vaccine, go to the NHS website. You can also find guidance and support on the GOV.UK website.

Urgent and emergency care
Reducing length of stay
Reducing long stays: Where best next campaign

Home > Urgent and emergency care > Reducing length of stay > Reducing long stays: Where best next campaign > Principle 5: Encourage a supported 'Home First' approach

Principle 5: Encourage a supported 'Home First' approach

Take a 'Home First' approach, providing patients with support at home or intermediate care. Wherever possible, patients should also be supported to return to their home for assessment. Evidence available on [local.gov.uk](#) and [gov.uk](#) suggests that this can help with the over-prescription of care, which often happens when patient assessments are undertaken in hospital.

Implementing a [Discharge to Assess Model \(D2A\)](#) where going home is the default pathway (with alternative pathways for people who cannot go straight home) is more than good practice – it is the right thing to do.

Staying in hospital for longer than necessary has a negative impact on patient outcomes. Ensuring that patients are given the chance to continue their lives at home is vital for their long-term wellbeing outcomes.

There is no 'one size fits all' model that will deliver D2A. What is required can be described as a 'complex adaptive system' which involves simple rules, rather than rigid inflexible criteria.

However, there are some core principles that you should follow when establishing a model in your area:

- D2A should be free at the point of delivery, regardless of ongoing funding arrangements.
- For the patient's safety, the assessment should be done promptly (within two hours of arriving home), with rapid (on the day) access to care and support if it is required.
- Ongoing support services should be time-limited to up to four weeks. The government has agreed to fund, via the NHS, up to four weeks of care for new or additional needs of an individual on discharge from hospital, where care is delivered up to and including 31 March 2022. The needs of the individual

Department of Health **adass** NHS England
History of adult social services

QUICK GUIDE: DISCHARGE TO ASSESS

TRANSFORMING URGENT AND EMERGENCY CARE SERVICES IN ENGLAND

This is one of a series of quick, online guides providing practical tips and case studies to support health and care systems.

Hourly UK **Local Government Association** **NHS Improvement**

Shrinking workforce, increasing demand.....

- What can we learn from other countries further along these demographic challenges?
- How can technology & innovation help us?
- How to improve perceptions of working in social care?
- How to radically rework the pay & reward system in social care?
- How to inspire investment in social care?


Department
of Health &
Social Care

Evidence review for Adult Social Care Reform

Published 1 December 2021

*The number of over 65s is projected to increase by 43% & the number of adults aged 85+ is projected to increase by 77% between 2018 and 2040. **By comparison, the 20 to 64 population is only projected to grow by 3%.** The ageing of the population will reduce the proportion of the population who are of working age (as currently defined), raising challenges for the staffing of care services as well as the wider economy*

Let's talk about social care data

- ✓ Gone from the wilderness to the sunlit uplands – everyone is interested
- ✓ DHSC Data strategy in development – needs real focus and clarity of purpose = whose data & why? How collected? How resourced? How used? By whom? For whom?
- ✓ DACHA study – lots of insights
- ✓ Capacity Tracker – lots of learnings

Health and Care Bill	
"CHAPTER 3	
INFORMATION ABOUT ADULT SOCIAL CARE	
277A Provision of adult social care information to Secretary of State	
(1) The Secretary of State may require a relevant provider of adult social care services to provide the Secretary of State with information that relates to –	35
(a) the person on whom the requirement is imposed,	
(b) their activities in connection with the provision of adult social care in England, or	
(c) any person to whom they have provided –	40
(i) adult social care in England, or	
(ii) adult social care, outside England, in pursuance of arrangements made by an English local authority.	

The screenshot shows the Capacity Tracker web application. The header includes the logo and name 'Capacity Tracker' with the tagline 'Insight for Care'. On the right, it displays the 'Department of Health & Social Care' logo and 'NHS CARE' branding. A navigation bar contains 'Find', 'Reports', and 'Help' menus, along with a user email address 'litz.jones@nationalcaref...'. The main content area is titled 'Reports' and 'COVID-19 / Business Continuity'. It features a grid of report tiles: 'COVID-19 Charts', 'COVID 19', 'Outbreak Monitoring', 'Flu/COVID Vaccinations', 'Summary Status (Table)', 'Workforce', 'COVID Testing', 'Home Care Survey Responses', and 'Test & Trace Statistics'.

Opportunities with the new ICSs

- ✓ Integrated Care Systems – these **MUST** work for social care: equal partners, shared workforce, digital transformation
- ✓ Creating a shared agenda of research opportunities:
 - More timely & responsive services for people
 - New models of care
 - Impact of staff wellbeing on quality of care
 - What difference does being Not For Profit offer?

The screenshot shows the NHS website's 'What are integrated care systems?' page. The page features a blue header with the NHS logo and navigation links. A yellow banner at the top provides advice for clinicians on coronavirus. The main content area includes a sidebar with links like 'Integrated care', 'What are integrated care systems?', and 'Voluntary sector partnerships'. The main text explains that integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It also mentions that integrated care systems (ICSs) are new partnerships between organizations that meet health and care needs across an area.

The screenshot shows the UK Parliament website's page for the 'Health and Care Bill'. The page is titled 'Parliamentary Bills' and 'Health and Care Bill'. It includes a progress bar showing the bill's status through the Commons, Lords, and Final stages. The page also displays the bill's long title, sponsoring department (Department of Health and Social Care), and the current version of the bill (Bill 140 2021-22).

Policy lessons from COVID

- ✓ Think Social Care First
 - ✓ Put social care at the heart of policy making
 - ✓ Understand & value the diversity of what social is & does
- ✓ Invest in social care
 - ✓ People benefit
 - ✓ Community benefit
 - ✓ Economic benefit
- ✓ Great care needs great people
- ✓ Future proofing social care



Research lessons from COVID

- Need a systematic understanding of who uses care & why
- Big gaps in documented research & evidence across different types of care
- Balancing the risk of harm of COVID with the risks of other harms such as lack of visiting
- Importance of a focus on quality of life
- Evidenced informed practice & improving quality of care
- Articulating the economic & social value of social care
- Better research to support better policy making



Our vision – research with the sector, for the sector, by the sector

The aim: excellent research which provides high quality evidence to support development and innovation in social care.

- ✓ Put the care sector more at the centre of social care research, shaping research priorities around the needs of people using services, their families and staff – research with the sector by the sector for the sector
- ✓ Explore more creative and mutually beneficial relationships between the care sector and the research community
- ✓ Strengthen the evidence base and enhance its translation into best practice and innovation.
- ✓ Ensure recognition and funding is built in to recognise and enable the active participation of care providers, their workforce and the people receiving care and support and their relatives.



Keep in touch!

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www.nationalcareforum.org.uk