

Making the case for fairness: Assurance in adult social care



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State of health and social care in England 2022/23

*“The problem of gridlocked care hasn’t been resolved – but on top of that, the cost of living crisis is biting harder and workforce challenges have escalated. This is leading to the risk of **‘unfair care’** with longer waits, reduced access and poorer outcomes for some.”*



Increased stress

- Staff regularly fed back to us; *overworked, exhausted and stressed*.
- **NHS staff:** 26% unsatisfied with pay, 12% points lower than before the pandemic. Dissatisfaction linked to industrial action.
- **ASC providers:** Struggling to pay their staff a wage in line with inflation; affects recruitment and retention. 31% were finding it difficult to retain staff.
- **Impact on people** – both in quality of care and providers ability to re-invest.
- **Local authority budgets** have failed to keep pace with rising costs and increase in need.

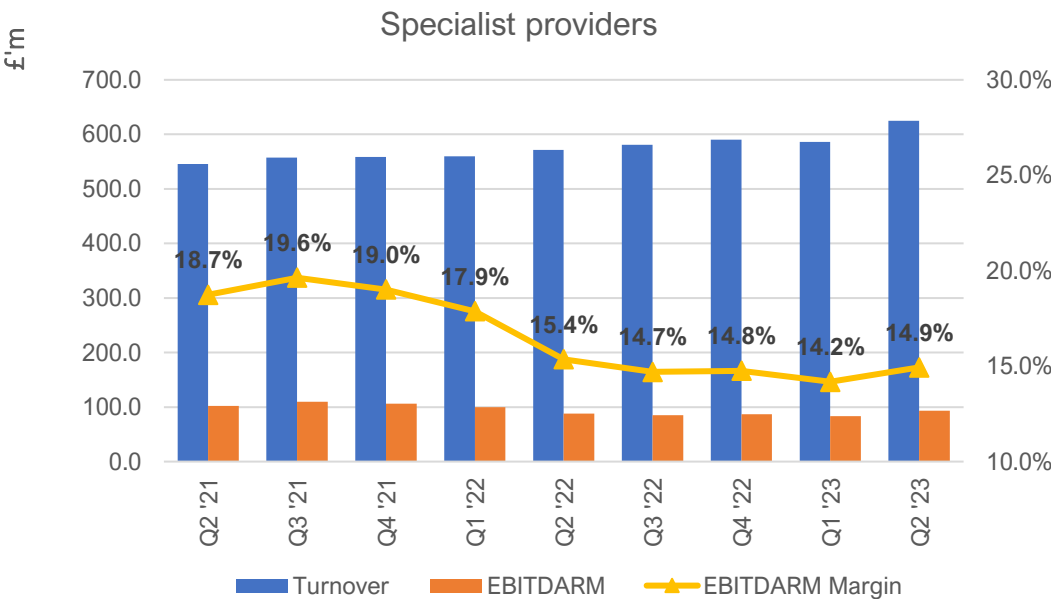
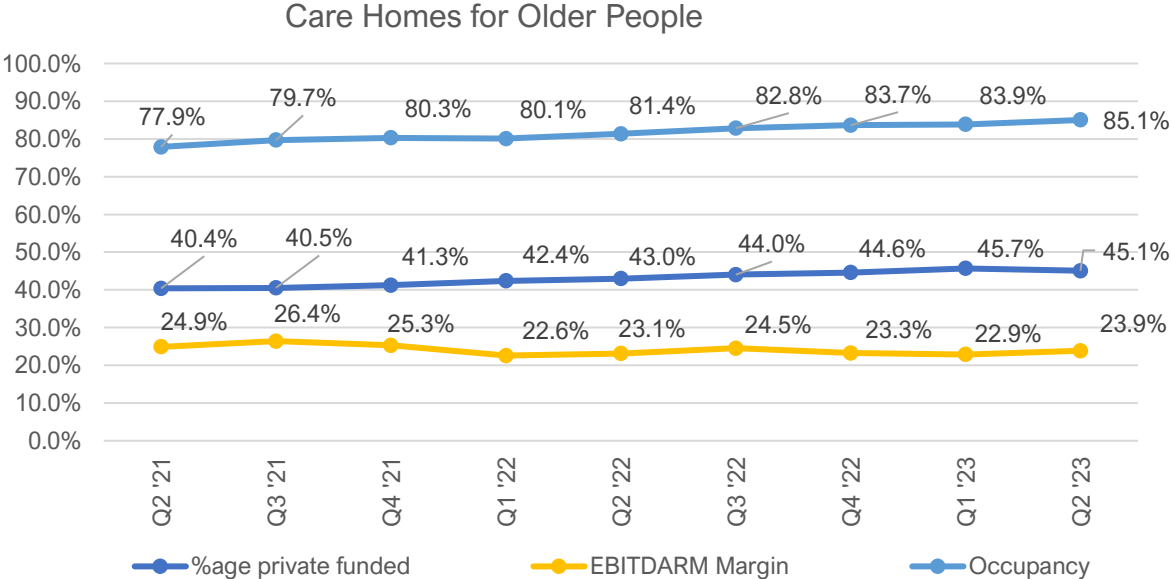


