

October 2024

Delivering Great Social Care in the North West:

Thriving **People**, Thriving **Communities**, Thriving **Economies**

A report for NW ADASS and NW Employers



Partners in Care and Health

Executive Summary

“ We all want to live in the place we call home, with the people and things that we love, in communities where we look out for one another, doing the things that matter to us ”

Social care exists to provide us the support we might need to achieve these things, helping us to find solutions to the challenges we may face as a result of ill-health, being disabled, living with mental health issues or for some other reason.

Across the North West social care leaders are working in partnership with people and communities, to deliver flexible and responsive support, enabling more people to live, work and contribute to their communities.

This work, in turn, creates great jobs for local people, builds local businesses and helps local economies to grow.

Social care contributes **£7.8bn** of value to the economy of the North West region every year.²



Whether or not we use social care ourselves, we all rely on social care being available to people who need it, in our communities.

Around **90,000** adults currently receive care and support from local authorities across the North West.⁴



Over **200,000** people are employed in adult social care by local authorities across the North West



There are **over 1,000** commissioned home care providers, and **over 500** learning disability supported living providers in the region.³

Over half a million people in the North West provide care to a family member or friend.⁵



Across the North West social care professionals are working alongside many thousands of people to ensure they get the care and support they need to live their lives. However, we know that unfortunately, at the moment, not everyone gets great support, every time that they need it.

The long-term reduction in funding allocated to local authorities by national Government has had an enormous impact on the capacity of social services departments to meet the needs of their local populations.⁶ While funding has dwindled, the number of people who may need support from social care has grown and needs have changed. As Lord Darzi recognised in his recent report on the state of the NHS, social care “has not been valued or resourced sufficiently, which has both a profound human cost and economic consequences.”⁷

Despite underfunding, work is underway to transform care and support, so it is better equipped to offer support that enables us all to live in the place we call home, with the people and things that we love, in communities where we look out for one another, doing the things that matter to us, both now and into the future. This is a mission and a vision we share with colleagues across the country, with many providers of social care, with leaders in other public services and, crucially, with people who draw on care and support.⁸

In this report we identify some of innovative and forward-looking practice already underway across the region in pursuit of this vision. We also share just a few examples of what is happening in different places in the North West.

Transformation is underway:
“Co-producing solutions with people; Building the local workforce; Taking a strengths-based approach; Early action and prevention; Using technology to support better lives; Working across health and care; Creating caring places we can call home; Enabling people to live well with dementia”

However, if we are fully to realise our ambitions for reform we need wider support locally, regionally and nationally. The ADASS Roadmap ‘Time to Act’ sets how action over the short, medium and long-term is needed to complete the work to transform social care.

The roadmap makes clear the role that a range of key bodies including national Government need to play in accelerating reform.⁹

¹ Social Care Future – vision for the future of care and support socialcarefuture.org.uk

² Skills for Care, 2021, The Value of Adult Social Care in England www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/The-value-of-adult-social-care-in-England-FINAL-report.pdf

³ Market and Quality Data: MQIS (Market Quality and Insight System)

⁴ Market and Quality Data: MQIS (Market Quality and Insight System)

⁵ ONS Unpaid care by age, sex and deprivation, England and Wales: Census 2021 www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021

⁶ Institute for Government, 2023, Performance Tracker 2023: Adult social care www.instituteforgovernment.org.uk/publication/performance-tracker-2023/adult-social-care

⁷ Darzi, 2024, An independent investigation of the National Health Service in England assets.publishing.service.gov.uk/media/66f42ae-630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf

⁸ Dixon, A, Jopling, K, 2023, Time to Act: A roadmap for reforming care and support in England, ADASS www.adass.org.uk/wp-content/uploads/2024/06/adass-time-to-act-april-2023-1.pdf

⁹ Dixon, A, Jopling, K, 2023, Time to Act: A roadmap for reforming care and support in England, ADASS www.adass.org.uk/wp-content/uploads/2024/06/adass-time-to-act-april-2023-1.pdf

Executive Summary

Key messages

In this report we discuss key messages for talking about adult social care.

We all want to live in the place we call home, with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.

If we, or someone we care about, has a disability or health condition or faces other challenges during our life, we might need some support to do these things. That's the role of social care.

When organised well, social care helps to weave the web of relationships and support in our local communities that we can draw on to live our lives in the way that we want to, with meaning, purpose and connection, whatever our age or stage of life.

This vision of social care, developed by people who draw on care and support, is what we, as Directors of Adult Social Services in the North West, are working every day to deliver.



1. Good social care enables people to live good lives, with choice and control over the things that matter to them

Social care is fundamentally about supporting people to live better lives.

Across the North West, at any one time, social care professionals are working with thousands of different people to understand and address the issues that matter to them. We support adults of all ages in different situations.

Some people require support from a care worker to manage their day-to-day lives, but adult social care is just as much about providing employment resources, or linking people to the right housing with care, or educational opportunities, as it is about home care.

We want people who draw on care and support to have as much choice and control over what happens to them as possible.

When people are able to access great social care, they are more independent, they can manage their health better, and they stay well for longer. The right support, at the right time means fewer people ending up at the GP's surgery, or in Accident and Emergency; fewer people missing their rent or falling out with their landlords; and fewer people ending up in the criminal justice system.

The right care at the right time means better lives for everyone.

2. Social care is about solutions not services: it helps people find the right support at the right time, so they can get on with life

Social care is extraordinary work that helps people live ordinary lives.

Not everyone needs, or is eligible for, ongoing services. Many people just need some information or advice about how to find sources of support in the community. Others may need some short term help to get things in place. Our role is to step in when people need us, to guide them and support them and provide advice to live as independently as possible.

3. Social care is about people and the places they live in – investing in social care helps people and communities grow and thrive

Whether or not we are able to achieve the things we want in life depends as much on the availability of good housing and local services, of good jobs and places to spend our money in the local economy, and on the state of the local community sector, as on the services we receive from social care.

Social care leaders play a key role in shaping the services, support and activities that exist in their wider communities, so that disabled people, older people and people with other needs can thrive.

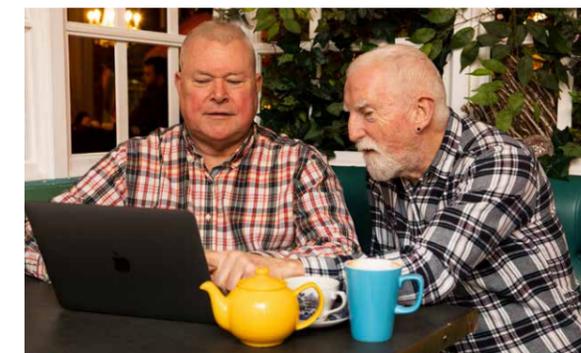
Local authorities in the North West spent £2.87bn on social care in 2022/23, and still more was invested by people funding their own care. Most of this money stays in the local economy. Making sure our communities benefit from the contributions of people who draw on care and support and building great jobs for local people in the social care market just makes sense.

4. Social care is for all of us – we all rely on it being there for those who need it, at different times of their lives, in many different ways

There are around 90,000 adults currently receiving care and support from local authorities across the North West. This is a large number, but it represents less than 2% of the overall adult population of the region. But these numbers don't tell the full story of social care. Many more of us across the region fund our own care, and many thousands of us live with support from a family or friend.

Most of us will access care and support, or help a loved one to do so at some point in our lives. And even if we do not, we benefit from the safety net it offers us, and the support it provides to others in our community.

We all rely on social care services being there for people when they need support. Our communities wouldn't function without it.



Executive Summary

In this report we identify the actions needed to address the specific challenges that we are facing in the North West:

1. Involving people in care and support



2. Improving conditions for people who work in social care



3. Securing long-term funding fit for the future



1) Involving people in care and support

We need everyone across our communities to understand the vital role that social care and to play their part in delivering great care across the region. We are calling for

Action by people and communities:

- To work with us in co-production to build on the existing strengths of our communities to provide flexible and responsive care and support
- To tell their stories of drawing on care and support, or caring for people who do, or of working in social care, so that more people understand the work that we do

Action by local leaders:

- All elected members and senior leaders in local authorities to learn about adult social care as part of their inductions
- To talk about how social care makes a difference – telling stories about the lives enabled, of communities flourishing, and of economies thriving – so that everyone can understand their stake in delivering change

Action by national Government:

- To endorse the positive and inspiring vision for social care that is now shared across the sector and set out a plan for action to address short- and medium-term challenges as well for long-term reform

2) Improving conditions for people who work in social care

To address current challenges in recruitment and retention and to build the social care workforce of the future we are calling for:

Action by people and communities:

- To consider joining the social care workforce, as the care workers, social workers and leaders of the future.

