



# TIME FOR A SOCIAL CARE PEOPLE PLAN WORKFORCE CONFERENCE

11th February 2021 14:30-17:00



## MAIN PLENARY - BULLET POINT SUMMARY

### Phil Hope, Co-chair of the FSCC

- The goal of the 'Time for a Social Care People Plan' Conference is to push forward the idea of developing a Social Care workforce strategy to mirror the ambitions in the NHS People Plan and lay the foundations for a potential joint health and social care workforce plan.
- The Conference has four Mini Summits which reflect the structure of the NHS People Plan. This is because we aspire to develop a plan for the social care workforce that is as ambitious and far reaching as that for the NHS; and we believe greater integration of the planning and management of the health and social care workforce will be more straightforward if the plans have a similar structure and can easily connect to each other.

### Christina McAnea, General Secretary of Unison

- Social care is one of the top priorities for Unison and there really is a huge amount of reform to be done starting with bringing parity between health and social care workers - something that's often spoken about, but the pandemic is pushing further away from being a reality.
- Focus therefore today is unashamedly on the workforce and specifically on the need for a workforce strategy for social care. Years ago, that process led to last summer's NHS People Plan. It's hard to escape the sense that social care was little more than an after-thought in that but the future social care workforce needs to be recognised as central to the future of the NHS.
- It really is a scandal that 3/4 of the workforce don't receive the real living wage. But this feels like a once in a generation opportunity to actually get the change that we need. There are a brilliant range of people involved today and I am sure there will be consensus between us that we must begin social care reform by focusing on the workforce.
- I hope that you find at the rest of the days experience worthwhile and then we actually come up with some concrete proposals

### Sir Andrew Dilnot

- This is an exciting day and I intend to be upbeat, partly because we should we should celebrate longer lives and celebrate care. We talk all too often about the burden of ageing but we should celebrate the quality of life that in many cases is made feasible through social care for people who need help.
- I'll talk largely about older people. But we should be really clear that social care and the reforms to social care, that we hope will happen, have to be about not just older people but people of working age and children too.

- Social care is something that we can only prepare for together, as a whole society. Most of us won't need much social care through the rest of our lives, about 1/4 of us will need none at all. Only 10 or 15% of us are going to need a lot of social care
- The idea that we should save up enough as individuals - so that if we end up being one of those who needs a lot of social care we could manage - is completely infeasible. Most of us would never be able to save up enough to pay for our social care
- This is often thought of as being an insight from the left but it's an insight from basic economics and it's an insight that was completely understood by Winston Churchill.
- Funding is the only route to better pay to better conditions and to more structure and opportunity for staff. There are three things that we need to do:
  - o First, we need to deliver extra funding for the means tested system
  - o Second, we need to reform the means tested system and the way it works
  - o Thirdly, we need to pool the risk facing the population and introduce social insurance with an excess cap
- Unless we sort out the funding, we're not going to be able to sort out pay and conditions and training and career paths. It's absolutely clear what we should do that now.

**Rt Hon Alistair Burt, Former Minister of State for Care**

- It's a great pleasure to be able to take part in the conference although I appreciate there will be an element of disappointment for those who wanted to hear the Chair of the Health and Social Care Select Committee. However, this is what he would have said:
- *"I want to start by saluting our heroic social care workers who really have shown their value during the pandemic and demonstrated why they should be paid a fair wage, have great career prospects and better working conditions. That's why the Select Committee, which I chair, has called on the Government to inject an additional £7 billion per year into the social care sector. This would fund an increase in wages linked to the living wage, increased demands based on demographic changes, and Dilnot's proposals to ensure people don't face catastrophic care bills."*
- Perhaps one of the worst calls I ever had to make as a Minister was in 2015 to Andrew Dilnot, just after the Conservative Party had won the election, to say the Government was going to delay the implementation of his excellent proposals.
- I now appreciate that despite all the current difficulties with finance, this is something that simply cannot once again be put to one side. There really has to be a genuine commitment and I think we have an opportunity to do it through a cross party approach.
- The pandemic has shone a light on things that don't work, and on inefficiency and inequality. It's clear we still need to look at workforce issues because we cannot go on trying to provide care to more people and have a workforce treated as they have been. What has become evident is that if things are really necessary money can be found to provide for them.
- Social care has been crying out for a cross party approach and if we can use the power of people out there who really do feel this keenly, I believe we can get somewhere in this conference. Already there is a great Advisory Board and a great coalition, representing every part in social care spectrum. I am sure we can put together a great Social Care People Plan.

