

Written submission to the Department for Education's children's social care reform 2023 implementation strategy and consultation

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.2 million staff.

The vision and making reform work for everyone

Overall, to what extent do you agree these six pillars are the right ones on which to base our reforms for children's social care?

We welcome the government publishing a children's social care reform implementation strategy. In recent years, the challenges facing the social care sector have **become** one of NHS trust leaders' biggest concerns. The issues seen include capacity not keeping up with increasing demand and complexity of need. More individuals are waiting for assessments and support, and higher levels of unmet or under-met needs impact on wellbeing and other public services. A lack of suitable social care provision was also cited by **trust leaders** as one of the key reasons why demand for children and young people's mental health services is not being met. This consultation is particularly welcome as the main commentary on social care usually focuses on adult social care, and we know that the needs of children and young people are equally pressing.

Health inequalities exacerbated by the pandemic and cost of living crisis is a further key issue. Both the health and care sectors have been grappling with rising demand, squeezed funding and staff shortages for many years, with the impacts of the COVID-19 pandemic compounding these pressures. Trust leaders are very aware that the pandemic has had a specific, **profound impact** on children and young people across the country, including **worsening the health inequalities** they face. This need is likely to become more pressing in the face of **a cost of living crisis** that we expect to be deep and

prolonged, given the well-known **effects of poverty** on children's **health** and life chances. Evidence also suggests that the most deprived local authorities in England have experienced more funding cuts than the most affluent, which compounds the health and wellbeing challenges that already exist in those areas. The degree of integration, interoperability and coordination between social care and the NHS, and the overall approach to tackling the wider determinants of health are further key issues.

Trust leaders **have been clear** that children and young people must be prioritised in future plans and there must be a coherent strategy to meet current and projected future demand for children's services, aligning the vision, planning and funding across education, social care and health care.

Pillar 1: Family Help provides the right support at the right time so that children can thrive with their families

We welcome the strategy committing to new, co-designed, approaches to supporting families earlier, in their communities, being piloted and the intention for these new approaches to use a skilled, multi-disciplinary workforce so that the needs of children and families can be met in one place. Trust leaders have stressed the need to focus on how to shift resources upstream and deliver a far more proactive and holistic model of care that is coordinated, multi-agency and community-based to help prevent children and young people becoming unwell and enables early access to support for those that do. Wider public services, in particular public health and social care, play a crucial role in supporting children and young people and their families and helping to prevent ill health and avoid deterioration. It will be important for the work committed to in the implementation strategy to build on what is already working locally.

We also welcome that there will be a focus on demonstrating how different ways of working can build culturally competent practice and the commitment for research commissioned by the Department for Education (DfE) on family support to include a specific focus on the experience of children and families from ethnic minority backgrounds.

However, we are concerned that the pace and scale of proposals fall short of what is required to fundamentally improve how we care for children and young people and their experience of the current system of care and support available to them. Meeting current and projected future demand for children's services depends on sustainable levels of investment over the long term, with a firm focus on the enablers of expansion and transformation – data and digital, workforce and capital. Yet, much of the additional funding committed will go to a limited number of pathfinder and pilot areas, leaving those outside of these areas having to wait two years – at least – to receive the investment and support they need to improve their children's social care services. According to **the Local**

Government Association, there is a £1.6 billion shortfall – estimated prior to the impact of current inflation levels – required each year simply to maintain current service levels.

The strategy states that the new 'Family Help' service will be driven by local and national join up of policies and funding, which we welcome in principle but look forward to seeing more detail on in due course to fully understand, and support to develop further as appropriate, what this looks like in practice. Trust leaders are supportive of ambitions to deliver better integrated health and care services for patients, and a number of trusts are already successfully leading the integration of services, more integrated staffing models and pooled budgets with their local authority partners across a range of services. However, they are mindful of the importance of the need to address underlying financial flows, infrastructure and accountabilities to avoid introducing further risk into an already fragile, and under-funded, system. They have also emphasised the role behavioural, relational and cultural factors often play in the delivery of integrated care.

We welcome that the strategy highlights the challenges in supporting families facing material deprivation and steps, such as improving social workers' ability to use local welfare support for families and looking at 'poverty aware' practice, will be taken to support social workers to be better able to respond families' needs. We know trusts are increasingly **working in partnership** with local authorities and others and providing additional community outreach services to support people facing deprivation. However, while trusts recognise the role they, local authorities and other local partners can play in supporting those facing deprivation, there is a limit to how much change they – and individual members of their and their partners' staff – can effect themselves. The most sustainable and effective solution lies in the government acting on the drivers of material deprivation over the short and medium term, to protect the public from the long-term impact of poverty.

