Hallmark Foundation®

Age Well, Every Step of the Way

CARE 2030

CREATING A BRITAIN WHERE EVERYONE CAN AGE WELL

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Foreword

AGEING WELL EVERY STEP OF THE WAY

Imagine a Britain where everyone can age well; where everyone's needs and aspirations are met and their strengths are recognised. A Britain where care and caring are valued.

We know this is possible. It already happens in some places here and in other parts of the world. We believe it could and should happen for everyone wherever they live.

This paper sets out a vision for Care 2030 and explores key priorities for making it a reality. These include addressing the challenges of unmet needs and demography, with recommendations for a better deal for families and the care workforce, improving housing and technology, supporting integration and innovation and, crucially, giving people choice and control. The recommendations include establishing an independent Office for Care and Ageing Well to monitor and report on needs and sustainability.

The government recently announced its plan for social care. An individual's capital threshold for some formal social care support will increase from £23,250 to £100,000. Most lifetime costs for personal care will also be capped at £86,000. The new higher threshold will bring more people into state-funded system, which will need to adapt quickly. But the decision to allocate the bulk of money raised through the new Health and Social Care Levy to address the NHS backlog over the next three years means there is currently no additional funding to address acute workforce challenges and increased levels of needs, with unprecedented winter challenges ahead. The promise of a social care White Paper this year has not coincided with a clear commitment from government on funding improvements to social care in the future.

The Government's plan has raised awareness of how much needs to be done to make the required change happen. A care system that is simpler, fairer, universal and personal needs to be sustainable, backed with the required human and financial resources for the long term.

We also believe improvements will rely on creating positive mindsets with a 'can do' mentality, promoting care work and supporting all who care. A positive outlook is central to people's life chances and ensuring we live longer and age well. Positive mindsets can also make care a great job to do, champion better support and raise the status of care.

That's why Hallmark Foundation has commissioned and published this Care 2030 paper. In the coming decade the independent charitable foundation will be investing in the future of care. In particular the charity will be supporting the development and growth of the care workforce and carers, promoting quality care in our ageing society and spreading good practice so everyone can age well.

In developing this paper, we have spoken with a wide range of people involved with the care system. They offered different perspectives, but all shared an ambition and optimism that things could be much better. This is the challenge for the forthcoming White Paper.

Care 2030 is ambitious while grounded in reality. With the right leadership and drive, we can make this the decade when care truly becomes a powerful force for good, benefitting everyone at all stages of life.

Jonathan Bunn & Stephen Burke

Introduction

EMPOWERING AND INSPIRING

Social care is an empowering and inspiring benefit to society. It should be a source of national pride on a par with the NHS. At its core is the principle that people have the right to be supported so everyone has an equal opportunity to control their lives and thrive.

There remains a significant deficit in public understanding of what social care is. Popular misconceptions are that it is free - an extension of NHS services following clinical diagnosis – or something that largely applies to people in later life. The repeated failure of governments over decades to introduce reforms to enable social care to be of consistent quality, fair and sustainable has also fostered the impression that it is a problem, a drain on resources and something to be feared.

National political discourse on social reform is locked in tunnel vision. The narrow focus on issues such as older people being forced to sell their homes to pay for care has placed other pressing challenges across the system of social care delivery to the sidelines. The dominance of the funding question, while key to future sustainability, has pushed the rights and experiences of people of all ages who draw on or provide support to the periphery.

The instability and limitations of publicly funded social care have created a system focused on crisis and cost which leaves increasing numbers of people without the support they want and are entitled to, or with no help at all. Many unpaid carers, often out of sight, struggle on alone. The demands placed on a largely poorly paid and trained care workforce are often unreasonable and soul destroying, with the inevitable high team turnover undermining the consistency and quality of care.

Demographic projections show the number of people of all ages who will need some form of support will continue to grow. A limited reform strategy that simply maintains a system that doesn't work, rather than addressing why people need help and empowering those that do, will have a potentially devastating impact on individuals and communities.

For reform to fulfil the promise to truly "fix" social care, there must first be a full commitment to understanding the realities of people's lives. Proposals must be based not just on funding, but on answering the fundamental question: how can social care ensure everyone is able to live how they want?

The purpose of this paper is to highlight steps that could be taken to improve social care over the next decade to shape a system that does not treat people as passive recipients to be managed but creates a mutually beneficial environment in which all people enjoy basic rights, freedoms and opportunities. That is the basis for our Care 2030 vision.