### **Question by Sian Stockholm:**

- *When can I expect to see my salary increase to the real living wage, the bare minimum required, so no one gets left behind? My Parliamentary Petition has already been signed by tens of thousands of members of the public.*

### **Christina McAnea**

- Obviously, the funding is important, and, sadly, a guaranteed timeline cannot be given as we are still pushing for this.
- What we've been trying to do is avoid getting tied down in the detail of what structural change needs to happen – but it is clear that as a very minimum we need to invest in the workforce.

### **Phil Hope**

- It is a question about valuing and recognising the workforce and getting that in front of Parliament so that they don't spend all their time talking about the structure. There is no better way to do this than people contacting their Members of Parliament.
- Jeremy Hunt's Committee has said a £3.9 billion boost is needed urgently to address workforce conditions including wages.

### **Gemma (Journalist)**

- *Do you think the Government missed an opportunity to address in the White Paper these very real pressing issues that we've heard about today and that have been highlighted by the pandemic?*

### **Phil Hope**

- Substantial reform of social care has been put off to a later date but that is not surprising as fundamentally that requires more money - whether we look at it through the lens of workforce reform or through the lens of means test reform. The inescapable fact is we need to be spending more money on social care and we need to be paying people more.
- Christina and Alistair have already said what we need is as much noise as possible - it's all too easy for social care to slip back into the shadows. Once the most acute phase of the CV-19 crisis is over, social care could once again become something that people don't think about.

### **Samantha Baron**

- *Why do we assume in the development of the social care plan that the plan will necessarily include individual financial contributions?*

### **Andrew Dilnot**

- We do have some nominal charges in the NHS for example for prescriptions but there are two reasons that reductions to those low levels are unlikely to happen in social care:
  - o First, is that the cost of doing that would be sufficiently large, that while economically I'd argue perfectly feasible, I think politically it's hard to imagine any Government at the moment going for it
  - o Second is that when you talk to the population as a whole, the majority of the population thinks it's not unreasonable that they should contribute in some way to their social care needs in old age
- The cap will be a political decision and the more willing a Government is to raise taxes the lower you might expect them to set the cap

### **Sara Johnson, Living Wage Foundation**

- *Research by the Resolution Foundation said it will cost 1.4 billion to implement the living wage in social care, can Alistair Burt say a little bit more about how funding will link to the living wage?*

### **Alastair Burt**

- Very interested in the Health Select Committee's commitment to this - and to recognise that the national living wage ought to be the yardstick and benchmark
- If you compare it to the total cost of implementing this and the cost of the pandemic, it seems incredibly small. Why can't we find the money for something as important as the people who we've seen on the television, the people have seen struggling in care homes, the people have been affected so tragically by those they've had to care for.
- The national living wage is there for a purpose. Value for money and the right and moral thing to do

### **Caroline Taylor, ADASS**

- *The NHS as a direct employer has a lot of data, social care doesn't have that – would a registration system help that?*

### **Christina McAnea**

- Registration of a certain level for social care workers would solve a lot of issues. It would give you an opportunity to have some better data and ways of communicating with people in the social care workforce.
- We are calling for minimum training standards - but not just minimal - have minimum and then additional training standards above it. Obviously, this costs money but there are huge benefits

### **Clenton Farquharson**

- How can you have a conference about the workforce without having the people who draw on the service of the workforce not involved?

### **Phil Hope**

- The goal of the Future Social Care Coalition has been to make sure that we work with the widest possible range of organisations including carer and service user organisations. Today's selection of speakers represents service user organisations and unpaid carers organisations as well.