Action by local leaders:

- To build on examples like Wigan's campaign, "Care to Join Us", to be proactive in encouraging local people to join the social care workforce
- To invest skills budgets into building job opportunities for disabled people and people with long-term conditions in the community; and into developing the future social care workforce



Action by Mayors in our city-regions:

- To open opportunities for work to disabled people and people with long-term conditions, and to ensure there are great careers for people in social care across their city regions by taking action on pay and conditions

Action by National Government:

- To fund the additional costs of fair pay, and act on the wider recommendations of the Workforce Strategy for Adult Social Care in England 10

3) Securing long-term funding fit for the future

We need a secure funding settlement from central government that will help us plan for the long-term, looking ahead to what our communities will need in future not just providing what is needed today. We are calling for:

Action by national Government:

- To clarify the funding that will be provided to support social care in communities across multiple years, streamlining piecemeal grant funds into a simple allocation

Working together in places

We need to build on the progress that has been made towards integration, making the most of our respective areas of expertise and broadening our partnerships and collaborations as we work together in neighbourhoods and places. We must ensure that structural changes and national targets do not create barriers to integrated working. We are calling for:

Action by local leaders:

- To work with us across portfolios and departments to make our communities great places for all of our residents to live, work and contribute, no matter what their circumstances

Action by health system leaders in the North West:

- To recognise the expertise and capacity within social care to help people stay well and maintain their independence and to ensure that internal pressures within the health system do not create barriers to deeper partnership working

Action by national health system leaders:

- To empower and incentivise truly equal partnership working across Integrated Care Systems and with partners working in places

¹⁰ Skills for Care, 2024, A workforce strategy for adult social care in England <https://www.skillsforcare.org.uk/Workforce-Strategy/home.aspx>

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We are grateful to the many Directors of Adult Social Services, Councillors and other leaders who agreed to share their passion for delivering great social care with us. Their interviews provided invaluable insight, and quotations taken from them can be found throughout this report.

Thanks also to all those who shared their inspiring case studies and to the members of the project steering group for their support and guidance throughout.

A vision for the future

We all want to live in the place we call home, with the people and things that we love, in communities where we look out for one another, doing the things that matter to us

If we, or someone we care about, has a disability or health condition or faces other challenges during our life, we might need some support to do these things. That's the role of social care. When organised well, social care helps to weave the web of relationships and support in our local communities that we can draw on to live our lives in the way that we want to, with meaning, purpose and connection, whatever our age or stage of life

This vision of social care, developed by people who draw on care and support¹¹, is what we, as Directors of Adult Social Services in the North West, are working every day to deliver.

Great social care enables people to live good lives, with choice and control over the things that matter to them, by working alongside people to find solutions to the challenges and issues they face. We help people to find the right support at the right time, so they can get on with life. First and foremost, we're here to find solutions, not as service providers.

Across the North West region, we work within, and are part of, many diverse local communities. When we do our jobs well, we help our people and our communities grow and thrive, and we contribute significant value to our local economies. While not all of us use social care in our day-to-day lives, we all rely on it being there when we, our families, friends or neighbours need it.

“

The genuine privilege we have in being allowed to enter into people's lives. We have a unique opportunity to support people to embrace opportunities, and if those opportunities are not there, then to shape them.

”

Great social care enables people to live “gloriously ordinary” lives, helps build thriving communities, and grows local economies – creating jobs, supporting local businesses and enabling people to live, work, spend and contribute to their communities.

Making sure we have the right funding, infrastructure and support to deliver great social care, should be a priority for all of us.

In this report we share the work we're already doing to deliver great social care, and set out what needs to happen next to make sure that we can deliver it equitably and consistently for everyone.



Case study: Working with people sleeping rough in Manchester

This report was informed by interviews with Directors of Adult Social Services and other senior social care leaders and with lead councillors with responsibility for social care across the North West.

Quotations from these leaders are included throughout this report. We are grateful to them for sharing their time and their passion for great care and support.



Partners in Care and Health

¹¹ Social Care Future – Vision for the future of care and support <https://socialcarefuture.org.uk/>

Why care about social care?

Case study: Personal story: Miriam's story, Warrington

Miriam lives in Warrington, and is supported by the Warrington Assisted Living Team, which provides equipment to enable people to remain at home as independently and safely as possible. The team aim to ensure people have choice and control over their lives, providing support to people whether they live in their own home, or in a residential setting. Here she tells her story:

"I'm Miriam. I will be 80 in the summer. I live alone. I feel well in myself and lead a full and happy life. Six years ago, I was diagnosed with motor neurone disease, MND, this affects my whole body as muscles waste slowly, in my case, very slowly and brain messages don't get through. I lose the ability to function. I can neither walk nor speak. I can put a blended meal in the microwave, feed myself and make a hot drink. I take myself to the toilet, thanks to grab rails and a wash and dry toilet. Until recently, I did my own washing.

"I have carers four times a day, agency, morning and evening. Family come lunch and teatime. My evening carer oversees transfer from recliner to electric wheelchair. Thanks to that and my beds, once the carer has gone, I can put myself to bed whenever I choose.

"During the night, I can adjust my position and turn at will. I get myself up in a morning,

whenever I wake up. I have had the bed and adaptation for four years. Without it, I would be by now bedridden and too weak to do anything for myself, possibly in a care home.

"Last year, I had five nights in hospital. I was in a comfortable bed, but unable to adjust my position at all. I had to be turned during the night by nurses. I came home weak and with reduced capacity. After a week at home with my daily routine, I was back to normal.

"Thanks to the OT whose expertise, foresight and continuous monitoring made all this possible, six years after diagnosis, I am still functioning happily alone in my own home. I would also like to thank the many other agencies and Warrington Borough Council for their part and cooperation in making my happy life possible."

You can watch a video explaining more about Miriam's story here - www.youtube.com/watch?v=z7-unX9M-kw



Good social care enables people to live good lives, with choice and control over the things that matter to them

"It's about enabling people to live their lives with the right support at the right time."

Social care is fundamentally about supporting people to live better lives.

Across the North West, at any one time, social care professionals are working with thousands of different people to understand and address the issues that matter to them. There is not just one story of social care across North West, there are as many stories as there are people who draw on care.

When people hear the term "social care", they often think about older adults in care homes, but in social care we support adults of all ages in many different situations – including people with mental health issues, those with learning disabilities and people who are vulnerable for other reasons.

"It's not just about people in care homes, it's also about providing the advocacy to support a 23 year old autistic person to attend college or supporting a person with a learning disability into work."

Some people need support from a care worker to manage their day-to-day lives – eating, washing, dressing and getting around – for others the solution that works for them might be an App to help them manage their money, support from an employment specialist, or a buddy to go with them to activities that help them stay well. Social care also supports the over 535,000 people who act as carers for a

family member or friend to carry on doing their vital work. Across our region 9.7% of the population are providing care to a friend or family member (above the England average of 9%).

"Adult social care is as much about providing employment resources for people, linking people to the right housing with care models, and supporting people with educational opportunities as it is about providing home care."

We want people who draw on care and support to have as much choice and control over what happens to them as possible. We work with people to think through the best way to build on their own strengths and the other support around them to find what works for them. For some people this means taking a Direct Payment from the local authority and arranging their own care. Some need a bit of support in the short term. Others work with us longer term.



12 ONS Unpaid care by age, sex and deprivation, England and Wales: Census 2021 www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021

Case study: Working with people sleeping rough in Manchester

Manchester's Better Outcomes Better Lives programme aims to support people earlier and better through a strength-based approach that emphasises providing the right support at the right time to increase people's independence.

George was one of the people supported by the programme's Entrenched Rough Sleepers' social work team. He had been homeless, on and off, for almost 20 years. At 71 years old, he was sleeping at Manchester Airport, and spending his days in St Ann's Square or the Library. Despite attempts, he was distrustful of services.

