

Funding English social care

The social care sector in England is in a precarious position. At last count there were approximately 122,000 staff vacancies, a turnover rate in the region of 30% and, perhaps most worryingly, as many as 1.4 million older people unable to access the care and support they require.

Funding is a key challenge, with the Health and Social Care Committee in a recently published review calling for an increase in annual funding of up to $\pounds 7$ billion by 2023–24 to prevent the collapse of the sector. Even this may not be enough.

This is a topic that GGI writes on frequently. In 2017, we published a report with Care England which argued that unless there was greater involvement of the adult social care sector in STP arrangements the sector would continue to struggle.

Now, almost four years later, we are about to publish a follow-up report that will explore the extent to which the adult social care sector and, in particular, independent care providers are now being engaged and represented in developing ICS arrangements.

This is something that we feel is especially important in the context of the publication of NHSE's paper, Integrating care – next steps to building strong and effective integrated care systems across England, and the recently published Department of Health and Social Care White Paper, Integration and innovation: working together to improve health and social care for all, both of which are predominantly NHS focused.

To inform our report, we hosted a roundtable event that attracted several ICS independent chairs, senior leaders from some of the UK's largest care home providers, as well as prominent commentators and policymakers.

Aside from obvious challenges around finances and workforce mentioned above, our report identifies two key issues for ICSs and adult social care services: engagement and complexity.



illuminations



One thing that we clearly heard was that, since the onset of the pandemic, there has been a notable and positive shift in the tenor and tone of relationships between NHS and social care providers. Indeed, we noted in a recent blog that 'there is little appetite within systems leadership anywhere in the NHS to go it alone,' and that 'the challenge from COVID has been so enormous that any patience for parochialism has evaporated.'

This momentum now needs to be built upon and incorporated into ICS planning and development. It was therefore disappointing that there were still so many questions about adult social care left unanswered within the two recent national reports.

Whilst progress has been made then, with regards to engagement and partnership working, there is arguably much more to be done on reducing the complexity within the system. Our roundtable guests were at pains to argue that whatever restructuring there is needs to simplify the system. For example, we heard from a prominent care sector leader that,

"The system itself is just too complicated. There are too many people trying to take a leadership role in a place that just needs simplifying."

For larger independent care homes in particular, this challenge is exacerbated by the fact that organisations often operate across multiple places, ICSs and even countries, creating a myriad of different demands on their services.

Again, the recent white paper will have done little to assuage concerns. The proposal to create two separate ICS boards, one for NHS bodies and one for broader public sector and other organisations, does look like adding additional layers of governance to what is already a confusing system. For example, what now is the role of the Health and Wellbeing Board within this new structure?

Lessons must be learnt from previous NHS reorganisations, which typically have led to little material benefit. Unfortunately, while it is true that the white paper represents only a partial view of government plans and will likely be iterated upon before they pass into legislation, the lessons do not yet seem to have been learnt.

Illuminations

- Beyond obvious challenges around finances and workforce, our recent roundtable identified two key issues for ICSs and adult social care services: engagement and complexity.
- During the pandemic, there has been a noticeable improvement in engagement and partnership working between the NHS and social care but this is not yet reflected in recent ICS proposals.
- There is a real concern amongst social care leaders that the new ICS proposals will lead to greater complexity within the system. For independent care providers who are often working across multiple geographies, this will make it more challenging to meaningfully engage and respond.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email advice@good-governance.org.uk