## MINI SUMMIT 1 - LOOKING AFTER OUR PEOPLE

**Focus: a safe, healthy, flexible workforce; morale, respect - and caring for - care workers**

### **Helen Walker, Chief Executive, Carers UK**

- Welcomed all attendees and said that care provided by well-trained well supported carers is absolutely essential to those who are unpaid carers and their families. Also it should be noted many unpaid carers at home are also paid carers at work – estimated to be one in five so possibly 290,000 people.

### **Kathryn Smith, Chief Executive, Social Care Institute for Excellence**

- Explained that she has been involved in care sector since being a teenager in a care home. Need to have in mind that carers are employed in very different setting with some very isolated: all need support networks.

### **Clenton Farquharson MBE, Chair, Think Local Act Personal**

- The views of those with lived experience are essential to the debate. I agree with those who say we the need for more money but it must be better spent.

### **James Bullion, President, ADASS**

- Explained that he has worked in social care since mid 80s and initially from a community background. Pointed out social care includes housing support, drugs and alcohol, and prisons: much wider than residential care and day care.
- The workforce has been magnificent during the pandemic – the compassion, the dedication, the professionalisation, the courage and the highly skilled nature of the work. Question is how do we convey a more accurate picture of care work as skilled and valued?
- Very high level of vacancies, 7%, and 30% annual turnover: working conditions are clearly just not attractive enough. But there is still no workforce plan. Instead we have had a panic response from the Government who have finally seen the fragility of the workforce and allocated £120 million.
- The workforce needs to be seen as key part of the economy – it will create 500,000 jobs over next ten years, so action needed is not just about addressing the 120,000 shortfall.
- ADASS have suggested a minimum care wage: £10.90 per hour - same as healthcare assistant band 3; a dedicated training fund for each member of staff; bring 120,000 personal assistants and all family carers into the workforce. We will also need a mental health plan for the social care workforce.
- The diversity of workforce is important – currently it does not reflect the population as a whole.

### **Cllr Ian Hudspeth, Chair, Community Wellbeing Board, LGA (and Leader Oxon CC).**

- During the crisis there has been improved recognition of care workers and they should now have parity of esteem. But what does parity of esteem mean? Pay is an obvious issue and we agree that it should be increased to comparative roles in NHS. The LGA has called for independent review of work. Any resultant increases must be fully funded by the Government. But it is not just pay, it is also wider deal training and development career progression and recognition.

- 30 organisations support the LGA's campaign for reform to address the 30% turnover and 7% vacancy rate. It has been heartening to see recognition of carers – welcome claps and badge plus retail offers - but that is no substitute for increased pay. In conclusion the pandemic has revealed that the care workforce needs fundamental reform.

### **Christina McAnea, General Secretary, UNISON**

- Very well timed summit as the Government's approach to the care workforce has been horribly lacking as evidenced by fact that on Tuesday the Government called for more care workers and then on Wednesday the Public Accounts Committee revealed how carers had not been treated at all well in the provision of PPE.
- We all know what the problems are and the solutions so the question is, why has this and previous Governments not delivered reform? Meanwhile care workers are still not getting properly paid, having to take holidays rather than be sick. We need to make it safe for workers to do these jobs, including so they can afford to self-isolate.
- The NHS People Plan talks about looking after its workforce and more flexibility but in social care the priority is security and clarity regarding how they are paid. For the majority of those 25% of carers on zero hours contracts flexibility equals insecurity – it is up to 50% of staff in domiciliary care on zero hours contracts.
- In Wales all are given a choice. Need to adopt idea that looking after the workforce is a good starting point. This will all take money – especially if there is a job evaluation scheme for the different levels of workforce so it then gets a proper grading system. But we cannot provide a service with no workforce strategy and no long-term investment.