Social Worker, Alice Bates explained his story saying, "About six months ago I started working on George's case. I tried to more proactively engage with him, going to find him at the library or in the airport. I tried to tell him the housing options that were available to him, but he'd always just say 'I'm sorting it.'"

"George has some health problems and was registered with Urban Village [a specialist primary care service for people experiencing homelessness], but even when the GP bus was outside the library, he wouldn't go in.

"I kept persisting, and finally, a couple of months ago, I bumped into George outside the Town Hall. He said, 'Could you help me a bit?'"

"George's worldly belongings were in one bag-for-life. I went straight Tesco and got him a phone. It wasn't suitable for him to go into homeless accommodation – he'd been before and didn't feel safe there, so I got him a room in a Travelodge for a few days. I then managed to quickly get him into the Over 55's accommodation in Openshaw, in a neighbourhood apartment.

It was fully furnished and free for six weeks. This was overwhelming for him. For the first time, he started to open up and trust me. George told me how he'd been severely sexually abused as a child. He said he'd always lived with his mum but when she passed away, he lost the family home.

"A few weeks later I managed to secure a permanent tenancy for George at the same accommodation! I liaised with our homeless charities in Manchester and MCC Welfare Provision and we furnished his apartment with everything he needs - including a brand new fridge and cooker. This has been a huge transition and he's had some ups and downs, but he's now settled and has friends there, who he likes to have breakfast with.

"He rings me every day and keeps saying 'Alice, I'm just smiling my head off!' George is also now going to the GP every week to get his health sorted! He's organised his own bills and a bus pass – he's looking after himself, and loves to cook. He said he gets in bed every night and just chuckles."

Alice's manager told us, "It takes a special kind of social worker to be able to make a difference in the field of rough sleeping and homelessness. Alice works with some of the most traumatised people in society.

"Alice has incredible levels of emotional intelligence, she meets people where they are at, without judgement. This creates the foundations of trust. This is the gateway for hope and change and positive outcomes, such as George's. This is what impacts our citizens to have better outcomes and better lives."



Promoting independence

When people are able to access great social care, they are more independent, they can manage their health better, and they stay well for longer. The right support, at the right time means fewer people ending up at the GP's surgery, or in Accident and Emergency; fewer people missing their rent or falling out with their landlords; and fewer people ending up in the criminal justice system. The right care at the right time means better lives and better value for everyone.

"The only reason why a lot of people are in hospital is because there aren't the right resources in the community."



Considering long term care for older adults (aged 65+) alone, the evidence shows us that our investment across the region in the last year, will have resulted in around 150,000 fewer visits to A&E¹³ saving the NHS between £15 and 70 million.¹⁴ And every time we help someone to leave hospital with appropriate support we save



the system money – the NAO has calculated that the cost to the NHS of delayed transfer of care is around four and a half times higher than the cost of appropriate community support.¹⁵

"We've got prevention workers who will go out and work with somebody early on to see if we can manage things at that first point of contact. We're saying, can we manage it with information, advice and guidance? Can we manage it with tech? Can we do anything with the community and voluntary sector?"

Social care professionals are experts in supporting independence, and by putting in place the right support at the right time we help people live the lives they want without the need for costly and burdensome interventions.

¹³ IFS, 2020, Long-term care spending and hospital use among the older population in England ifs.org.uk/sites/default/files/output_url_files/WP202040-Long-term-care-spending-and-hospital-use-among-the-older-population-in-England.pdf

¹⁴ Kings Fund, 2024, What's the Cost of Going to A&E? www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-nhs

¹⁵ NAO, 2016, Discharging older patients from hospital, www.nao.org.uk/wp-content/uploads/2015/12/Discharging-older-patients-from-hospital.pdf

Case study: Person-centred planning with carers in Manchester

Nancy is a carer for her mum, Martha, who recently received a new diagnosis of terminal cancer, on top of a range of existing conditions. Nancy was supporting her mum 24-7, as even when she was away from her, she was thinking about her. As a new carer Nancy was feeling overwhelmed, but didn't know where to go for support.

Nancy was put in touch with Ann, a Carers Assessment Officer within the Better Outcomes Better Lives programme in Manchester.

She explained her role saying "When I first meet with people, I ask them 'How does this affect your life? How does this affect your emotions?'" For Nancy, her mum had been the strongest person she'd known. I listened to Nancy. I then talked her through the support available to her and provided information so that she could read it and decide, when she had time to think, about what she'd like to access, for both herself and for Martha.

"When I contacted her again for a six-week review, Nancy told me that she had started to attend some of the groups. She asked me to refer her to other support services and to complete an equipment referral for her mum (who consented).

"Nancy has met up with Macmillan nurses in a local support group, and a group run by carers, for carers – so she has been able to get support and advice from peers who have been carers themselves for years.

"She's told me she feels much more settled and is managing better. Just having someone to listen to her and give her advice has had a big impact on her caring role.

"Since the review, I've been in touch with Nancy, and she's confirmed that Martha now has the equipment she needs.

"She also said that she has all the contact details and support required at this time, but if more support is required, she now has the confidence to reach out.

Ann says that the role is hard sometimes, but fortunately she has great manager and a great team. She explains "Once a week we meet up as a team to support each other with difficult or complex cases.

"Better Outcomes, Better Lives has made me more aware of which skills to draw on. We empower the carer and give them the tools to empower themselves – and the person they care for.

"It's made me aware to look at other ways to support people – and think outside the box. I'm also a tech champion, so feel confident suggesting things [around how to use technology]."



Social care is about solutions not services: it helps people find the right support at the right time, so they can get on with life

"We provide the building blocks for them to go on and do what they want to do."

Social care is extraordinary work that helps people live ordinary lives.

Not everyone needs, or is eligible for, ongoing services. Many people just need some information or advice about how to find sources of support in the community. Others may need some short term help to get things in place.

"Social care is how we can support and empower people to live ordinary lives. Our role is to step in when people need us, to guide them and support them and provide advice to live as independently as possible."

Across the North West many social services departments are investing in improving the "front door" to their services, so that people who do not qualify for formal services can get help to find solutions that work for them, often from local charities, community groups and businesses.

Social care is about people and the places they live in – investing in social care helps people and communities grow and thrive

Everybody's social care story is different, not just because we are all different, but because we live in different communities and places. Whether or not we are able to achieve the things we want in life depends as much on the availability of good housing and local services, of good jobs and places to spend our money in the local economy, and on the state of the local community sector, as on the services we receive from social care.

As well as supporting individuals, social care leaders play a key role in shaping the services, support and activities that exist in their wider communities, so that disabled people, older people and people with other needs can thrive.

"It's an absolute anchor and backer of the local economy."

The work we do, in turn, helps those communities to thrive. Social care is a net contributor to local economies. Social care supports individuals to work and earn and spend locally, creates jobs and underpins local businesses across the economy. And social care is a particularly strong driver of the economy in the North West as it is more productive here than in other regions – generating £944 per capita, compared to a national average of £913.¹⁶

In the North West over 200,000 people are employed by local authorities in adult social care, and there are over 1,000 commissioned home care providers,¹⁷ and over 500 learning disability supported living providers. Across the region jobs in social care and health together account for 14% of all employment in the region.¹⁸

¹⁶ Future Social Care Coalition, 2023, Carenomics <https://futuresocialcarecoalition.org/carenomics-report/>

¹⁷ Market and Quality Data: MQIS (Market Quality and Insight System)

¹⁸ ONS NOMIS profile for North West <https://www.nomisweb.co.uk/reports/lmp/gor/2013265922/report.aspx#>

Local authorities in the North West spent £2.87bn on social care in 2022/23¹⁹, and still more was invested by people funding their own care.²⁰ Although fewer people fund their own care in our region than in others, private expenditure on social care accounts for around £1-1.2 billion of further expenditure.²¹ And most of this money stays in the local economy.

Social care contributes

£7.8bn

of value to the economy of the North West region every year.²



The economic opportunities associated with social care are only going to grow in

the years ahead and those who invest in social care will reap the rewards – not least because social care investment creates jobs for local people. Analysis by the Women’s Budget Group shows that investment in care generates more than twice as many jobs as equal investment in construction.²³

Making sure our communities benefit from the contributions of people who draw on care and support and building great jobs for local people in the social care market just makes sense.