The Covid-19 pandemic has amplified existing social inequalities. The resulting impact on communities is likely to last for many years. Decision makers will be required to take a multi-generational approach, driven by fairness and compassion, in response to economic instability, demographic change, the risk of future pandemics and climate change. Valued, adaptable and fair social care must be seen as a key component for supporting people through uncertain times and enabling them to age well.

THE CARE 2030 VISION

By 2030 social care will...

- Ensure independence, control and opportunity are promoted and protected for people of all ages
- Be easy to access and flexible with care designed by people and practitioners as equals, focusing on individuals' strengths and relationships
- Not abandon people deemed ineligible for formal services so everyone is supported to age well
- Be of consistent quality, with a well-trained and valued workforce, embedded in their communities
- Give people genuine control over how they spend personal budgets
- Be part of a streamlined and coordinated health and care system providing clear paths of access to consultation, support options and focused on prevention
- Work alongside unpaid carers to improve their lives and the care they provide
- Utilise a range of housing options to sustain independence, comfort and security
- Empower communities to innovate and create inclusive networks of support
- Ensure there is a smooth transition into adulthood for children supported by social care
- Embrace the opportunities of digital technology to help protect, connect and enable people
- Use the desire in business to establish a social purpose in their operations
- Harness the work being done by innovative charities and social enterprises using technology to improve care
- Enable everyone to age well

UNMET NEED

Using a range of categories, Age UK estimates that in 2019 there were 1.5 million older people in England with some level of unmet need for care. The limitations of available data mean this is likely to be an underestimate. There is also evidence that suggests significant variation in levels of unmet need across areas and social circumstances. Research has found 41% of older people in the fifth most deprived areas had experienced unmet need, compared to 19% in the least deprived (LSE).

Significant levels of unmet need have also been found across all adult age groups. Estimated care needs among adults under 65 have grown over the last decade but the levels of people being able to access support services has fallen. In the four years up to 2018-19, 35% of requests by younger adults for local authority support resulted in no service being provided, compared to 25% for older adults. There is also evidence of limited support for younger adults to develop their skills and increase involvement in their communities, with just 6% of those with disabilities and 8% of those with mental health problems in paid employment (HF).

Many younger people with the highest needs are also experiencing care which limits their quality of life and development. The government has repeatedly missed its targets to reduce the numbers of adults with severe learning disabilities and/or autism in long-term institutional settings to personalised community-based care. At the end of June this year, there were still 2,075 inpatients in this group, with 57% having been in an institution for two years or more.

In some areas local authorities are attempting to develop their understanding of the scale of unmet need in their communities, but these approaches are often geared towards people who meet thresholds for statutory services. For example, this process can be focused on assessing requests for formal packages care when a social work team have deemed an individual eligible for formal support. Unmet need is then established based on the service requirement that has not been successfully procured by the local authority from providers after repeated attempts.

But there are examples of broader approaches which could offer clearer insights into the scale of unmet need by gathering information on the circumstances of people who haven't met thresholds for formal care, or those who are not yet known to the local authority. These approaches can include training council staff who are the first point of contact with the public to have more thorough conversations about an individual's circumstances. These advisors would also be trained to understand what wider support is available in the community. This could provide both important evidence on whether community support is working and prevent the need for statutory services.

More accurate monitoring of levels of unmet need across the country is vital for strategic planning at national and local level to prevent needs increasing. The National Audit Office and NHS digital have highlighted gaps in data on unmet need for social care, with the former noting that the current Adult Social Care Framework does not cover all aspects of local authority social care responsibilities and the perspectives of those who draw on care. That is why we propose establishing an independent Office for Care and Ageing Well to monitor and report on current and future needs and how these can be met in ways that are sustainable and promote the best use of resources.

FUTURE NEEDS

Demographic projections are often used to portray our ageing society as a problem, with a focus on multiple health conditions and warnings of unsustainable demand on social care services. But estimates also paint a broader picture of increasing numbers of younger people requiring support, highlighting that the social care system of the future must be equipped to respond across generations.

The demand for publicly funded social care at home for people aged 65 and over is estimated to rise by 44% by 2033. During the same period, demand for publicly funded support in care homes is expected to increase by 28% (LSE). The number of younger adults with severe learning disabilities grew by approximately 30% between 2007 and 2017. This is projected to rise by a further 34% between 2017 and 2027 (PSSRU). The issue of growing numbers of people with multiple health conditions is often only discussed in the context of older people, but around 30% of people with four or more serious conditions are under 65.