### **Key points from questions, answers and comments**

- *Carers are clapped but all too often described as low skilled. They are not low skilled but they are low paid.*
- *If carers were paid the real living wage their lives would be so much easier.*
- *If we don't address the low skills perception we cannot attract the staff.*
- *The PM said recently he is meeting the pay needs of carers because uplifting the NMW but this is not acceptable.*
- *Carers are ten times more likely than the rest of the workforce to be on zero hours.*
- *There is a people promise in the NHS People Plan. Could this work for carers?*
- *When having conversations with Government, it is very easy for policy makers to concentrate on structures not workforce. Let's insist they deal with workforce first.*
- *Social care needs a sustainable future and, similar to the NHS, a ten year plan. Currently there are short term answers only, for example the 3% increase in council tax.*
- *The sector as a whole must become sustainable. Politicians need to say something to public/taxpayers apart from 'you must pay more'.*
- *Important that we do have a promise to the workforce but must remember it's the whole workforce.*
- *The Integration White Paper displays a certain mistrust of local government – also it does not tackle workforce issues.*
- *There is a moral argument about carers' terms and conditions: it is a highly gendered and disproportionately BAME workforce. But there is also an economic argument: high turnover, and high vacancies are not good for employers. Current sector does not make economic or business sense.*
- *Many care workers have a passion to do it but unless paid adequately they will be lost.*

- *In Wales there are plans for registration of care workers. Is that planned in England?*
- *We need to think of next phase of campaign and how and to put pressure on the Government to secure reform*
- *The Future Social Care Coalition (FSCC) aims to avoid social care becoming a political football (again). Instead it is a genuine coalition of private, public and third sector organisations*
- *The next big political focus will be the Spending Review.*
- *For me the frustration is that everyone agrees including Parliamentarians!*
- *Admire FSCC for not being party political: does need to be cross party to get a long term solution.*
- *The Pandemic has changed things. We have changed our view who is the most important people in society – then we discovered they were the most diverse and the lowest paid.*
- *The Select Committee is very important for maintaining cross party consensus.*
- *I take Government at its word - that it intends to publish proposals for reform this year. But there will also be a need for stop gap funding for local authorities.*
- *The NHS workforce has a branding and a psychology – the care workforce deserves similar.*

## MINI SUMMIT TWO - BELONGING IN THE CARE SECTOR

*Focus: on diversity, employee voice and inclusive leadership*

### **Caroline Abrahams, Co-chair, Care and Support Alliance**

- Welcomed all attendees and said 'Belonging' covers a wide range of issues, including diversity, employee voice, inclusive leadership, a proposed common register and professionalisation through common trading standards.
- Also said that it's about what more can and should we do to ensure that the wonderful people who work in social care, feel valued, feel listen to and really get the support they need to do the good job that they want to do?

### **Lord Victor Adebowale, Chair, NHS Confederation**

- The question isn't what needs to be done, but why hasn't it been done? Pointed out it is odd, given the movement towards integration, that we are calling for a social care people plan rather than a health and social care plan.
- The NHS Confederation has been playing a leading role in the Health for Care Coalition although it is highly unusual for a sector like health and an organisation like the NHS to champion the cause of what people might consider another sector. However, it is abundantly clear that without social care the whole system starts to fail. In fact, the system is already failing because of our lack of attention to social care.
- The health and social care system is 'drinking in the last chance saloon' and the brilliance of the health and social care workforce in dragging this country through the worst public health crisis in living memory needs to be rewarded by due care and attention to the future.
- That future is set out in some way by suggested White Paper reforms which are really just embedding good practise that has happened in spite of the 2012 Act. But what's missing and what we need to get right is social care and if the government isn't going to do it in a timely fashion, we need to strain every sinew of our authority to its maximum to ensure that that social care force get the following:
  - o Leadership that is inclusive and leads all the people all the time
  - o Professional support certification and permission to work at the maximum of their skills: I do not want to hear anyone call social care work low skill ever again.
  - o Fair Pay
  - o That when we talk about social care we need to understand that it's not just about the elderly.
- We need to take a comprehensive view of social care, and not let politicians of any party reduce it to a convenient political minimum.

### **Sir David Behan, Chair, Health Education England**

- After a lifetime in social care, my firm belief is that the best social care transforms people's lives and it does that by delivering personalised care, which allows people to live independent and fulfilled lives.
- Skills for Care have carried out an organisational mission to improve the quality of workforce data looking at 18,000 organisations and 34,000 establishments: 95% of all provision is in the independent sector and there are one and a half million workers, half a million of which are in domiciliary care.