“One in ten school leavers need to come into care and health every single year for the next 15 years or we can’t run the business. It’s a bigger business than the food and drink industry in terms of GDP”



¹⁹ NHS Adult Social Care Activity and Finance Report, England, 2022-23 <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2022-23>

²⁰ NAO, 2021, The adult social care market in England <https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf>

²¹ Calculations based on NAO, 2021, The adult social care market in England <https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf>

²² ONS, 2023, Care homes and estimating the self-funding population, England: 2022 to 2023 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesandestimatingtheselffundingpopulationengland/2022to2023>

²³ Women’s Budget Group, 2016, Investing in the Care economy to boost employment and gender equality https://wbg.org.uk/wp-content/uploads/2016/11/De_Henau_Perrons_WBG_CareEconomy_ITUC_briefing_final.pdf

Social care is for all of us – we all rely on it being there for those who need it, at different times of their lives, in many different ways

“Everybody, no matter who they are, can need a bit of support. And that’s what adult social care does. It provides that support where it’s needed, when it’s needed, sometimes temporary, sometimes long term.”

There are around 90,000 adults currently receiving care and support from local authorities across the North West.²⁴ This is a large number, but it represents less than 2% of the overall adult population of the region.²⁵

But these numbers don’t tell the full story of social care. Many more of us across the region fund our own care, and many thousands of us live with support from a family or friend (535,000 people in the North West said that they were providing care to a family member or friend in the last census²⁶).

Most of us will access care and support, or help a loved one to do so at some point in our lives. And even if we do not, we benefit from the safety net it offers us, and the support it provides to others in our community.

“We carry a huge level of risk with some very complex, chaotic individuals who haven’t had the best life chances”

Some of the most important work we do in social care is invisible. We support people in places they call home, with no badge on the door and no sign in the window. The people we provide the most support to are those society most often ignores. However the work we do is vital.

Some of us might need social care for a short time, or may only need a small amount of support, but others need more. Great social care flexes to the needs of individuals, on behalf of all of us, managing risk and enabling opportunity for people who need some support, including some of the most vulnerable people in our communities.

We all rely on social care services being there for people when they need support. Our communities wouldn’t function without it.

“It’s just as important as your bins and your schools and your potholes, that in local places we make sure social care is a world class offer for you”.



²⁴ Market and Quality Data: MQIS (Market Quality and Insight System)

²⁵ ONS, NOMIS dataset

²⁶ ONS Unpaid care by age, sex and deprivation, England and Wales: Census 2021 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021>

Transforming social care

The journey we're on

Across the North West social care professionals are working alongside thousands of people every day to ensure they can access excellent care and support to live their lives. However, we know that at the moment not everyone gets great support, every time that they need it.

The long-term reduction in funding allocated to local authorities by national Government has had an enormous impact on the capacity of social services departments to meet the needs of their local populations.²⁷ While funding has dwindled, the number of people who may need support from social care has continued to grow and needs have continued to change.

As more people live longer, and the gap between those who enjoy good health and those who don't grows, and more people face mental health issues, the need for support increases. At the same time inflation has increased the costs of everything we buy and that everything our staff buy, which in turn puts pressure on wages.

The recent report from Lord Darzi described the state of social care as “dire” going on to say it “has not been valued or resourced sufficiently, which has both a profound human cost and economic consequences.”²⁸

Despite underfunding, we have continued the work we believe is needed to deliver great care for our communities. While no one wants to have to do more with less money, the years of under-investment have galvanised a spirit of innovation across the North West.

We have pioneered new ways to provide more impactful care and support, working more smartly and efficiently. This is reflected in national data which demonstrates that social care is more productive across the North West than the England average.²⁹

There is already a high degree of consensus among those involved in social care about how the system needs to change to be more able to deliver better care and support for the future – care that enables us all to live in the place we call home, with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.

The work we are doing to transform care aligns with this vision, which we share with colleagues across the country, with providers of social care, and leaders in other public services and with people who draw on care and support.

Our challenge, as Directors of Adult Social Services, is to continue this transformation, working with people who draw on care and support, with our colleagues across our local authorities, in health bodies and housing organisations, with our provider organisations and key professionals, and with our wider communities.

The North West ADASS strategy, Care 2030, sets out clearly how we plan to do this.³⁰ However, we will only make the progress our communities deserve, with the support of other leaders locally, regionally and nationally.

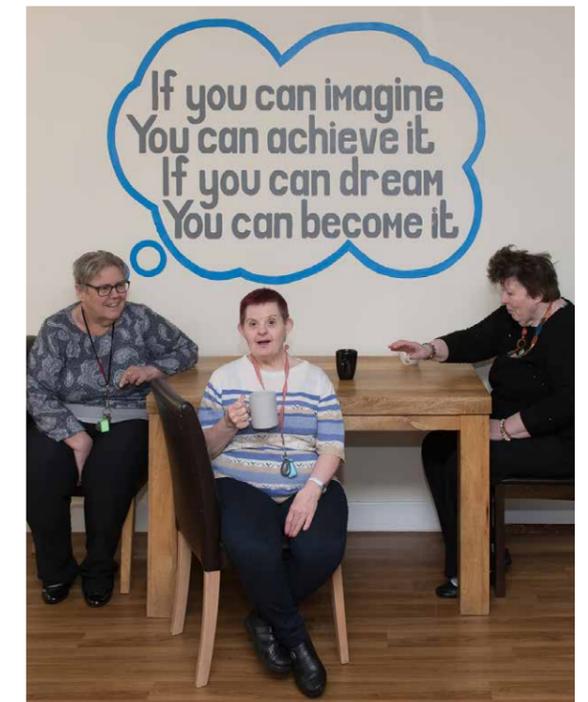
The prize is enormous – to take just one example: if we were able to close the gap between the employment rate of working age disabled people in the North West and the rest of England, not only would more working age adults have the opportunity to live more fulfilling lives, but also an additional £370m would be generated for local economies across the region.³¹

The work underway

In the next sections we explore some of the key areas in which change is underway. Looking across the region we have identified examples of systems changing to deliver social care that is fit for all of our futures. The case studies here are just a snapshot of what is possible when we work together creatively.

Co-producing solutions with people

Across the region people who draw on care and support and family and friends who provide care are working with professionals in local authorities and in provider organisations to work out, together, how we can meet local challenges and create more opportunities.



²⁷ Institute for Government, 2023, Performance Tracker 2023: Adult social care

<https://www.instituteforgovernment.org.uk/publication/performance-tracker-2023/adult-social-care>

²⁸ Darzi, A, 2024, An independent investigation of the National Health Service in England assets.publishing.service.gov.uk/media/66f42ae-630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf

²⁹ Future Social Care Coalition, 2023, Carenomics <https://futuresocialcarecoalition.org/carenomics-report/>

³⁰ North West ADASS (2021) Care 2030 Strategy www.nwadass.org.uk/download/care-2030-strategy/?tmstv=1728228928

³¹ Calculations based on ONS Disability in England and Wales 2021 www.ons.gov.uk/peoplepopulationandcommunity/healthandsocial-care/disability/datasets/disabilityinenglandandwales2021; ONS Employment of Disabled People 2023 www.gov.uk/government/statistics/the-employment-of-disabled-people-2023/employment-of-disabled-people-2023; and Skills for care (2021) The Value of Adult Social Care in England www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/The-value-of-adult-social-care-in-England-FINAL-report.pdf

Transforming social care

Case study: Listening to people drawing on care and support in Tameside

The Adult Social Care Leadership team in Tameside have been working to ensure that people's voices are at the heart of everything they do. As part of this, leaders now spend time with staff working directly with people who draw on care and support on a regular basis. The programme manager explains: "We come together weekly and share where we are planning to visit and then come back together to share our experiences."

The visits are all about listening "We reinforced our commitment to listen to staff. We wanted to understand, what works well, what concerns are there, what makes the role/task harder than it needs to be and to hear their suggestions."

The team has also started making calls to people drawing on care and support as part of their regular audits of the work done in social care. This means they are able to hear direct feedback from people who have been supported and to identify actions, which all parties have found useful.

Tameside are also committed to working with local people to design their new materials and plans. For example, local carers were recently involved in designing new materials setting out the local support on offer for carers. The team said "We took things back to basics and wanted to work with our communities to co design our messages."