The patterns of increasing demand for care also vary significantly across regions, with people living in more deprived areas developing multiple conditions earlier in their lives (HF). The impact of poverty on health was recently highlighted by the Chief Medical Officer, Chris Whitty, in his annual report, which focused on coastal towns with high levels of deprivation. In a speech on the 'levelling up' agenda, Prime Minister Boris Johnson referenced inequalities in health and opportunities across the country. While limited on detail, the Prime Minister focused largely on wealth creation and physical infrastructure as key to the solution. These aspects are clearly important, but wider investment in social infrastructure such as community support networks and digital innovations to improve access to formal and informal help are also vital to addressing exponential growth in demand for high-need services.

The levelling up agenda is currently geared towards geographical disparities, but the inequality faced by certain groups throughout the country must also be addressed in efforts to rebalance society, improve health and ensure everyone ages better. For example, women are more likely to be unpaid carers and therefore susceptible to the impact of limited support and related pressures. Of the 1.25 million people in the UK who are caring for an older relative while also raising a family, 68% are women (Age UK). Moreover, 82% of the social care workforce are women and therefore disproportionately affected by low pay and poor working conditions (Skills for Care). People in minority ethnic groups are proportionately more likely to live in poorer areas and suffer worse health outcomes. The stress caused by suffering racial discrimination also directly impacts on mental and physical health.

RECOMMENDATIONS

UNMET NEED AND DEMOGRAPHICS

- The Government sets up an independent Office for Care and Ageing Well to monitor and report on current unmet social care needs and future needs of changing demography, alongside measures promoting prevention and sustainability. Local government should also be required to publish annual care sufficiency statements to demonstrate how they will meet unmet and future needs
- A long term plan for social care provides resources for transformation and affirms the purpose and scope of social care as a powerful force for good which we are all likely to experience in our lives. The forthcoming White Paper should be bold in acknowledging the diverse drivers of demand and set out a clear strategy for early intervention and preventive approaches

SIX PRIORITIES FOR CARE 2030

1. MAKING CHOICE AND CONTROL A REALITY

The principle that individuals should shape their own care to improve outcomes has been a key feature of health and care policy since the turn of the century. Despite moves to bolster personalisation, the goal of widespread and effective implementation is yet to be achieved. The Care Act 2014 placed a responsibility on councils to work with people who draw on care to enable them to design their support and decide on what they require to be achieved. But many organisations, including those representing people experiencing care, have repeatedly highlighted concerns that this approach remains limited in scope and scale.

People drawing on care regularly say their support is still designed for rather than with them. It is often restricted by a focus on cost and providing traditional services, rather than allowing people to innovate and find solutions themselves. This denies them the right to live how they want – in ways that most people take for granted. As the latest lockdown ended, most people were once again able to enjoy the freedom of meeting up with friends and family, choosing where they could go and when. But for many people insufficiently supported to live with chronic conditions and disability, the restrictions imposed on them continued.

Direct payments, which were intended to be used as the recipient sees fit to meet their needs, were considered a key mechanism for improving choice and facilitating person-centred care. However, there are regular reports of unreasonable restrictions being placed on how direct payments are used, with close monitoring of spending such as the requirement to provide individual invoices. Carers who coordinate care also face a significant bureaucratic burden which creates an anxiety around choices on spending due to the perception that control could be lost.

Recent research by Think Local Act Personal (TLAP) during the pandemic found direct payments "do not always meet people's aspirations for a more independent life". It showed recipients felt important concepts underpinning direct payments have been forgotten in practice, despite being enshrined in law. These include support for independent living to enable equal opportunity for a good quality of life, adherence to the process of self-directed support and shifting the system of delivery away from treating people as "passive recipients". However, TLAP said the government's pandemic guidance had been used in some circumstances to implement a more proportionate and flexible approach to monitoring how direct payments are spent. Direct payments are not the right solution for everyone but there is a tendency for some councils to default to direct payments when they fail to find the desired care solution, passing on the responsibility and administrative burden to those drawing on support and carers.

There is acknowledgement within local government that controls on what direct payments can be spent on are too tight, with a growing appetite for giving people more freedom to spend as they see fit. One director of adult social services said relaxing the rules would be a welcome move away from a flawed paternalistic approach to care: "We manage payments too much. We have got to let go and trust people to use money wisely and in a way that makes them happy." While there are some legal requirements relating to individuals procuring support or become an employer, monitoring of the spending is not prescribed nationally, giving councils the freedom to choose how they monitor their budgets.

