

mind the gap:

findings and solutions

RESTRICTED CIRCULATION

CARE SUMMIT BRIEFING REVIEW



T: 01634 716615

E: info@nationalcareassociation.org.uk

W: <http://nationalcareassociation.org.uk>

National Care Association is the most respected independent voice of independent health and social care providers in the country. Our primary membership consists of small and medium sized care providers and supply partners who work with them. The association is the most established of the provider organisations having been founded in 1980. We work, on behalf of our membership, with local and national government to promote quality care services to some of the most vulnerable members of our society.



Nadra Ahmed OBE
Executive Chairman

Introduction

National Care Association invited the membership and key sector leaders from local care associations to meet with David Mowat, Parliamentary Under-Secretary of State at the Department of Health, to discuss the challenges facing small and medium social care businesses. We wanted to ensure that local voices could be heard in the places where it can influence.

Collectively the delegates represented over three and a half thousand providers from across the country.

The discussion concluded with the Minister, David Mowat MP, asking for 5 solutions to the key challenges identified.

The five solutions are:

- The training of staff is a major cost which, coupled with the challenge of recruitment, requires a comprehensive review of **workforce funding**. We must put the provider sector at the helm of solutions based support and development of provision.
- An evaluation of **the status and role of a registered manager** in a care service is crucially needed to ensure that we are able to train and develop people to their full potential and support them. Alongside this we must explore the options of clinical training for senior practitioners in care services to match the needs of the service.
- A root and branch of **commissioning practices** is long overdue. Poor commissioning practice has created major instability for vulnerable people as they live with growing uncertainty about the basis of their care with ever reducing eligibility criteria.
- There has to be consideration given to **loan equipment** issues for assessed needs which many services are unable to access through the NHS despite the fact that the individual is eligible. **VAT issues** need careful consideration and should be easy to resolve on the on the basis that equipment or products purchased are for the exclusive use of clients in settings. If the NHS is exempt, we cannot see why social care is penalised.
- The **role of the regulator** requires serious consideration to be paid to the barriers to innovation, an unintended consequence to their actions.

Workforce challenges

The challenges are grouped below under the headings: workforce, commissioning and regulation. Each grouping concludes with solutions to some of the challenges.

Registered Manager – Status and the role

Nurses in Care and Nursing homes

- Status, lack of training,
- Student nurses should have care home as the last placement.

Complex needs of service users has a significant impact on training budgets and are not reflected in fees.

Recruitment and retention

- We need to raise the status of working in social care to ensure we are attracting people.
- Overseas workforce – a more sophisticated approach is required to ensure areas where there is no local workforce, providers can recruit from overseas. The barriers for recruiting overseas workers are too high.

Skills for Care

- Should not be selling training, their role should be reduced to standards and qualifications development and NMDS-SC.
- Skills for Care is no longer seen as relevant to SME's.

Health and Social Care don't talk

Solutions

There needs to be a rationalisation of government funding being made available through quangos and the NHS to support the providers. There is a firm belief that providers should be trusted with funds at local and national level to support provision.

- **Local Care Association should be given workforce development funding to support training and to develop sustainable managers' networks, and promote use of NMDS-SC, this keeps the support local.**
- **The role and relevance of Skills for Care needs to be reviewed with consideration given to establishing a workforce confederation similar to the NHS, this ensures social care has parity with health.**
- **NHS Forum (newly established) need to be part of the local care association, this will ensure integration from the bottom up.**

Commissioning challenges

The 'auction' based commissioning of vulnerable people is undignified, personal information is circulated to care services in a bid to secure the cheapest care package available to meet the needs of an individual.

Personal Budgets and Personal Health Budgets – providers would like to see more of these.

Home care – evidence is clear that low fees make the service unviable for the SME service.

LA Budgets should be ringed fenced.

VAT exception— care services are disadvantage as they cannot reclaim VAT as other business.

Contracts

- Why are there so many difference contracts across the country we need one simple contract.
- Health Contracts are not fit for purpose e.g. asking for resident to be weighed every day.

Cost of Care exercises

- Should be undertaken by local care associations which would reflect local dynamics.
- Percentage increases are not good enough, the increase should reflect the actual cost.
- Inspectors are looking for a 'seven star' service, from a provider which only receives three star funding.

Solutions

- **Social Care service providers need to always be involved in the STP.**
- **There needs to be a recognition that care services add value through the GVA and not a drain on local resources.**
- **Care Services need to be on an equal footing with Health in relation to VAT exemptions.**
- **Equipment needs to be accessible to care service providers to ensure the needs of an individual are met. The NHS needs a system in place for equipment to be returned, and recycled to be used by another service.**

Regulation challenges

There are over **590** regulations affecting social care provision in various guises.

DoLS - When a person is at the end of their life, there should be a mechanism to have the DoLS removed, to ensure their dignity is maintained when they have died, and help the family to start to grief, the process of coroner and police is difficult for families.

Safeguarding – should start from the premise of ‘innocent until proven’. This is not the case and creates major instability in services affected.

CQC

- Taking on a market shaping role as an unintended consequence of their policy implementation. This is leading to a ‘one size fits all’ in service development and dismantles the mixed market.
- ‘They can be a blocker to solutions of care’.

Duplication of compliance by LA, CQC and CCGs as they don’t trust each other’s inspection/audits.

Court of Protection orders are not being used appropriately.

Solutions

- **Ratings need to be reviewed as the inconsistencies are vast. We need a ‘Very Good’ between Good and Outstanding CQC ratings.**
- **Innovation needs to be embraced.**