Building the local workforce

Across England the recruitment and retention of care workers is a major challenge. With an 8.4% vacancy rate in social care, the North West performs better than the rest of the country³², but there is still work to be done to ensure that jobs in social care are attractive and that local people can see a future for themselves in the social care workforce.

From the new Health and Social Care Careers academy (www.hscacademy.org.uk) – established as a joint venture between Blackpool Council, the NHS and Blackpool and the Fylde Council – to Wigan's new approach to ethical commissioning (outlined below) there is significant and inspiring work underway across the region to do this.

³² Skills for Care, 2023, North West Regional Summary <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/Regional-summaries/2023/North-West-22-23.pdf>

Case study: Ethical Homecare in Wigan

Leaders in Wigan have developed a new approach to delivering excellent homecare to people in their community.

For many years homecare – that is, care delivered in people's own homes by professional care workers – had been provided by a small number of larger companies working across the whole 77 sq miles of the local authority patch.

This meant that significant time and money was being spent on travel. At the same time, the quality of care was not always good, there were difficult relationships between the people getting support and the companies providing it and recruitment and retention of staff were proving difficult.

The new approach in Wigan started with the development of new Home Care Partnerships – these were community networks of residents, partners and providers who worked together to design better services with a focus on collaboration, rather than competition, between providers.

Companies were chosen by people with lived experience working alongside the council and health partners, like the NHS. Under the new framework, companies were rewarded if they could show the reward and recognition of the workforce.

As a result of the process, Wigan's homecare is now delivered by eight companies working across its 14 neighbourhoods. All of the companies contracted are committed to local investment.

Helen, a family carer said "Being part of things gives back a bit of power to the powerless. Being allowed to be part of

things raises your opinion of the council and how they work. It increases understanding on both sides."

People in Wigan now don't have to wait for care and providers work in an affordable and sustainable way. Travel time and costs have been cut by 50%. Over half of home care visits are by walking or cycling routes (rather than by car).

The approach is also attracting new, local people into the care sector. Over 80% of care workers live in the area in which they provide support and more than a quarter are under the age of 25.

The new approach has reduced the carbon footprint of homecare, and led to more fulfilling relationships between professionals, people receiving care, the community and local businesses.



Transforming social care

Taking a strengths-based approach

Strengths-based working is about getting alongside people to identify the resources and capabilities that are already available to them, to help them achieve the things that they want – building on what people can do, rather than focussing on what they can't.

We're using these approaches throughout social care – helping us change the conversations we have with people, moving from a focus on what they need from us, to what we can produce together. Strengths-based approaches are being used to change conversations at every stage of social care – from the conversations people have with our information and advice teams, to the discussions we have when people are getting ready to leave hospital.

Across the region, by working in a strengths-based way we are able to help more people to achieve the outcomes they want in their lives, while making best use of our resources.



Case study: Chloe's story – Community-led support in Warrington

Chloe is a local resident in Warrington. With the support of her local authority, she has been able to develop a new support group for women who experience miscarriage and child loss. Here she explains her story:

“After experiencing three miscarriages in 2022 I set up an online not-for-profit support group on Facebook and Instagram aimed at supporting women going through miscarriage, still birth and fertility journeys which had been well received and I began to get many referrals to the group from Warrington hospital. I noticed at the time there were no support groups locally which was my reason for setting it up and I sent posters to all GP surgeries in Warrington as well as at the Early Pregnancy Assessment Unit (EPAU) and maternity units.

“I had my baby boy in January this year after being under the recurrent miscarriage clinic, but in April we unexpectedly lost our 4-year-old daughter and, again, I realised the lack of support available for people experiencing infant/child bereavement in Warrington.

“I wanted to provide support to other families and wanted to offer my time on a voluntary basis. Being a trained adult nurse myself I understand the NHS pressures and why a service like this probably hasn't been available before, but I wasn't sure where to go for help or signposting.

“I reached out to Contact Warrington [the “front door” to Warrington Borough Council] to try and take my ideas further.

They connected me with the council lead for Community-led Support and, from there, I discussed my ideas with the Living Well Hub Manager.

“The Living Well Hub is a town centre space that offers a wide range of NHS and non-clinical services under one roof as well as community-led space with a café area where you can drop in to discuss any issues that may be affecting your health and wellbeing.

“I wanted to set up a face-to-face support group maybe once a month where women can meet and gain peer support and advice from one another. I also have a friend trained in hypnobirthing who has offered to do some relaxation at the end of each session

“I talked to the team about how at first, I would start with a miscarriage support group, but ideally would take this further and introduce a stillbirth/infant/child loss group in the future. The team supported me to make connections across the town and work on the details. We have worked with Warrington Voluntary Action for guidance with quality assurance to deliver the sessions.

“We have now identified space at the Living Well Hub, and I delivered my first session in September 2024. I have also been supported with a grant from the Empowering Communities Fund, which I applied for with help from Adult Social Care, and I have asked Warrington Voluntary Action to support further to help me manage some micro community groups. I will now be running a face-to-face support session for people who require peer-to-peer support on an evening in the week.”



WARRINGTON
Borough Council

Transforming social care

Early action and prevention

Local authorities have also been working hard to develop new approaches to identifying people who may need a bit of additional support before things get to a crisis point and offering light touch support. These services help people stay well, and enable them to manage life as independently as possible. They include, for example:

- Services that link people up with others in their local areas facing similar issues or with similar interests, so people can form communities of support around each other
- Providing technology that helps make life easier
- Supporting people providing care to friends and family, to ensure they have the back-up they need to cope with the challenges of caring.

Local authorities across the North West are also developing “reablement” services – these services are about giving people the support they need to recover from or adjust to changes in their physical and mental health and in their capabilities without needing ongoing support from services.

In some areas occupational therapists are playing a prominent role in integrated teams, helping to identify where reablement support may be appropriate, in others, staff in care settings and in home care agencies are being trained in reablement approaches.



Case study: Reablement support in Rochdale with STARS

Adele, a Prevention Officer with STARS (Short Term and Reablement) in Rochdale, explains how Joan was able to regain her independence after a period of ill-health:

“In July 2024 I received a request to support a lady – Joan - who had recently visited A&E. Her daughter was concerned about her mum’s house and about some hoarding behaviour that had emerged since COVID. When we first started talking, it looked like Joan would need three visits a day to support her at home.

“I arranged to visit Joan at her home with her daughter. When I met her, I noticed her walking with some difficulty and using the furniture for support. She was also very tired since her visit to hospital. Joan told me that before she became unwell, she had not been looking after herself very well and had not been eating or washing. Joan also told me that she had been drinking a bottle of wine a day but when she became ill, she stopped this.

“I thought that Joan could benefit from a STARS assessment. As I talked to her more, she told me that she would like some help in the morning with washing and dressing and preparing some breakfast. She also said that some support in the evening to have some dinner and get ready for bed would be good. Joan was able to get into bed herself. Her daughter would also help her mum with her medication. I also wanted to support Joan move around her home safely and easily, so I arranged for an Occupational Therapist to visit and explore some equipment to help.

“During my time with Joan, I was able to see that she had been a very independent lady until she became ill. She had been managing to do her own shopping and was also able to batch cook. Joan wanted to regain her independence. We talked about all areas of her life, lifestyle, work and skills, money

and finances, housing, carers, family & early help, mental wellbeing and digital support. I was able to really understand what Joan may need to achieve her goals.

“Joan was happy to chat about her lifestyle and we discussed services that might be available to her now and in the future. With Joan’s agreement I also made some referrals into the community to provide further support like the Fire Service for home safety. I also provided information about support available locally including meal deliveries, gardening and cleaning services. I was able to offer advice around carers’ support for her daughter.

“Joan has now been able to regain her confidence and independence, she is managing her medication, with the help of a dosette box, is eating well and not drinking. She is now able to manage without daily visits. I caught up with Joan again recently to see how she was doing. She told me ‘When the STARS service began, I had no routine and was very low in mood and unwell. The service supported me throughout. The service helped me get into a regular routine’

“Joan said, ‘Without the service I would definitely not be where I am today, which is in a good place. I am no longer hoarding food or drinking’.

“Joan also told me that without the support of the STARS team her relationship with her daughter may have broken down due to having to rely on her so much for support.”