While providing complete freedom on the spending of direct payments appears unlikely to become widespread due to severe funding constraints, flexibilities introduced during the pandemic could be maintained and developed over the next decade to enable levels of choice and control in line with the intentions of the Care Act.

An important part of the founding philosophy of direct payments was to a give people the power to develop relationships with people in their communities. This would often not happen just on an individual level but in places where there were thriving support organisations providing a network of peer support for new options and ideas for maintaining wellbeing. Investment to improve the social fabric of places and boost mutual support is required to make this happen.

RECOMMENDATIONS

CHOICE AND CONTROL

- Investment develops and promotes inclusive community assets and improves the social fabric to enable people to support each other. Social workers are supported to focus care plans on personal strengths and relationships and recommend means of support outside of traditional care approaches
- Thresholds for support are adapted to allow for the development of early intervention plans to maintain wellbeing and prevent people reaching crisis, as intended by the Care Act
- 'Front door' council staff dealing with enquiries are trained to listen and gather information on people's circumstances, with knowledge of options available to help people locally. This should improve understanding of unmet needs and social trends to inform strategic decisions
- Advocacy services are funded to enable to those needing support and services to get what they require and highlight poor care in whatever setting
- Direct payments are administered in line with government guidance on personal control and CQC inspections of councils' social care delivery report on this.
- Staff are allocated to specifically smooth transition from children's social care services to adult support, including creating plans focused on support requirements, developing skills and increasing employment opportunities

2. EQUAL INTEGRATION

The aim of the current Health and Care Bill is to support the development of further collaboration across the interdependent health and social care system by placing integrated care systems (ICS) on a statutory footing. Until now, the work of developing ICSs has been generally focused on the NHS response to people once they develop medical conditions, particularly those with higher needs who require hospitalisation.

The latest NHS England guidance on the governance of integrated care boards which will oversee ICSs states that there will be a statutory responsibility on them to develop a strategy for their whole population by using evidence and data, including from children's and adults' social care, to address "health inequalities and the wider determinants which drive these inequalities" (NHSE). In theory, this should provide an opportunity to bolster collaboration and investment in broader services which maintain health across the life cycle.

However, there are concerns that the changes to ICS governance will further diminish the role of social care in strategic decision making. NHS England guidance says the leading "ICS NHS body" boards are only required to have one representative from a local authority as a "partner member", who will "not be acting as delegates of these sectors". The guidance also states that other board members can be added, subject to approval by NHS England.

Some integrated care systems have already developed positive relationships and collaborative working across health and social care. But there are concerns that the challenges of the pandemic and the government's response will undermine this progress by prolonging a focus on the flow of patients out of hospitals, rather than prioritising outcomes for patients.

The principle of Discharge to Assess has been embraced by some ICSs to ensure better outcomes for patients. During the pandemic the government provided extra funding for the process and issued guidance as part of its effort to protect hospital capacity. But there are claims that this approach often prioritised speed of discharge over the interests of patients. Due to workforce shortages in home care services, there was a reliance in many areas on securing care home beds as a quicker route for discharge. This led to concerns that many people who should have been supported in their own homes remained in beds awaiting assessment, creating the risk of delays to vital reablement and missed opportunities to prevent disability.

Approaches to hospital discharge during the pandemic and the ICS governance guidance could have long term implications. While flexibility exists in the new model for local areas to shape arrangements between organisations, there are serious concerns that improving approaches to social care will not be prioritised strategically or financially - despite the importance of system wide responses to the challenges it faces. There is also no defined role in ICSs for local communities, including people who draw on social care and carers. This is missing an opportunity to hear new perspectives, improve engagement and bolster accountability.

There are good examples of effective shared endeavour embedded across health and social care systems delivering innovative responses on the frontline. These approaches, geared towards broader issues beyond traditional health and social care services, should become more widespread over the next decade to prevent rising needs and improve quality of life.

For example, In Mansfield a team was established to provide a 24-hour response service providing help with housekeeping, small repairs to the home and companionship. Members of this team also work in partnership with social workers and clinical staff at the local Kings Mill Hospital to identify

patients who may be in hospital unnecessarily, with council staff working to support patients whose housing need is delaying their discharge. In 2018, this service provided a 900% return on investment to the Nottinghamshire health and care system. It also delivered £107,000 annual savings to the county council's reablement service and £186,000 savings to King Mill Hospital from avoided readmissions.