National workforce strategy for care

- **International uplift:** 70k people (2022/23) compared with 20k (2021/22) arrived from overseas into direct care roles in ASC
- Providers told us *recruiting staff from overseas has enhanced the diversity and skills of their team and helped resolve staffing issues*
- **Concerns:** 37 referrals (2022/23) for concerns of modern slavery, labour exploitation and international visas. More than 4 times the number in 2021/22.
- We continue to **call for a national workforce strategy** that sits alongside and raises the status of the adult social care workforce.



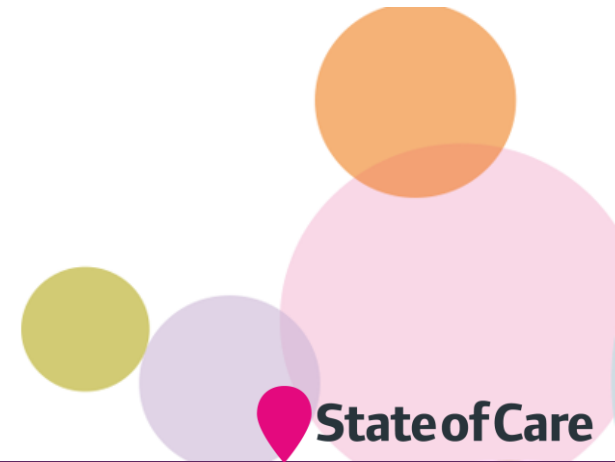
Is the care market fair or sustainable?



- Average profitability has declined between June 2021 and 2023 for providers of care homes for older people and providers of specialist services in the Market Oversight scheme
- Decrease in cash and investment reserves balances

Access to care vs increased need

- Less access to state-funded care = greater risk of inequality (around 8 in 10 using private care, that would have used the NHS, last year).
- In areas with the lowest levels of deprivation, 43% of care home residents are state-funded vs areas with highest deprivation, 80% are state-funded
- 91% of adult social services directors said that unpaid carers came forward with increased levels of needs over the last 12 months.
- Assessing carers' needs is vital; critical part of all local care systems and they're not always getting the support they need



Assurance; making the case for better care

- We aim to understand how social care in a local area is improving outcomes for people and reducing inequalities
- A systems view will expose unfairness – for health, care and housing
- All eight levers of regulation play their part when impacting good outcomes
- Social care funding and reform – our evidence supports the case for change
- Co-production and control is just as important as how systems work
- The public need to be able to see, and to judge what is good for them locally
- Assurance reports will help show the balance of performance and context
- After our approach is agreed we will assess and collaborate on improvement

Themes from the assurance pilots

- **Integrated working** has enabled pilot LAs to address challenges in hospital discharge
- **Waiting lists** for assessments existed mainly **due to lack of capacity** in the social work assessment workforce, but LAs were **managing this by prioritising risk**
- **Partnership working** was key for improving outcomes for people
- **Transition pathways from children to adult services did not always work well.**
- **More work is needed** for LAs to understand how to reach people whose voices are seldom heard
- **Social care workforce capacity issues persist**, and **LAs are using a range of incentives** to address recruitment and retention issues, as well as supporting the professional development of the workforce to meet local needs
- Overall, **LAs had developed learning cultures** to help them identify where things were not working well and take steps to improve

Family carers findings

- **30% family carers are overwhelmed**
- We have found that not enough systems have strong carers plans
- We were also told there could be delays for people to be assessed or reviewed, and some social work teams had waiting lists or were overstretched, especially the mental health and transitions teams
- If you lose those family carers, you lose a proportion of people in crisis.
- Carers propping up the sector and are worth £162 billion.
- Doesn't cost you anything, but it will if you fail to support.



