

What would a 10 year plan for social care look like?

On 13th December 2024, Healthwatch Sheffield hosted a roundtable conversation with Abtissam Mohamed MP. It was attended by people with professional and personal experience of Adult Social Care. This included an advocate from Disability Sheffield, staff from SACMHA who support Sheffield's African Caribbean community, the manager of a local care home, and a family carer, alongside Healthwatch staff presenting insight and feedback from members of the public.

The government is currently consulting on a 10-year plan for the NHS. We posed a question to the group, **'if the government was writing a 10-year plan for adult social care, what should it include?'**

The following themes emerged from the conversation – this is a snapshot of points raised within the one-hour conversation. We recognise that these are complex and interconnected issues – it is not an exhaustive list, and each of these areas alone would warrant deeper exploration.



Social care packages which do not meet people's needs

Care packages are often stripped down to the very basics of personal care (and sometimes even this is lacking, for example people being left for long periods of time in incontinence pads).

With the 'cuts' mindset of funding, people are missing out on social and holistic needs – assessments don't consider what is important to a person, e.g. attending a faith group, going to the shops, or to a friend's house. Many activities and respite provision have been cut completely. The system has lost sight of the fact that people need full participation in society, not just their basic requirements.

This has a domino effect, with people's wellbeing worsening and their needs increasing.

Unpaid carers

There is a lot of expectation on families – often women – to fill gaps that care packages don't meet. Families are often overwhelmed dealing with the emotional side of someone's needs and health changing, then all the administrative and practical issues that arise.

The Council have a legal duty to assess people's needs and involve them in a plan to meet those needs – but people are regularly told “we don't support with that”, which puts the onus for support back onto the family. It can also put people off seeking support in the future.

Compounding factors like working or having children take their toll, and the support that exists is minimal (e.g. few respite options, Carer's Allowance being low).

Not everyone wants their family to care for them – it changes the relationship dynamic. But people feel they are left with no other options, as family are seen as the 'default' carers.

Workforce

Staff need to feel valued – both financially and otherwise – for their own wellbeing. Care homes and home care agencies struggle to pay their staff more than minimum wage, even those who are very experienced. There is not a lot of room for career progression within the care workforce. Staff also need supportive policies to allow them to take time out for training and development, to develop specialisms, and for sickness and other absence.

Low staff morale has a direct impact on care too, with carers unable to provide the best support in an environment where they are not supported themselves.

Social care which isn't culturally competent

There are low numbers of some demographics – for instance South Asian people – accessing social care. Some communities do not have faith that Adult Social Care services will meet their cultural needs, or treat them with respect, and therefore do not use them. But these families are struggling under the strain of not having support too; services need to adapt and build trust with diverse communities so they feel safe to use them.

Some community organisations do work to provide care for their community to bridge these gaps – and do so well – but there shouldn't be a gap in the first place.

Funding and resources

Many of the issues above come down to funding – the low levels of funding across services and in local authorities, as well as a lack of flexibility in how this funding can be used. Underfunding runs deep in the social care system, which was recognised as a national issue and not unique to Sheffield.

- Care homes are left with no money to pay for essential repairs and upgrades – their buildings are getting older with wear and tear to roofs and windows, and many have inefficient heating systems which are costly and bad for the environment. Government grants exist to help fund these, but care homes have to put up 50% of the cost, and many can't even afford this.
- Home carers say they are not paid enough to cover the costs of the business insurance that would allow them to take clients out and about, so people are not having their social needs met.
- More flexibility in funding would allow for more creative working – for example care staff taking on activities with care home residents that they know, providing more variety, and more one to one time to enable people to do things that are important to them.

Short term grants or bursts of funding do not allow for long-term, sustainable planning, and communities are left with no support when these funding pots end.

Social care planning should fit within a wider economic framework. We should be investing in the face-to-face sectors that cannot be replaced by technology and AI. This includes investing in career pathways that support people to progress in this industry, offering employment to local residents and contributing to the local economy, not sitting outside of these structures.

Ideas for improvement

People at the roundtable discussion also raised ideas and suggestions to improve social care – beyond the clear need to address chronic underfunding with a sustainable economic plan. These include smaller practical ideas, and larger cultural shifts:

- We need a greater understanding of what the unmet needs are locally (ground work to be done) so the money can be allocated in the right way. This includes a focus on communities that don't reach out to statutory services often. Otherwise, policy makers are assuming people's needs and may waste the money.

- People using social care services and community organisations should be involved in any policy developments – they have a key role to play in supporting solutions to be co-designed.
- There are creative models of care which can be expanded upon. For example, SACMHA's housing campus which provides low-level support and social community, and their Memory Hub.
- There needs to be flexibility in funding to allow for resources to be allocated in a way that meets more of people's needs.
- NHS and Adult Social Care work separately, but they are so interconnected that a system which combines both would be better. Elements which straddle health and social care like Continuing Healthcare (CHC) demonstrate this, with people who get caught in the middle and don't receive the support they need.