It is worth noting that Nottinghamshire received a significant amount of government investment as an early "Vanguard" area for integration. This shows that increasing investment in capacity, as well as developing positive relationships and a shared purpose at leadership level locally, are a prerequisite for significant transformation.

RECOMMENDATIONS

INTEGRATION

- Integrated care systems place health and social care on an equal footing, with mechanisms for people who draw on care, carers and care providers to have input into strategic decisions
- Councils forge formal alliances or 'care partnerships' with care providers, housing organisations, health, charities, innovative businesses and community support networks built on open and honest dialogue to maximise collective scope and resources

3. SUPPORTING UNPAID CARERS

Unpaid carers play a huge role in maintaining wellbeing and preventing crisis for millions of people. They also significantly reduce costs and demand on public services. The true scale of people who provide care informally is, like unmet need, difficult to measure due to gaps in data and the fact that many are unknown to service providers. Therefore, there is significant variation in estimates of the numbers of unpaid carers, which is likely to impact on the formulation of national policy and funding decisions. For example, the Family Resources Survey estimated that in 2019-20 around 7% of the UK population, or 4.7 million people, were providing unpaid care. In contrast Carers UK found one in eight adults, or around 6.5 million people, were providing care. The Children's Society estimate that 800,000 children are carers. Carers UK also found that 4.5 million additional people took on caring responsibilities during the pandemic.

Despite unpaid carers' importance and impact alongside the formal social care system, they are rarely seen as a political priority for support and investment. This is despite unpaid carers saving the economy an estimated £132bn a year. Unpaid carers are a finite resource which can't be taken for granted. A large proportion of carers say their responsibilities have an adverse impact on their health and research has identified an increased risk of strokes among spousal carers.

The government recently decided not to proceed with a planned carers strategy and instead said unpaid carers would be included in forthcoming reform proposals for social care. The Care Act 2014 had aimed to strengthen support by requiring councils to carry out a statutory assessment of the needs of all carers, not just those that provide substantive support on a regular basis. However, research for the NIHR School for Social Care Research found that while 83% of carers known to their council had received an assessment, only 7% of carers in the general population had done so. This could be due to limited resources being focused on those most in need of support but also suggests councils are in contact with a minority of unpaid carers.

Following local authority assessments, the support carers receive is often limited, placing them at risk of isolation, financial hardship and poor health. Respite breaks are clearly vital to maintaining the health and wellbeing, but limited options due to a lack of investment mean many carers struggle to access effective provision. The Better Care Fund (BCF) has provided £130m a year specifically for respite but it is unclear how this money is spent. Carers UK found a quarter of local authorities and a sixth of clinical commissioning groups were unable to disclose how much they were spending on respite through BCF. The local authorities that did reveal how much they invested spent an average of £19.47 per registered carer, suggesting the money was used simply to signpost people to information, rather than providing breaks.

RECOMMENDATIONS

UNPAID CARERS

- The contribution made by unpaid carers is monitored and reported by the proposed Office for Care and Ageing Well, again focusing on their unmet needs
- A new national carers' strategy ensures that carers, wherever they live, can access advice and information, a proper assessment of their needs and adequate respite care as a minimum, alongside a national overhaul of financial support for carers

4. INVESTING IN THE WORKFORCE

There are several factors which have coalesced to cause the current social care workforce crisis. Many staff are suffering burnout caused by the demands of the pandemic. Increased opportunities to earn better wages due to labour shortages is tempting people away from jobs they enjoy but do not see as sustainable. A post-Brexit points based immigration system which does not exclude social care workers has restricted an important supply of staff. The looming deadline for social care staff to be fully vaccinated has caused many to seek alternative employment.

What was previously a barely manageable workforce problem has become a situation of acute risk. The most affected councils are now dependent on mutual aid, relying on good will in communities to ensure people are safe. By the government's own estimate of the impact of mandatory vaccination, between 68,400 and 17,100 care home workers will be unvaccinated by the end of the grace period on November 11. The current crisis has emerged ahead of the seasonal increase in demand in winter, which may be compounded by possible increases in Covid cases placing pressure to free-up hospital capacity.

The government has acknowledged that a skilled and rewarded social care workforce is key to delivering high quality care. It has pledged £500m over the next three years for the professionalisation and development of staff, with further detail promised in the White Paper. However, there has been no significant action on addressing the scale of the current workforce crisis, which is putting people at risk and is set to worsen throughout winter.