Transforming social care

Using technology to support better lives

Technology plays an increasingly important role in every aspect of our lives and social care is no exception. Across the region local authorities are using new and existing technology to offer people safe, convenient and affordable support. From using everyday technology – such as Alexa – to help people live at home for longer – for example by getting timely reminders for medications etc - to placing bespoke technology in care homes, we're finding new ways to tap into technological advances to enhance people's care and support.



Case study: Using technology to prevent falls in in Cumbria

Falls are the leading reason for hospital admissions across Lancashire and South Cumbria, so, to address the issue, the Digitising Social Care team within the area's Integrated Care Board selected two care homes with the highest rates of falls to try out new technology designed to prevent them.

Nobi Smart Lamps were first installed in eight bedrooms at the 31-bedroom Hartland House care home, which supports people aged over 65, including several people living with dementia. The lamps were installed in the bedrooms of residents who had experienced falls, replacing their main bedroom lamp.

The lamps use Artificial Intelligence to learn the movement and patterns of the residents. When the lamps detect that someone may have fallen they send an alert to an App on the care teams' phones and to a dashboard in the office, allowing staff members to respond.

The lamps monitor the rooms 24/7. If someone falls, the lamp detects this and if the person doesn't get up after 30 seconds, the lamp transmits an audible message. If they don't answer, the lamp sends an alert to the App so staff can respond immediately.

Stewart, a resident at Heartland House Care Home is a big fan of his new ceiling lamp "When it was installed, I thought it was the safest thing that's happened because if you have a fall, it says help is coming. I don't have to crawl everywhere and find a button to press".

Leanne Scrogham, Care Manager at Hartland House, told us "Before we had this in place, we had nothing really to detect falls, which meant that some of our

residents could potentially have hours laid on the floor before being found"

She added "Since we've had Nobi installed, we've had an 84% reduction in falls within the home."

Most falls happen at night when people get up to use the toilet. The lamp detects this motion and provides some light.

A family member of a resident told us "The best thing about them is that my mum doesn't have to be disturbed in the night. So, if she just needs to get up the light comes on. She can move around but she's not got somebody coming and checking on her regularly through the night which might disturb her when she doesn't need it."

The Nobi team say the lamps can help prevent falls. They explained the case of a gentleman who was sitting in a chair watching TV in the middle of the afternoon, when he lent forward to grab a cup of tea from a table next to him and fell off the chair onto the floor.

By looking at the information gathered by the lamp around the time of the fall, the team were able to see that the positioning of the gentleman's furniture meant that he had to lean past his tipping point to pick up his cup. They were then able to move the table six inches closer to his chair to avoid the situation occurring again.

The trial in Hartland House has been so successful the team have secured funding for 500 more Nobi lamps. Deborah Gent, Project Partner in the Digitising social Care team, said "We're going to be rolling them out into 50 care homes across Lancashire and South Cumbria, prioritising those care homes with the highest levels of falls."

Transforming social care

Working across health and care

In recent decades there has been increasing focus on integrated working across the NHS and social care services to make sure people who draw on care and support are supported efficiently and effectively without needing to worry about the organisational boundaries between the services they access.

Significant emphasis has been placed on the need for integration to support more efficient discharge from hospitals and this has been an area of real focus in recent years, with many areas setting up collaborative teams across health and social care to work proactively to support more people to leave hospital as soon as they are able. However, the scope for integration is far greater than this.

Work in neighbourhoods is equally vital, and increasingly neighbourhood teams of staff from health and care backgrounds are being brought together to proactively identify people who might need a bit of help and to make sure they have the support they need before they reach the point of needing to go into hospital.

This integrated working relies on a bedrock of strong relationships at every level, backed up by structures which enable people to develop shared cultures and ways of working, and which enable the sharing of data and systems so that support can be coordinated and managed effectively.

Creating caring places we can call homes

Social care leaders are also increasingly collaborating with their colleagues in housing services, recognising the central importance of a safe and secure place to call home for people's wellbeing.

Across the region several social services departments are choosing to invest in new models of housing suitable for people who draw on care and support. Some authorities in the region are developing new extra care housing schemes, and other housing to meet the changing needs of their populations.

Case study: Providing Homes for All in Tameside

Tameside Borough Council's Homes for All Team works with people to give them the right support in the right accommodation at the right time. They worked with a young man called John to support him on a journey towards independent living.

From the ages of 11-18 John lived in 14 different placements made by Children's Services in- and outside the Tameside area. Some were as far as 80 miles away and many came at a significant cost to the local authority. His last placement cost around £10,000 per week

Tameside's adult social services team began working with John when he was 17 years old, working jointly with the children's team following the breakdown of his 12th placement. John told us "I didn't want to keep moving from place-to-place living in other people's houses and I just wanted to have my own front door and the help I need when I need it."

The Tameside team's aim was to develop a service that would meet John's short-term needs and to work with him to meet his long-term goals within the Borough. Unfortunately, nothing suitable could be found for John before his 18th birthday, so a temporary place was arranged.

However, the Homes for All team identified a new build site being developed in Mossley by Jigsaw Housing Association, which had 2-bedroom bungalow which could meet John's needs once he turned 18.

The Homemaker Service were able to develop seven-day-a-week support plan for John and with this in place John moved into his new accommodation on his 18th birthday.

The Homemaker Service team continued to work with John for 18 months to help him develop the skills he needed to live independently and within 12 months an upcoming vacancy was identified within a new build development of 24 flats with floating support.

In July 2024 John was the first person to move into the new supported accommodation and is now an independent tenant. John said "You've listened and helped me to learn the things I needed to get my own flat and I'm really happy"

Adam, who manages the Home for All team at Tameside says that coordinated working across the local authority is vital to the success of the service, "It is really good to have all of the experts in their area take charge of their role but to have a very coordinated approach.

"This lets us focus on the support plans and service design while housing adapt the building and commissioning agree the finances.

"We all work to our strengths for the common goal of helping people move into their forever home"



Transforming social care

Enabling people to live well with dementia

Another key focus across the region, given the rising numbers of people living with dementia³³ is on developing new and innovative ways to support people to live well with dementia.

These range from using technologies to prompt people struggling with memory issues, to redesigning public spaces to creating new housing options for people living with dementia.



Case study: Building relationships in St Helens

Gemma, a review and assessment officer in St Helens reflects on her experiences of supporting Tom: “Tom has a diagnosis of vascular dementia and no longer recognises frequent visitors. He lives alone with little or no interaction or input from his two children. Tom is dependent on his package of care for everything. He lacks the capacity to recognise any potential dangers or hazards. He tends to neglect himself because of his illness. However he is reluctant to accept any help as he feels he is still the man he was 10 years ago, with a good bill of health.

“I have been building up a good relationship with Tom for just over 2 years. I have done regular spot checks, reviews and welfare visits. I have tried many different approaches to encourage Tom to allow us to help him tackle his hoard of baked beans, the missing nets/curtains and his general appearance over my many visits.

“Eventually, I managed to gain his agreement to work with him to sort through over 200 cans of baked beans. The next job was asking Tom if we could replace his curtains, and maybe get some blinds and nets. Initially he refused help and said didn’t mind the neighbours looking in. I asked Tom about when he was growing up whether he had blinds or a net curtain. Tom said it was all nets back in the day and they were good, and his mother used to wash them in the bathtub.

“Having gained his trust, Tom then agreed to help to pick a pattern for his net curtains, and he enjoyed looking on my phone to find one he liked. I had already brought a tape measure with me, and I asked Tom if he would like to help me to measure up, which he did. I then went to collect his nets and curtain poles. Tom thoroughly enjoyed watching me put these up from the comfort of his armchair. ‘Up on the left,’ ‘The right is too low’ I said he sounded like one half

of the Chuckle Brothers. I went back a few days later with Kate, Tom’s regular carer in the hope he would like to pop down to the local barber shop to tackle his hair and facial hair. Tom initially refused as he didn’t see anything wrong with his hair. We gave Tom a mirror, but he didn’t recognise himself. Up until Covid hit Tom used to enjoy a walk down Cambridge Road to get his hair cut and this obviously stopped. We tried again to ask Tom, but he said ‘No, I will tomorrow’.