Pillar 2: A decisive multi-agency child protection system

We welcome, and look forward to seeing more detail regarding, the commitment to strengthen multi-agency safeguarding arrangements through clearer roles and accountabilities for safeguarding partners, increased transparency and accountability, greater support and learning, and a greater role for education settings in local multi-agency leadership.

Pillar 4: Putting love, relationships and a stable home at the heart of being a child in care

We agree that, where children need specialist residential or therapeutic care, this should be provided as close to their home as possible. Sustained investment in workforce, particularly specialist staff, and high-quality community services is key to achieving this. Discussions and decision making regarding

the best approach to delivering high-quality, person-centred care in highly specialist and forensic settings must be balanced and evidence-based, taking into full account the nature of the care and support provided by these services and the geographic spread of their service user populations as per the approach taken for specialist physical health services.

Pillar 5: A valued, supported and highly-skilled social worker for every child who needs one

There are welcome proposals related to workforce, such as the accreditation scheme to drive take-up and retain students, the development of an early career framework and work to identify and address unnecessary workload drivers, however, we are concerned they do not go far enough to tackle the challenges with the children's social care workforce and realise the vision of a skilled, multi-disciplinary workforce working in one place set out in the strategy. We provide more detailed views in the subsequent section focused on whether proposals address current workforce challenges in the system and what should be top priorities for longer term reform.

Pillar 6: A system that continuously learns and improves, and makes better use of evidence and data

We look forward to seeing more detail on proposals to improve information sharing between organisations and the extent to which this looks beyond the social care sector.

The care experience

Overall, to what extent do you agree that the 6 key missions the right ones to address the challenges in the system?

The six 'missions' that have been identified to track progress on improving outcomes for children in care and care leavers are focused on welcome key areas: relationships; homes for children in care; education, employment and training; housing for care leavers; and health. Missions 2 to 5 could be strengthened by being clearer on the anticipated improvement trajectory over time.

It is a missed opportunity, however, for the missions to solely focus on children in care and care leavers when not all children needing support are currently able to access it. We would welcome the government considering whether mission 2 could be amended to focus on tracking progress on the number of high-quality homes available for every child needing care (as well as those already in care), local to where they are from.

We welcome that there is a mission focused on working closely with health partners to reduce the disparities in long-term mental and physical outcomes and improve wellbeing for care-experienced people. This mission would benefit from more detail regarding how much, at a minimum, we should be expecting to see disparities reduced and by when. The work highlighted in the strategy by NHS England and the Department for Health and Social Care to ensure all Integrated Care Boards, Integrated Care Partnerships, Health and Wellbeing Boards and councils better support the planning and commissioning of services to meet the needs of children in care and care leavers will be crucial, as well as work to improve staff understanding of mental health and wellbeing and their skills to respond to children with mental health needs. However, broader progress on tackling wider system pressures needs to go hand in hand with these specific actions to deliver on this mission.

Do you have any additional suggestions on improving planning, commissioning and boosting the available number of places to live for children in care

There are specific examples of trusts working with other health and care organisations as part of their Integrated Care Systems to deliver a more joined up approach to housing, including supported housing for people with mental health needs, such as in [Sussex](#) and [Kent](#), which again may prove helpful to explore further. Elsewhere, [trusts have been working with social care partners](#) to increase capacity in their local areas, with a particular focus on care for adults at home – there may be lessons to learn from this experience, with boosting the available number of places to live for children in care in mind.

Trusts are also increasingly looking at their estates and land use to consider whether they can do more locally to boost the supply of high-quality housing – ensuring that any decisions made about housing are in conjunction with the local authority and in consultation with local populations. Some trusts are building local relationships to ensure existing facilities can be used more fruitfully for social value. However, further work is required to support such approaches as capital funding challenges are creating barriers to effectively repurposing land and securing funding to redevelop estates.

Workforce

Overall, to what extent do you agree that our proposals on the social worker workforce address the challenges in the system?

Recruitment and retention of social care staff is one of the biggest concerns for health and care leaders. There are currently 165,000 social care vacancies, with people leaving the sector at higher rates than ever before, and over 132,000 vacancies across NHS trusts.

There are some welcome proposals in the strategy aimed at tackling workforce challenges in the system, such as work to improve case management systems and identify and address unnecessary workload drivers; educate people on the role of children's social work, and promote this as a positive career; and consult on the use of children's social care agencies.

Challenges in recruitment and retention

However, we are concerned that proposals do not go far enough. The rate of pay for social care staff is a key issue, particularly in the context of sharp rises in the cost of living, as care workers are increasingly choosing alternative roles in retail and hospitality. This is compounded by a lack of clear career progression and training opportunities for care staff. It is deeply concerning that national funding for the social care workforce was recently halved.