A long-term solution to workforce challenges will require not only an increase in pay and improved terms and conditions but also a significant shift in public perception of working in social care. The portrayal of carers as being heroic during the pandemic has the unintended consequence of creating an impression that the job is something only few can do. Care settings during the pandemic were seen as overwhelming negative, bereft of joy and fraught with danger. This belies the joy and pride that social care work can bring in helping others to lead the best lives possible.

While immediate and drastic action must be taken to deal with the current workforce crisis, the situation highlights the need for a long-term workforce strategy for social care, backed with investment on a par with the recruitment drive in the NHS Long Term Plan. As well as pay, value and working conditions, this must address the pressing need to improve training for care workers to deal with the growing complexity of people's needs and compensate for gaps in health provision, such as those caused by problems in recruiting district nurses. Promoting careers in care must start more widely in schools, while growing the next generation of care leaders is also critical through national initiatives like Social Care Leaders Scheme.

At a local level, steps are being taken to address the workforce challenge. One county council is looking at including conditions in contracts which stipulate that a certain amount of any increases in the amount they pay providers must be spent on carers' pay. The council is also hoping to establish shift-based working for carers in localities, rather than commissioning individuals to go and visit a series of people, often with long travel times. This approach aims to improve both the quality and consistency of care as well as working conditions. There is also the hope that a salaried shared workforce can be established across all independent providers within the county. This would give care workers pay parity with NHS healthcare assistants, who currently earn between £21,000 to £24,000 a year. The strategy is based on a shift away from commissioning as purchasing to commissioning by working in partnership with providers.

However, implementing the strategy would require significant investment, estimated at approximately £25m, requiring agreement on sharing costs across the wider health and care system.

This approach is similar in spirit to the Dutch model of Buurtzorg neighbourhood care. This deploys small teams of self-managing nurses who support between 40 and 60 people within a defined area. Each nurse coaches the person drawing on social care and their families with a focus on prevention alongside delivering or coordinating care. While in 2018 long-term care costs in Holland were high at 4.3% of GDP, it has been estimated that if Buurtzorg provided all home care it would save the economy €2bn annually. The approach has had a positive impact on people receiving care, both in levels of satisfaction and independence. It has also benefited staff, with lower turnover than other providers, lower rates of absence and higher productivity.

RECOMMENDATIONS

WORKFORCE

- Establishing dedicated homecare teams in neighbourhoods which are able to make decisions with those they care for
- The Care Quality Commission focuses on the links between the workforce, quality of care and people's experience of care to promote best practice and where investment is required. An early priority should be on the quality of dementia care and how this can be improved, showcasing best practice
- A national care workers recruitment programme including positive promotion of working in care and its impact, outreach to students in schools and colleges, 'grow your own' initiatives with care providers and support for Social Care Leaders Scheme, mirroring similar programmes in education and policing etc
- A workforce strategy guarantees professional development and improved pay for care workers in all settings.

5. ENSURING CARE BEGINS AT HOME

The quality of the housing and the environment in which people live is a key determinant of health and wellbeing. However, ongoing limited supply and rising costs suggest the general housing crisis will continue and restrict investment in flexible housing options for people with a broad range of needs. Raising standards and access to suitable homes is a key aspect of general prevention but is critical for older and disabled people. The recently published National Disability Strategy pledged to increase accessibility to homes, address the extra costs faced by disabled people and reduce the disability employment gap. However, it has been criticised for lacking in substance.

There is currently no clear and ambitious national housing strategy which addresses demographic trends and sets out a plan for increasing the availability of flexible housing options, including properties which provide solutions to those facing health and physical challenges. The current central government funding mechanisms available for specialist housing are complex, leading to long lead-in times for developments and concerns over financial viability. Current levels of government capital investment are inadequate, but a small increase could have a major impact. The process of accessing capital support through the NHS for transferring people with severe learning disabilities from hospitals to community care is also complex, leading to shortages in provision and instability for people which increases the risk of them returning to institutional settings.

One million people are expected to be living with dementia by 2025. This figure is set to double by 2050 (M et al 2014 Dementia UK). Housing is clearly key to enabling people to maintain their independence and wellbeing. An enquiry established by the All Party Parliamentary Group on Housing and Care for Older People said there is an urgent need for new homes to be "dementia ready" to meet the future needs of people living with dementia. It warned there has been slow progress across the housing sector in making this happen and most people with dementia do not live in homes designed or adapted to support them. The inquiry also found that health and care assessments do not usually link care and housing together.

