Rebalancing Care and Support Programme

Chapter 1

Question 1.5: Do you think the statutory requirements and guidance in the Code will help to reduce complexity and bring about national consistency in the commissioning of care and support?

Key points:
- Some degree of complexity in social care is unavoidable; however it should be easier to understand and access for people with care and support needs, which could be achieved through better information, advocacy and advice.
- The process of commissioning could be made more consistent, but it still needs to respond to local needs.

1. The statutory requirements and guidance note the aim to reduce process complexity in the commissioning of care and support. However, complexity in social care provision is unavoidable and this aim is perhaps misplaced. A variety of stakeholders and providers deliver the care and support people require to live a flourishing life and as a result some fragmentation and complexity is inevitable. Furthermore, the inevitable interdependencies between social care and other systems, such as housing and employment, mean that complexity cannot be designed out. A better aspiration might be to make it simpler for people to understand and access the support available to them. This is about the interface through which people encounter services and it is about the information, advocacy and advice that they receive to make appropriate choices.

2. A further aim is to bring about national consistency in the commissioning of care and support. As noted in the Code of Practice, commissioning is centred on responding to local needs. While the code may help to support consistency in the processes of commissioning, the specific circumstances and pressures of each local authority may mean that the operation of the commissioning cycle looks different in local areas. Consistent commissioning processes will not guarantee consistency of service provision. As noted in the National Framework, the outcomes of commissioning are built on the strength of relationships between local authorities, providers and co-production processes which will be influenced by a far wider set of factors than the formal processes of commissioning.

3. There is much to gain by considering the social care systems across the four nations (Needham & Hall, 2023). When developing the toolkit to determine a sustainable price for care, it may be helpful to consider the experience of implementing the Fair Cost of Care exercise in the English social care system. Concerns have been raised by local authorities and providers that available funding to meet the additional costs associated with the policy is inadequate and may not be able to meet rising future costs (Curry, 2022). Furthermore, Care England (2023) calculated a £2 billion gap between average fees and the rates that are considered 'fair'. The sustainability of the fair costs of care policy depends on local authorities and providers finding common ground when agreeing an appropriate rate for care, which is not guaranteed (Curry, 2022).

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Needham. C. and Hall, P. (2023) Social Care in the Four Nations: Between Two Paradigms. Bristol: Policy Press.

Question 1.7: Do you think the statutory requirements and guidance in the Code will help to refocus the fundamentals of the care market away from price towards a value measure based upon service quality and overall cost?

Key points:
- Principles of effective and ethical commissioning are well-placed. However, these can be challenged by the pressures faced by local authorities.
- Systems most likely to increase person centred support include elements of an open market and

partnership working between local authorities and communities.

1. The seven principles of effective and ethical commissioning are well-placed and are at the foundation of refocusing the care market towards service quality and overall cost. However, it is worth noting the pressures that local authorities face which, despite best intentions, can challenge these principles and re-establish a focus on price. A study of English care markets (Needham et al., 2020) developed a typology of four approaches to commissioning which offers a way to consider how the principles may be enacted within local authorities.
a. The Procurement approach: this combines tight local authority specification with weak relationships with providers. Local authorities ask the market to supply specific services, which can help reduce costs, but it limits scope for providers to innovate and offer choice. A lot of residential care for older people is commissioned in this way.
b. The Managed Market approach: here local authorities retain tight control of service specifications but build closer relationships with a smaller group of providers, for example through block or framework contracts. This approach is often used to stabilise the market, giving guaranteed hours to providers. Home care for older people is often commissioned in this way, and it has been used to speed up hospital discharge. However, this approach minimises user voice and control and did not provide the expected market stability due to shortages of care staff and funding.
c. The Open Market approach: here local authorities have less control over service specification, focusing instead on facilitating a diverse provider market. People decide their own support needs with appropriate support, and are then able to choose from a range of providers. People with direct payments and self-funders already get their care in this open market, and it can work well if it is appropriately facilitated by the local authority. Several local sites had tried to develop this approach a decade ago as part of the personalisation/self-directed support agenda, but there were recognised to be risks relating to quality assurance and market stability.
d. The Partnership approach: here local authorities share control with communities and providers taking a co-design approach. Mechanisms such as alliance contracting or open book accounting can build trust and increase transparency. It can facilitate a long-term, preventative approach and can help integration with other services such as health and housing. Some examples can be seen in mental health services and in residential developments such as 'extra care' housing. Most of the local authorities were seeking to commission in this partnership way but were finding it difficult to achieve in practice given funding constraints, high local authority staff turnover and care workforce shortages.