Opportunities presented by systems

- We have started our work in looking at local systems - there are opportunities to tackle inequalities, but there are gaps
- Local authorities **need to understand and prepare for changing and complex needs of local populations**
- Integrated care systems present an opportunity – but local systems must implement plans to address **unwarranted variations in population health and disparities**
- **Assessing and meeting needs of family carers is vital**



How do we make it fair



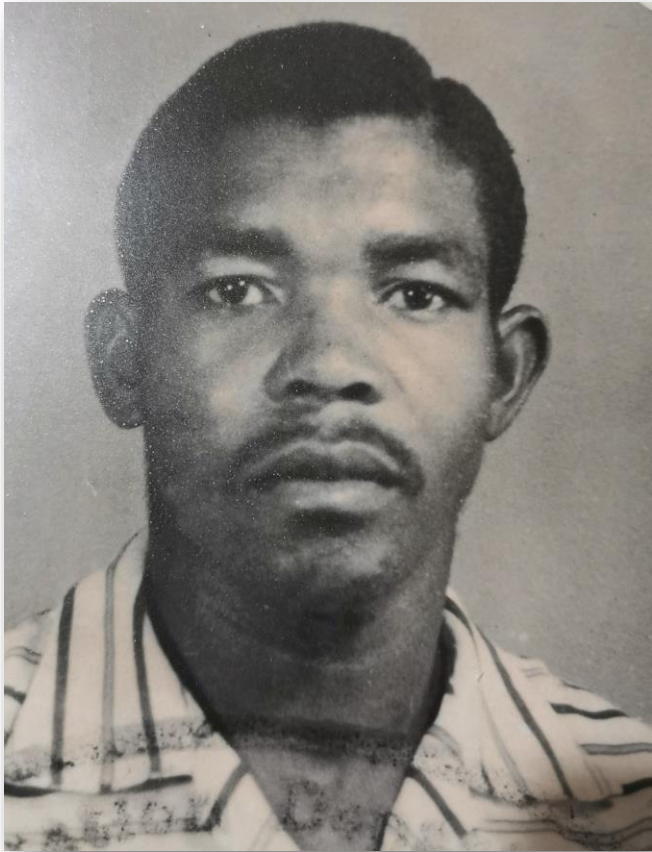
- We know that a failure in social care has consequences and will lead to increased demand in healthcare – funding.
- CQC have a role to play as collaborator, a convenor and an enabler of innovation, and illustrator of what is good
- How do you harness the right partnerships suited to the needs and experiences of those within your population, so that you can move the money where it is needed and move it once?
- What can you do? **Be brave. Take risks. Share the pot.**
- Working across areas and boundaries, care and health, to make sure that care is fair for everyone.
- We need to ask ourselves; how does it work for people?

How caring begins

- Caring begins suddenly, with a diagnosis...
- ...sometimes with a deterioration that came out of nowhere
- Perhaps it's a conversation with your family
- Or an appointment with your GP

- The job of caring for your loved one is not a career choice, it's a sudden collision of need and love, a family commitment to support someone and haste to make every moment count
- But actually, your first point of contact for support, is at crisis point
- It's not easy, but we get on with it and make the best of it

Hello



- The Experts by Experience Programme and Working with the CQC
- Why I became an Expert by Experience
- Caring for my Dad and my Son

Imagine a world

...where new carers were given similar types of support given to new and expecting parents

- 1. Support in understanding the services around them – antenatal and post natal clinics** = referral to an early intervention team with specialist services, courses to understand your new carers role and information pack
- 2. Outreach at the most vulnerable times - health visitor visits, 6 week check up's with the GP** = fortnightly check'ins with your GP or nurse, respite options
- 3. The opportunity to create communities and friendships to foster for years to come - baby and toddler groups, access to specialist groups for the most vulnerable** = carers support groups with regular structured course and information sharing sessions

- We know that people are becoming parents, so it makes it easier to reach out
- Do you know when you have a new carer in your patch, and can you help them in navigating this new world?

Thinking about things differently

- Accessing services at crisis point makes both the carer and the cared for vulnerable and lost
- There's got to be a better way to know about carers and support them to find their groove, before crisis point
- Respite is crucial to keep energy and morale levels high

- It's time to think about things differently
- It's time to be brave
- It's time to think outside the box

- Help us to care for our loved ones with support and guidance, and we'll save more money for the system than you will ever imagine

**Lived experience needs to
drive our change, fairness
needs to measure our
success**

Thank you.