RECOMMENDATIONS

HOUSING

- A national housing strategy for our ageing society is a priority, ensuring new homes are built to lifetime homes standards and adapting existing homes for lifelong living
- Promoting housing options for older and disabled people and expanding the range of choices through land, planning and investment mechanisms, including more options for people living with dementia
- Making better use of existing housing through schemes like Shared Lives, Homeshare and intergenerational housing projects, plus more funding for adaptations and home improvements to make homes safe, warm and secure

6. MAXIMISE DIGITAL OPPORTUNITIES

Technology has transformed society, but it often feels like social care has been immune to that shift. While Amazon Alexa provides personal assistance and google maps guide us to our destinations, the adoption and adaptation of similar technology to improve social care delivery remains largely absent. Physical human interaction will always be fundamental to care, but the opportunities of digital technology to improve process, choice and access to services are being missed.

Technology is commonly talked about in terms of how it could benefit the system through monitoring, cost-cutting and planning. But it should be first considered in terms of how it could benefit people who draw on care and carers. Conversations within the system focus on bespoke technology designed for social care. This ignores the fact that the technology is already widely available and can be easily applied and combined for multiple purposes at minimal cost. For example, the 'No-code' development platforms allow people with no programming skills to create software through easy to use intuitive interfaces.

Innovation is taking place, but it is often carers and their support networks who are finding tech solutions, whether that is families placing digital cameras in the homes of relatives or using Apple watches to monitor health. These innovations should be tapped into and developed.

In a report earlier this year, the King's Fund said there was "a clear deficit" in evidence on how digital technology is being used in social care settings, beyond anecdotal references to isolated examples of smart phones being used for record keeping and the distribution of tablets in care homes to keep residents in touch with loved ones. It warned that without more support to develop the use of technology, social care is "likely to be left even further behind".

If the lack of progress in exploiting the possibilities of digital technology within the social care sector is to be addressed, the involvement of innovative business start-ups, social enterprises and forward thinking charities is crucial. For example, The Carefree charity was launched in 2017 to deliver a new way of supporting unpaid carers. It works with businesses in the hospitality industry which are embracing the concept of embedding a social purpose in their organisations. Hotel chains donate the use rooms of rooms based on regular levels of shortfall in occupancy levels. Carefree has created a website and the digital infrastructure using No-Code which connects easily with the social care system. People requiring respite can be referred to Carefree to assess options for an overnight stay and choose where they want to go and when. The only cost is a small fee paid to Carefree towards operating costs. The average price of an overnight stay in a hotel is £200 to £300 so the model is leveraging extra resources into the social care system, without Carefree being required to get involved in a commissioning process. The website is simple to use, and it takes under a minute to make a referral, with each organisation having a dedicated page.

This example should dispel the myths and misunderstandings about technology that may be a contributing to social care's poor progress on digital innovation. This type of model does not require high skill levels or place costs on local authorities. It can also provide user insights and track trends. Carefree is also moving into identifying carers with potentially unmet need by assisting people to formally register when referred by a support organisation

The social care sector has significant work to do to close the deficit in its use of new technology. A culture change is necessary to open minds. The sector should learn from what people who draw on support and their families are already doing to facilitate their lives. It must be open to embracing opportunities that already exist in technology to widen the lens of what can be achieved.

RECOMMENDATIONS

TECHNOLOGY/INNOVATION

- Investment in making digital technology which can tackle isolation, monitor health and provide information accessible, learning from the experience of those drawing on care and their families
- Councils embrace the work of innovative charities and social enterprises who can assist in social care, making much wider use of technology developed and used by people drawing on care
- The growing desire of companies and their investors to embed sustainability and a social purpose in their business models is harnessed to contribute to community wellbeing, with exemplar providers sharing good practice

Care 2030

GETTING THERE

This paper has mapped out key challenges facing all those using and providing social care. It has highlighted six key priorities and recommendations for action if we are going to meet those challenges and transform the way care is delivered. Clearly this has to be supported by increased financial and human resources, starting with the 2021 Spending Review.

The Government has raised expectations through its recent announcement of a national insurance rise to pay for tackling the health backlog following Covid-19 and 'fixing social care'. This is an opportunity for everyone using and providing care to raise our game, challenge and push for better care. We can all help lead change and control our own destiny rather than waiting for government, nationally and locally, to ride to the rescue. But it's also a challenge to leaders within and outside government to be bold and ambitious.