- What we also know is we've got turnover of 30% plus; 82% of the workforce is female; 27% are over 55 and the average age is 44; 21% are from Black, Asian and minority ethnic backgrounds generally, and that figure is 66% in London. 50% have a qualification, 45% of care workers have a level 2 and 79% of senior care workers up to the level 2.
- There is increasing awareness and recognition of the role of care staff, both from politicians and members of the public. We need to have more ambition in terms of the offer that we're making to care workers regarding training.
- If we look at the NHS workforce, it's both valued and recognised in a different way to the social care workforce. This is primarily because in NHS there is a substantial investment in the workforce and in their education and training.
- Therefore, we need to make a substantial investment in the education and training of the social care workforce which goes beyond the levels that we've currently got; it goes beyond the care certificate and mandatory training and does begin to provide the inputs required as we look to the future to provide care for people with complex co-morbid conditions.
- The introduction of a register for the social care workforce so you can be admitted to it on the achievement of qualifications, would drive education and training reform and also give the public, the confidence that the skills have been achieved and the education has been achieved by the workforce.
- There is an argument for linking this register to the structures of healthcare assistants and the nursing workforce. Ultimately people need to be able to see themselves in a career where they can actually progress through various roles over the years.
- In conclusion, we have got to have a greater read across between health and social care careers and qualification structures. Then we can begin to think of a more sensible way of actually rewarding these groups together.

**Matthew Winn, Director, Community Health , NHS England & Improvement**

- Even if we had the right pay for the social care workforce, with the right money going into local government, there would still be problems in the interface between health and social care. We must design the sector better together.
- In reality, the NHS and social care are absolutely interconnected in their effectiveness in some really key areas - not everywhere – but, for example, in supporting children with long term needs, adults with long term conditions, learning disabilities and mental health issues. The pandemic has actually set back planning for delivery of health and care integrated services and that they must be brought back to a central focus.
- The third priority in the NHS long-term plan for older people was enhanced health in care homes. If the NHS is working hand in glove with the care sector it can make remarkable change in a very short amount of time: requires general practice, community, healthcare, social care and the social care profession all working and agreeing on how they work together.
- There is actually very little difference between what a senior social care worker and a healthcare assistant in our Community nursing teams actually does although they will be paid differently. The fact 14% of social care staff each year move into healthcare is not surprising, because there is easy portability between the sectors.
- Reform should not be a dumping of tasks from the NHS into social care: reform has to be designed as a shared endeavour to ensure that the right things are done wrapped around our most vulnerable populations.

- Practically the delivery of care by health and social care staff would involve a multidisciplinary team - community nursing staff, general practice, care workers. Although they have different terms and conditions, and are from different agencies, by sharing the responsibility, sharing the information, agreeing together what will happen, you engender integration and change.
- The reality of integrated care is people talking to each other, understanding their communities and actually doing something to make sure interventions are right. It is not about a macro solution, but about aligning strategically and practically what we are doing on a week by week, day by day basis so our local workforces are delivering the health and social care which makes sense.
- This year we will be publishing the care model, which will say: “know your population, understand its needs, then start being proactive in the care management of that through health and social care delivery”. If that's not done with health and social care, with domiciliary care at its heart, we will again miss the opportunity to really improve outcomes for people that need to be supported in a very different way.