2. The approaches most likely to enhance person-centred support were the open market or partnership models. Partnership models are best pursued in an iterative way to build trust, enable providers, service users, families and communities to adapt, and to see the effects of changes (including on self-funders and other commissioning partners such as health). Doing this well is more than a technical commissioning role – it requires relational skills and the acumen to build trust and learning within complex local systems. It was found that open markets already exist in many areas but are fragile and need active local authority facilitation to make self-directed support a reality. Otherwise people are limited to using existing care providers rather than being able to pursue new opportunities such as working with disabled people's organisations to access different kinds of support.

3. The mix of open market and partnership approaches requires local authorities to adopt specific strategies and behaviours, and for national policy and regulatory requirements to support and drive such endeavours. As the approaches suit different types of provider, local authorities need to be clear about the reasons for their commissioning decisions to avoid confusion. Commissioning for outcomes via partnerships tends to be the desired destination for local authorities (Needham et al., 2020). However, there were a number of barriers to this, particularly when there were low levels of trust between commissioners and providers. Outcomes are hard to attribute and by the time they have been specified in a contract, they can look very similar to the output measures that they replaced (Morton and Cook, 2022). Success relies on local authorities building good relationships with providers and communities and so commissioners need the entrepreneurial and relational skills to do this. We discuss issues around local authority capacity and capability in our response to Question 3.2 on the vision for the National Office.

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Chapter 2

Question 2.1: The principle of the pay and progression framework is to offer a national framework that can support the principles of fair work. Do you believe it can support that ambition and the benefits outlined above?

Key points:
- The proposals are promising in supporting the principles of fair work.
- The voluntary nature of the framework could lead to uneven and inequitable experience for care workers.
People in receipt of care and their families should be involved in developing the framework.

1. The proposals are promising and heading in the right direction with regards to fair work. However, the framework being voluntary and restricted, initially, to workers providing direct care will mean its impact is limited. Alternatively, mandating implementation clearly brings its own complications, but voluntary roll-out prompts concerns about variation in care worker experiences and the quality of their work environment. It may exacerbate some of the issues it seeks to address, for example, recruitment and retention difficulties. In the English setting we know that much of the flux in the workforce is caused by workers moving between care providers (Skills for Care, 2022) - unsurprising, given that the flatness of the sector limits opportunities for career progression. Greater attention needs to be paid to the quality of entry level jobs and incentivising development within those roles. For example, the social care assistant role in the framework states that workers in this band may be 'new joiners', but in reality, many could be working at this level for a considerable period of time. It is positive that the framework does not frame career progression in a narrow sense, but seeks to offer options for workers to progress beyond social care to other related areas such as social work and healthcare.

2. It is vital that 'individuals receiving care and support and their families' are involved and that the framework is a helpful tool for enabling understanding of workers' roles and skills. It is not clear from the chart how people will be involved in developing the framework.

3. The 'Detailed outline by job band' is comprehensive; the complexity of care work should not be shied away from, and its constituent parts should be recognised as far as possible (see Hayes, et al., 2019).

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Question 2.2: Do you have any suggestions about how the framework might be improved to help meet its ambitions?

Key points:
- Greater thought needs to be given to what we mean by 'values', which are contested - different values may be needed in different contexts or to support people with different care needs.
- The evidence base on values is emerging.
- A worker's ability to exhibit specific values may be inhibited by the pressures of the environment they find themselves in.
- A focus on values may obscure the pressing issues of low pay and poor working conditions; addressing these is essential to tackling recruitment and retention challenges.
- A focus on knowledge and skills may be more helpful in efforts to professionalise the workforce, rather than reinforcing the implicit assumption that anyone with the 'right values' can do it. Values can be learnt on the job with the right support.
- Job profiles need to be refined for consistency; values, skills and attributes appear to be confused in places.