We are optimistic about the future and the potential for change. Hallmark Foundation will be investing in the future of care and doing our bit to change care. We will be working with partners within and outside the social care sector to make it happen.

2030 will soon be here. We can't afford to waste another decade without reform and without clear direction. Let's work together to make the vision and priorities for Care 2030 a reality. Here are some key building blocks

CARE 2030 – RECOMMENDATIONS

UNMET NEED AND DEMOGRAPHICS

- The Government sets up an independent Office for Care and Ageing Well to monitor and report on current unmet social care needs and future needs of changing demography, alongside measures promoting prevention and sustainability. Local government should also be required to publish annual care sufficiency statements to demonstrate how they will meet unmet and future needs
- A long term plan for social care provides resources for transformation and affirms the purpose and scope of social care as a powerful force for good which we are all likely to experience in our lives. The forthcoming White Paper should be bold in acknowledging the diverse drivers of demand and set out a clear strategy for early intervention and preventive approaches

CHOICE AND CONTROL

- Investment develops and promotes inclusive community assets and improves the social fabric to enable people to support each other. Social workers are supported to focus care plans on personal strengths and relationships and recommend means of support outside of traditional care approaches
- Thresholds for support are adapted to allow for the development of early intervention plans to maintain wellbeing and prevent people reaching crisis, as intended by the Care Act
- 'Front door' council staff dealing with enquiries are trained to listen and gather information on people's circumstances, with knowledge of options available to help people locally. This should improve understanding of unmet needs and social trends to inform strategic decisions
- Advocacy services are funded to enable to those needing support and services to get what they require and highlight poor care in whatever setting

- Direct payments are administered in line with government guidance on personal control and CQC inspections of councils' social care delivery report on this.
- Staff are allocated to specifically smooth transition from children's social care services to adult support, including creating plans focused on support requirements, developing skills and increasing employment opportunities

INTEGRATION

- Integrated care systems place health and social care on an equal footing, with mechanisms for people who draw on care, carers and care providers to have input into strategic decisions
- Councils forge formal alliances or 'care partnerships' with care providers, housing organisations, health, charities, innovative businesses and community support networks built on open and honest dialogue to maximise collective scope and resources

UNPAID CARERS

- The contribution made by unpaid carers is monitored and reported by the proposed Office for Care and Ageing Well, again focusing on their unmet needs
- A new national carers' strategy ensures that carers, wherever they live, can access advice and information, a proper assessment of their needs and adequate respite care as a minimum, alongside a national overhaul of financial support for carers

WORKFORCE

- A workforce strategy guarantees professional development and improved pay for care workers in all settings.
- The Care Quality Commission focuses on the links between the workforce, quality of care and people's experience of care to promote best practice and where investment is required. An early priority should be on the quality of dementia care and how this can be improved, showcasing best practice
- Establishing dedicated homecare teams in neighbourhoods which are able to make decisions with those they care for
- national care workers recruitment programme including positive promotion of working in care and its impact, outreach to students in schools and colleges, 'grow your own' initiatives with care providers and support for Social Care Leaders Scheme, mirroring similar programmes in education and policing etc

HOUSING

- A national housing strategy for our ageing society is a priority, ensuring new homes are built to lifetime homes standards and adapting existing homes for lifelong living
- Promoting housing options for older and disabled people and expanding the range of choices through land, planning and investment mechanisms, including more options for people living with dementia
- Making better use of existing housing through schemes like Shared Lives, Homeshare and intergenerational housing projects, plus more funding for adaptations and home improvements to make homes safe, warm and secure

TECHNOLOGY/INNOVATION

- Investment in making digital technology which can tackle isolation, monitor health and provide information accessible, learning from the exp
- Councils embrace the work of innovative charities and social enterprises who can assist in social care, making much wider use of technology developed and used by people drawing on care
- The growing desire of companies and their investors to embed sustainability and a social purpose in their business models is harnessed to contribute to community wellbeing, with exemplar providers sharing good practice

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Hallmark Foundation is an independent charitable foundation, established in 2020 by Avnish Goyal, chair of Hallmark Care Homes and Care England.

The foundation's vision is a Britain where everyone can age well. We help make that happen by investing in the future of care. We provide grants to support the care workforce of today and tomorrow; fund research and innovation improving, for example, dementia care; and make quality care accessible and sustainable for all. We work in partnership with our grantees to maximise the impact of our funding on ageing well.

Hallmark Foundation
Age Well, Every Step of the Way

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