The challenges around recruitment and retention also reflect the fact that staff are suffering from burnout and fatigue due to a lack of support, increased workload and the ongoing impact of the Covid-19 pandemic. Entrenched recruitment and retention problems are therefore impacting capacity and quality of care.

Some trusts are working with social care partners to use NHS infrastructure to support improved recruitment and retention initiatives locally which offer individuals better entry points and career pathways across health and care. Although these initiatives have generated some positive results, they are not a long-term sustainable solution on their own. The social care sector still needs national action on pay and conditions to ensure the sector has the right workforce for the future.

To recruit and retain sufficient staff, roles in the NHS and social care have to be appealing. Pay, flexibility, work/life balance, job satisfaction, and continuing professional development can be improved with additional funding and focus. Additional investment and reforms are needed to ensure that pay and pensions are not factors in staff choosing to leave health and social care during this period of exceptionally high service demand.

A long-term workforce plan for health and social care

The Chancellor's commitment to the publication of an NHS long term workforce plan in his autumn statement was welcome, however, at the time of submission, this plan remains unpublished. It is crucial that the plan is accompanied by implementation funding, and that the government commits to

regular updates to ensure its longevity. The social care sector also needs a long term workforce plan to place it on a sustainable footing.

Recruitment of social care staff would be helped by working towards the creation of a pay framework in social care that is either fully integrated with Agenda for Change (AfC) in the NHS or offers comparable rates. Progression in social care, and higher quality training offers, should also be addressed. This will require significant additional investment.

There should be a focus on the long-term sustainability of recruitment practices, with both domestic and international recruitment recognised as important routes for health and social care, especially given the growing demands on the sectors. We welcome the addition of care workers and home carers to the Health & Care visa, and the Shortage Occupation List, but remain concerned by impact of the minimum salary threshold.

Widening societal inequalities will continue to create uneven demand for services across the country, exacerbated by areas of high deprivation already struggling to recruit staff. Investment which makes those areas attractive places to work is key to narrowing inequalities by improving employment opportunities, which trusts can play a key role in as anchor institutions.

Given that there are shortages across the board, the 'one workforce' approach to workforce planning within local systems is key, as competition for staff between organisations risks exacerbating pressures on other parts of the system. The importance of training the wider workforce to be more aware of mental health conditions and the support needed is also critical and we therefore welcome the focus in the strategy on upskilling children's social workers and others working with children to ensure a strong understanding of mental health issues. However, this must not come at the expense of formal mental health support from trained practitioners.

It is important to emphasise that staff with the right skills in the right place are just as important as an increase in the number of staff: effective health and care services depend on multi-disciplinary teams with the expertise and experience to meet individuals' care and treatment needs.

If you want the proposals to go further, what would be your top priority for longer term reform?

To ensure the NHS and social care workforce is sustainable, a fully costed and funded multi-year workforce plan is needed, covering both sectors. This plan must be based on local-level input and

give the workforce numbers needed to not only address existing vacancies, but also to build flexibility into the system to enable the system to cope with fluctuations in demand.

We also need to see wider social care reform and investment. Fragmented approaches to reform do not capitalise on the opportunity and also do not support social care services to be more integrated which would help to drive improvements.

Delivery

In your opinion, how can we ensure the delivery of reform is successful?

Key to the successful delivery of these reforms is them being adequately prioritised, at both local and national levels, and remaining a priority for the entirety of the delivery period. Moving at pace with consultations and pilot work so that it's possible to move towards a pace and scale of reform that matches what children's social care services require more fundamentally without further delay will be a key litmus test. We would also stress the importance of measuring progress and there being clear roles and accountabilities to ensure successful delivery.

Reform also must be funded appropriately, at sustainable levels over the long term, in order to be delivered successfully, with a firm focus on the enablers of expansion and transformation – data and digital, workforce and capital. All changes that will result in increased costs to health and care providers and other partners that have a role in delivery of reform need to be fully and promptly funded, on a sustainable basis, to ensure that they can be appropriately taken forward.

There must also be a focus on developing a fully costed and funded multi-year workforce plan covering both health and care sectors to ultimately ensure successful delivery of reform.

It will be important for the government to work closely with the social care sector and key partners to fully understand the impact of proposals and ensure they have developed a robust and achievable plan for implementation. We welcome the strategy emphasising the importance of consulting, testing and evaluating best approaches in conjunction with the sector ahead of further decisions being made and wider roll outs. Other demands placed on the system, and the capacity of health and care staff to deliver what is required, need to be carefully considered as this work progresses.