1. 'Values' play a key role within the framework. While this approach is common in social care, the substance of what this means in practice is under-investigated (Manthorpe et al., 2017) and it is important to note that the current evidence base is limited. There is only one study on the effectiveness of values-based recruitment in social care (Skills for Care, 2016), and most of the evidence collected was from practitioners and care organisations rather than from people who draw on care and support or unpaid carers. There is therefore a need for further research and evaluation. IMPACT (the UK centre for implementing evidence in adult social care) is running one of its pilot 'Networks' (https://impact.bham.ac.uk/our-projects/networks/) to explore the potential benefits of this approach

and to generate bottom-up lessons about what might work best (Ferrazoli, 2022).

2. The purpose of invoking values needs to be clarified. A key question is how are workers able to exhibit these values on a day-to-day basis? This may be limited by the pressures of the environment they work in. In addition we must consider the following:
a. A focus on values can also ignore the diversity of care practices and care needs – the values involved are not necessarily reducible to some 'universal' values: literature on disability studies warns that an overemphasis on 'emotional' skills is not always appropriate (Cartwright, 2015).
b. Values are contested between older and younger workers in care settings (Fisher, 2021).
c. Emotions and 'values' can also have a harmful impact on workers when used as a management tool (Allard & Whitfield, 2023).
d. While recognition of skills and pay is only sometimes correlated, recognition of values and pay seem to correlate even less. A framework which overly emphasises values could detract from the underlying economic issues in the sector, which are integral to the ongoing workforce crisis.
e. While consideration of career development is helpful, it is difficult to envision how clarity on career progression, and adapting values-based recruitment, alone can resolve recruitment and retention issues in the sector. A values-based recruitment approach has not solved labour shortages at a sectoral level thus far.
f. There is also potential that possible recruits might feel that if they do not already possess particular values, they will not be able to work in the sector when values can be 'learnt' on the job with the right support and working environment. The notion that particular aptitudes or orientations are necessary to work in the sector is a barrier to pursuing care sector employment (Montgomery et al., 2017).
g. There can be a tendency to refer to values to obscure the pressing issue of poor pay; lauding care values and understanding 'how to recruit and talk about roles' without making tangible improvements to pay and terms and conditions are unlikely to attract significantly more new recruits.

3. Another concern is the conflation of 'values and attributes', which are distinct from each other, and 'skills'. For example in Job Band A, communication and working in a team are mentioned in 'values and attributes', but are skills. Managing time is also a skill. It is important to devote time and attention to these points especially in the context of social care work where some of what workers do is taken for granted or assumed to be vocational or natural to women (see, for example, England, 2005; Hayes, 2017). The implication in the framework is that they are innate to certain people. 'Digital skills' is listed as a skill and its inclusion here suggests possible distinction between it and other forms of communication, which are listed as values or attributes. It appears that more technical, traditionally masculinised abilities like digital skills are being classed as skills, but communication, which has traditionally feminine connotations, is classed as an attribute.

4. In addition, it states that workers should be 'passionate about providing care'. Is this a necessary requirement to do the role well and an expectation of the sector? An expectation to be good at providing care, encompassing attributes including energy and enthusiasm seems proportionate. However, a requirement to be 'passionate' risks reinforcing the idea that care workers have to be 'heroes', a notion which has been found to be harmful for social care workers as it implies their work is a 'calling' rather than a job, making it harder to challenge their poor working conditions and low pay (Hales and Tyler, 2022).

5. The descriptions of the job profiles should be refined. For example, a Senior social care worker "provid[es] care and support, sometimes to an advanced level of specialism, directly to an individual". This role may provide a framework for the growing delegation of some healthcare activities to care workers (Skills for Care, 2022), but the "advanced level of specialism" and the related "typical tasks" could be better described.

6. While the social care workers' role in relation to social workers is clearly outlined, it is more difficult to understand how social care workers are positioned in relation to allied healthcare professionals and nurses. Many social care workers currently conduct clinical activities within their role, therefore moving into health care roles may offer a viable career progression route. Enabling movement between health and social care roles could support integration between the two sectors.