“The next day I came again with my clippers. Kate had set up his chair, apron and set up the ironing board with a newspaper on for Tom. This time he was happy to let me trim his facial hair and hair. Tom’s head had a build-up of dirt, dead skin and hair. Most of his hair was matted. Tom’s ears that couldn’t be seen before under the hair were also the same. I tried my best to tackle his hair and Tom started to smile again as he could see past his hair and beard.

“After the chop, I said to Tom the sink was ready for him. He went into the kitchen where he was happy for me and Kate to wash his hair several times to help remove the build-up. Once removed and hair dried, we gave Tom the mirror. Tom was beaming ear to ear. He recognised himself and said ‘My hair wasn’t that bad after all!’

“The next day Tom went for a walk with Kate! He went down to a local bakery for pie and a drink. He then went into the charity shop to buy some things and then went back home and upstairs where he got three of his plane figures to decorate his window!”



³³ Shipley M J, Muniz-Terrera G, Singh-Manoux A et al., 2017, Temporal trend in dementia incidence since 2002 and projections for prevalence in England and Wales to 2040: modelling study, BMJ <https://www.bmj.com/content/358/bmj.j2856>

Transforming social care

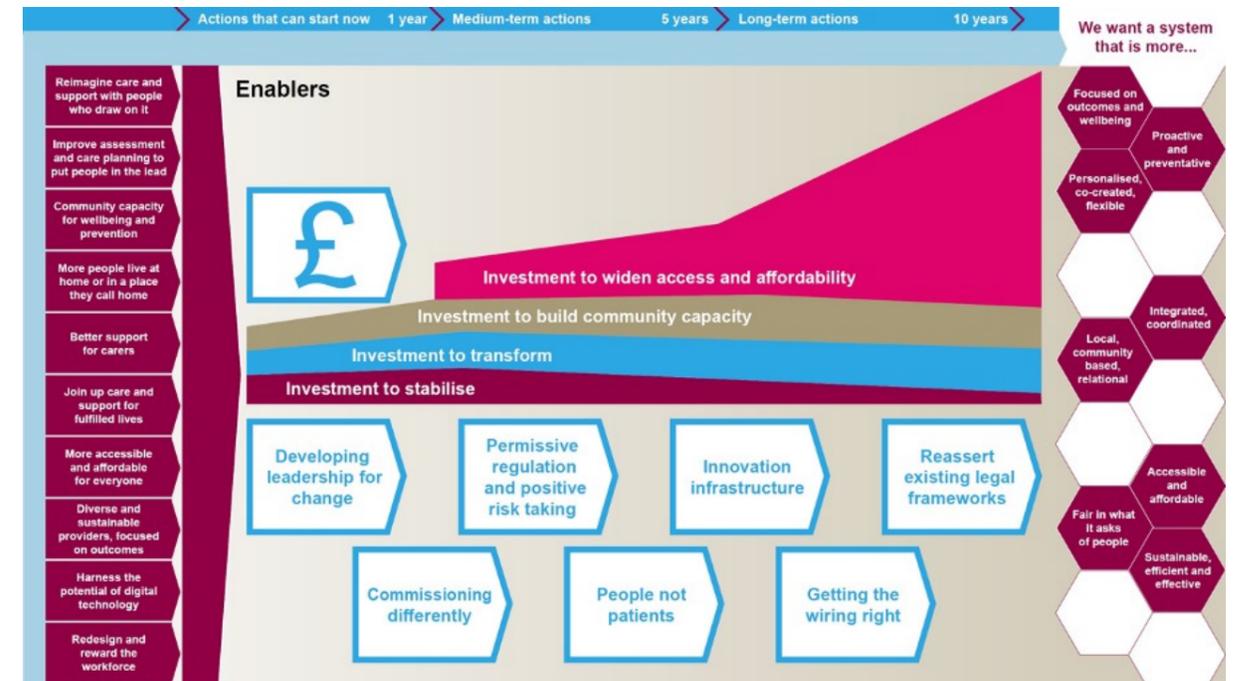
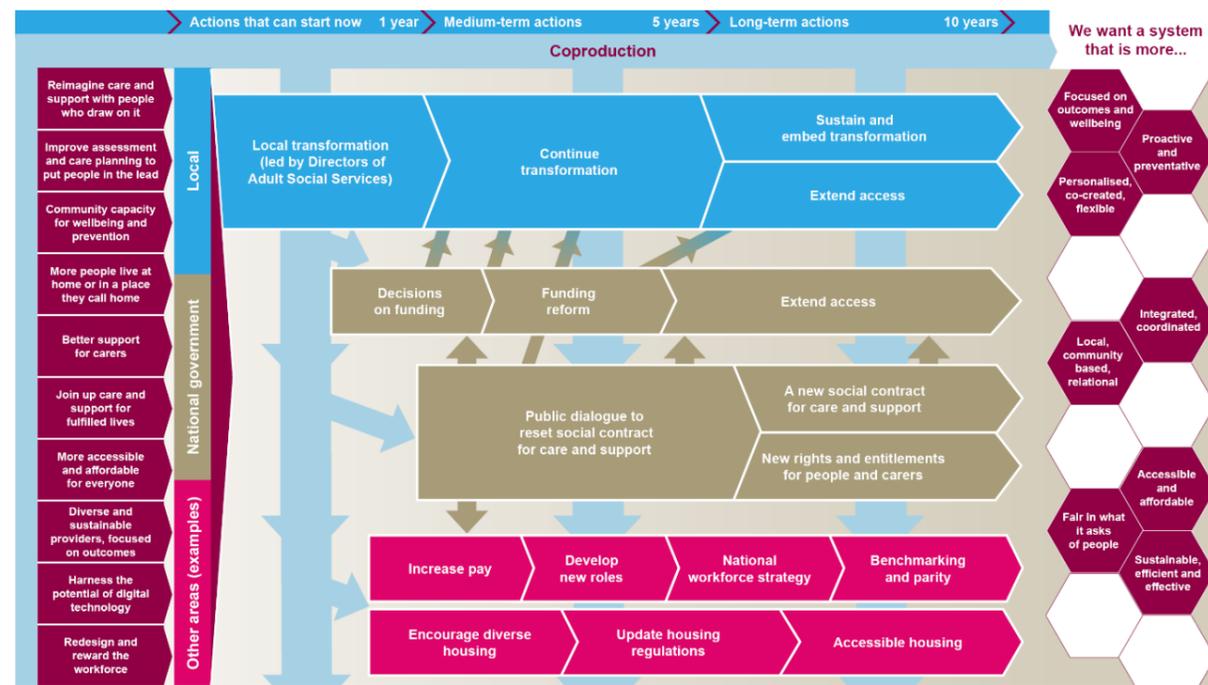
Enabling reform: The Time to Act Roadmap

Our vision for social care is one that is shared across England's regions and across the social care sector. We know what kind of social care system we want and we know what we need to do to move towards it.

We are already playing our part in reform. However we won't fully realise our ambitions without wider change in the funding and infrastructure that supports social care, at local, regional and national levels.

The new Government has committed to creating a National Care Service which will offer consistent national standards of care, delivered locally, as part of a ten-year programme of reform of social care.³⁴ It is good that the Government recognises the need for long-term reform. However we also need action in the short and medium term.

Fortunately, there is already a blueprint for this reform in ADASS's Time to Act Roadmap, which emphasises how the work we're already doing can be accelerated and enabled through action to address barriers and support investment by Government.³⁵



Time to Act also sets out the key enablers of change, including the need for investment across three core objectives of transformation, stabilisation and building community capacity, ahead of a more sustainable injection of funding as part of longer-term reform.

As the Government starts to shape its programme for reform we want to play an active role in informing this work, ensuring that the unique contexts of the people and places of the North West region are factored into the Government's plans.

It will also be vital to recognise the specific challenges that are most pressing in the short term in this region. Some of these are discussed in the next section.

Three core objectives:

Transformation,
Stabilisation and
building community
capacity

³⁴ Labour Manifesto 2024, labour.org.uk/change/my-plan-for-change/

³⁵ Dixon, A, Jopling, K, 2023, Time to Act: A roadmap for reforming care and support in England, ADASS www.adass.org.uk/wp-content/uploads/2024/06/adass-time-to-act-april-2023-1.pdf

Challenges for the North West

Involving people in care and support

We will need everyone across our communities to understand the vital role that social care plays and to play their part if we are to deliver great care across the region.