7. Similarly, the page describing what the framework means for individuals and groups (page 4) states that "Social care workers will…have career options for their progression either through the social care system or other routes (such as social work or healthcare)". While the Band D description suggests possible progressions through social work, forms of professional development following the healthcare pathway are not outlined. This point should be addressed to recognise the growing involvement of social care workers in health-related tasks and that a move into healthcare roles could be a viable career development option for care workers. In Band E, Social care managers' tasks include "Using information and data to maximise occupancy of your care home". This sentence could be reframed, referring, more broadly, to the capacity of using data to maximise the care capacity of the managed service.

8. A final point for this question relates to the title in job band D - 'Social care professional practitioner'. Clearly there are ongoing debates about professionalisation of the care workforce (see, for example Hayes et al., 2019) that this proposal is situated in and addresses, however, this raises the question why band D get the title 'professional' when those in bands A to C do not? There is already a hierarchy here, and some of this is good in terms of moving towards a clearer career pathway of progression, but only using the term professional at Band D may suggest those in lower bands are not considered professionals.

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Question 2.3: What may be the barriers to the framework achieving its ambitions?

1. The key barriers to the framework achieving its ambitions are addressed in the previous responses and summarised here:
- The fact the framework is voluntary could lead to inconsistencies in roll-out.
- The lack of clarity about the concept of care worker values in social care.
- The gaps in the articulation of care workers' role and progression in relation to the healthcare sector - thus missing potential for progression and a more integrated approach between health and social care.

Chapter 3

Question 3.2: Do you agree with the vision for the National Office? If not, what vision would you suggest?

Key points:
- More detail is needed in how the National Office will carry out its monitoring function
- Oversight should not be too domineering
- Existing resources to support commissioners should be explored

1. Overall, the vision for the National Office appears to be appropriate, however, there are some areas which require further detail and development. The vision for the National Office is predicated on the generation and maintenance of good quality relationships between the National Office and local authorities. The document detailing the proposed function of a National Office for Care and Support gives little information about the processes by which it will carry out its monitoring function.

2. A balance to be struck between having clear lines of accountability and taking an overly domineering oversight function which may alienate local authorities and distract from the main focus of service improvement. There is a risk that the added pressure of an over-zealous monitoring function may negatively affect relationships between local authorities and providers, limiting innovation and potentially constraining service improvement for people drawing on care and support.

3. The proposed introduction of the National Framework for Commissioning Care and Support places additional requirements on local authorities. The legacy of austerity and continued restricted funding has resulted in limited resources. It may be challenging for local authorities to have the capacity and the skills-set needed to respond to these additional requirements. The toolkits developed to support commissioners to deliver the framework should take into account already available resources. This could include the Welsh Local Government Association Peer Challenge and Support programme, along with the Commissioning for Better Outcomes framework, Integrated Commissioning for Better Outcomes, and the Strategic Collaborative Planning and Commissioning guidance. Within England the Care Quality Commission's local authority assessment pilots may also offer sources of learning when the toolkits are being developed.

4. Further consideration should also be made of self-funders and what role the National Office will play in ensuring that people paying for their own care and support are able to access a diverse range of social care providers to meet their needs. We note that the vision for the National Office does not mention self-funders and the National Framework for the Commissioning of Care and Support does not apply to people who purchase services through a direct payment. People who self-fund their care or access direct payments are important in their own right, but also in the ways in which their spending decisions shape the viability of local authority commissioned care. Attention needs to be given to how changes to commissioned services will affect them. For example, a reduction in the number or type of commissioned services may shrink the options available to these groups, and may lead to the loss of a valued service.

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Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

Name	Rachael Black
Organisation (if applicable)	Centre for Care - University of Sheffield
Telephone	07849 701163
Email	rachael.black@sheffield.ac.uk
Your address	Centre for Care, Social Research Institutes, The Wave, 2 Whitham Road, Sheffield S10 2AH

If you want to receive a receipt of your response, please provide an email address.

Email address

rachael.black@sheffield.ac.uk