If we work together, more people will be able to live the lives that they want, our communities will thrive and great jobs and businesses will be created and sustained. However, too often social care is characterised in terms of a narrow set of services, or as a niche area, or even as drain on local resources.

We need the support of colleagues across the local authorities in which we work to continue and accelerate the work we're doing to transform social care. Creating communities in which people can live in the place they call home, doing the things that they love within supportive communities is a whole-place responsibility. Whether you work in housing, economic development, transport or leisure we need to work with you. We also need the support of our elected members. Capitalising on the opportunities for social care in future will require everyone to pull in the same direction.

We also need the help of national leaders to convey a positive vision for the future of social care – shifting the narrative away from a conversation about services, to

focus on better lives. The Government, in its manifesto, promised that it would create a new National Care Service that would set out national standards and entitlements to be delivered locally.³⁶ This commitment to long-term reform is welcome, but the Government needs to be clear about its vision for this and there needs to be action in the short and medium term to help us continue transformation now, as well as working on long-term change.

Action for people and communities: We need the support of people who draw on care and support, those who care for family members and friends, and our local communities to continue to work with us in coproduction as we look to build on the existing strengths of our communities.

Action for people and communities: We need local people to tell their stories of drawing on care and support, or caring for people who do, or of working in social care, so that more people understand the work that we do.

Action for local leaders: We need everyone that has a stake in shaping our communities to be part of the social care conversation. All elected members and senior leaders should have the opportunity to understand adult social care as part of their induction.

Action for local leaders: We need our local leaders to help us tell the real story

of great social care – of lives enabled, of communities flourishing, and of economies thriving – so that everyone can understand their stake in delivering change.

Action for national Government: We need national government to endorse the positive and inspiring vision for social care that is now shared across the sector. This vision should be the North Star of a focussed programme of reform of social care, involving people from all regions of England, to shape a National Care Service that can deliver for different people and communities in different places, with a clear plan for long term reform and action on immediate challenges.

Improving conditions for people who work in social care

“Near the top of the agenda needs to be a proper career structure and training for people who work in the care sector”

Improving conditions for the social care workforce in the North West is a key priority for leaders across the region. Every local area is struggling with recruiting and retaining enough people to deliver the care that is needed. Leaders are already actively exploring ways to create high quality, attractive jobs in social care which will continue delivering high value to local economies.

There is already inspiring work going on to bring new people into social care and to retain the existing workforce. However, we need wider support from local, regional and national leaders to make a real difference.

The new Government has promised a fair pay agreement and a raft of wider measures to improve pay and conditions for workers in

social care, but it will be vital that these new commitments are matched with additional funding, particularly in recognition of the reality that the population of the North West is less likely to fund its own care than in other areas across England (c30% of care home residents are self-funding in the North West, compared to 37% for England³⁷), meaning that any additional costs of care will fall more directly on local authorities.

We also need work on the issues beyond pay. The recently published Workforce Strategy for Adult Social Care in England published by Skills for Care was coproduced across the social care sector and sets out a blueprint for workforce development across social care for the next 15 years.³⁸ Picking up its recommendations and ensuring solutions are tailored to the particular context of the local economies of the North West will be vital.

Action for people and communities: We need people in our communities to consider joining our social care workforce, as the care workers, social workers and leaders of the future.

Action for local leaders: We need a proactive approach from local authorities to recruiting the social care workforce of the future, building on examples like Wigan's campaign, “Care to Join Us”.

Action for local leaders: We need investment in developing the future workforce. A portion of all local authorities' skills budgets should be invested into building job opportunities for disabled people and people with long-term conditions in the community; and into developing the future social care workforce across our communities.

³⁶ Labour Manifesto 2024, <https://labour.org.uk/change/my-plan-for-change/>

³⁷ ONS, 2023, Care homes and estimating the self-funding population, England: 2022 to 2023 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesandestimatingtheselffundingpopulationengland/2022to2023>

³⁸ Skills for Care, 2024, A workforce strategy for adult social care in England <https://www.skillsforcare.org.uk/Workforce-Strategy/home.aspx>

Challenges for the North West

Action for Mayors: We need our city-region mayors to take a lead in opening opportunities for work to disabled people and people with long-term conditions, and to ensuring that there are great careers for people in social care across their city regions by taking action on pay and conditions.

Action for National Government: We need the Government to support us in improving pay and conditions across social care, with additional funding to meet the additional costs of fair pay, and action on the wider recommendations of the Workforce Strategy for Adult Social Care in England.

Securing long-term funding fit for the future

The needs of our local populations have changed rapidly in recent decades and will continue to do so, yet the funding we receive to provide social care has continued to decline. National funding for local authorities has dwindled, and social care has increasingly been kept afloat with piecemeal, ring-fenced grant funds delivered year on year.³⁹

To meet our ambitions for social care we need funding settlements that help us plan for the long-term, looking ahead to what our communities will need in future not just providing what is needed today.

“We’re being drip fed and this can’t carry on with more people getting older, more people with complex needs”

“You need to be a magician these days to try and navigate the funding streams, the reporting requirements. We need a long-term funding settlement and then we can focus on long term transformation.”

Secure long-term funding allows us to invest more in preventative work and early intervention, and to invest in long-term solutions like new housing and workforce development, yet in recent years local authorities have received what little additional funding has been provided in small pots, attached to specific and separate conditions and reporting requirements. This is a wasteful and inefficient approach.

A first step would be to roll together all of the short term funding pots that have been awarded over recent years into one funding stream guaranteed over at least three years.

Action for National Government: We need clarity around what funding National Government will make available to support social care in communities, not just this year but for future years so that we can plan. Streamlining multiple grant funds into a simple allocation would give us more flexibility to work effectively with local partners and to respond to local need.

Working together in places

When health and care services don’t join up people fall down the cracks between services and systems are inefficient.

The need for close partnership working across the NHS and local authorities leading social care has long been recognised, and leaders have been working to develop strong and effective working relationships with health colleagues, and to encourage operational links at every level.

In many places there are excellent working relationships across health and social care, at place level and within neighbourhood teams. In Greater Manchester there are joint teams across health and social care at place level within Local Care Organisations and similar approaches are being taken in other parts of the region too. However, in recent years progress towards integration has been strained.

The most recent structural reform intended to drive integration was the creation of Integrated Care System – the North West region encompasses three of these – the Cheshire and Merseyside Integrated Care System, the Greater Manchester Integrated Care Partnership and the Lancashire and South Cumbria Integrated Care System. These systems have now replaced local commissioning bodies, which were often coterminous with local authorities.

While some Integrated Care Systems continue to work through place-based structures, others have stepped back from place-based commissioning and planning, creating strains on previously strong collaborative commissioning arrangements at place level.

With fewer budgets now being delegated to spend at place level – and more

commissioning at system level across the NHS – vital opportunities for integration and collaboration are being missed.

The growing financial pressures on the NHS also risk undermining the spirit of collaboration that has been developed over recent decades, with more emphasis now being placed on health system targets and less scope for working together. In particular pressures on ICSs to deliver against key national targets, including the elective care waiting list are driving a focus on acute settings, with social care often considered only in so far as it can provide support around patient flow.

“We are seeing a reduction in the narrative about neighbourhood care, about prevention, about wellbeing and it’s just become about how we deal with the waiting list.”

In setting out the three big shifts it believes are needed for the future of the NHS in the next decade the Government has emphasised the need for a shift towards prevention and towards care in the community. Collaboration and integration across health and social care will be vital to delivering these shifts.

Integration works best when partners are given licence to develop new joint ways of working, learning from the best practices in place across different organisations. Health and social care integration must create space for social care experts to lead in their areas of expertise

While no one wants further structural reform the Government must learn the lessons that are emerging from recent reviews of ICSs⁴⁰ to ensure that social care and health can work together effectively for their communities.

³⁹ Institute for Government, 2023, Performance Tracker 2023: Adult social care <https://www.instituteforgovernment.org.uk/publication/performance-tracker-2023/adult-social-care>

⁴⁰ Hewitt, P, 2023, The Hewitt Review: an independent review of integrated care systems <https://assets.publishing.service.gov.uk/media/642b07d87de82b00123134fa/the-hewitt-review.pdf>



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