**Professor Samantha Baron, Head of School, The Open University**

- The OU commissioned a survey to look at the impacts of Covid on social care after eight months of the pandemic. The survey looked at 600 organisations and found two key points that go to the heart of where we might be going in social care:
  - o Nearly half of employers are operating within or below the minimum skill level. 67% said the biggest skill for the future in terms of recruitment is around adaptability to future challenges.
  - o 42% went on to say that lack of defined career pathways and progression opportunities remain significant obstacles to recruitment and retention.
  - o 54% feared that they would lose staff this year following the pandemic ending.
  - o 67% were beginning to say that there is a skills gap. And the skills gap was in four key areas: leadership; digital innovation; technical abilities; and managerial.
- The key point of interest in this was that people were saying there was a skills gap in ‘technical’ skills that border on clinical skills, for example, end of life care, medication regimes and dealing with the cognitive and sensory difficulties that people experience.
- 54% are worried about this skills gap and that it will continue post pandemic. 51% were really worried that the staff turnover will increase post pandemic; and 56% are increasingly concerned about whether they will be able to retain their staff.
- 38% wanted their focus to be on local recruitment and not a national system. In effect respondents were saying let's recruit locally to make sure it's a localised service for local people in local communities. 39% percent said they want more constructive private, public and VSE relationships.
- OU Recommendations:
  - o Established national carer development & progression framework, national recognised roles, pay structures supported by professional association and/or regulation.
  - o National Plan & investment for recruitment & retention of the workforce
  - o Targeted plan for skills gap in distinct areas
  - o Promotion of social care for a new, localised audience
  - o Long term financial stability
  - o A National Social Care Plan (10 yrs.)

- Highlighted the recommendations would establish a national career development progression framework, and that those surveyed wanted that to be a national framework rather than the local framework and that pay structures would be negotiated nationally.
- Concluded that the two main questions we need to answer going forward are
  - o What is a social care plan, what does it look like and what does the terminology mean?
  - o What do we mean by integration? Is it system integration or health and care delivery integration and do we want to integrate with the health service and move towards a centralised service when we know what works well in social care?
- The surveys supports a decentralised social care service, that is localised and recruits from local populations, meets the needs of local populations, serves the needs of local populations. This is quite fundamentally important to what social care is and to that degree it is slightly different from NHS healthcare.

## Key points from questions, answers and comments

### Gavin Edwards

- *How do we ensure looking at the benefits of qualification for professionalisation, training and structure around the workforce have had in the NHS can be adapted and rolled out in social care with the people in social care and not be something done to them?*

### Nina

- *Is there a role for a joint training pathway for HCA's and social care workers?*

### Phil Hope

- *How can you square the circle with national decision making and local delivery when considering the vastly different challenges different areas will face?*

### Sir David Behan

- There needs to be career structures which align but remain separate so people can work in care and then in the NHS, then go back into care, then go back into NHS. I see a future with a much more permeable interface. So no, I don't believe what we should do is put health and care staff into a blender. I think we need to see distinct component parts to an NHS and care workforce although you'd be hard pressed to separate out a good domiciliary care worker from an HCA in terms of quality, yet the difference in pay is about £1.50 and the difference in both their education and training is quite significant.
- On registering care staff, it is driven by public protection. Set a standard that people need to get to in education and training to get access to the register, and that's beginning to give the public some reassurance.

### Matthew Winn

- The key difference on this issue is the opportunity for workforces so, for example healthcare assistants can become a nurse, but a domiciliary worker would never have that opportunity unless they moved into the NHS.

## MINI SUMMIT 3 - NEW WAYS OF WORKING AND DELIVERING SOCIAL CARE

*Focus: skills, education and training; reducing turnover and job vacancies which impact on quality of care.*

### **Vic Rayner, Executive Director, National Care Forum**

- Welcomed the participants and speakers; gave an overview of what questions would be addressed in this breakout session.
- During the pandemic we have recognised the level of skill and expertise that staff have developed. Sometimes it has been thrust onto people, but they have embraced the opportunity to step up and show the expertise that they have. So, if we have a social care people plan, we need it to really recognise those skills and experiences that will enable us to sustain the workforce transformation that has been going on
- In the context of the White Paper, we need this people plan for social care to look towards how the education and training of social care skills people up for the future. For example, we will need different skills and expertise particularly in the context of digital but also in terms of supporting and caring for people with ever growing needs of complexity and co-morbidities.

### **Alastair Henderson, Chief Executive, Academy of Medical Royal Colleges**

- AoMRC over the last three years has increasingly recognised and shown publicly their level of support for social care reform, for two reasons:
  - o Growing recognition and value of social care for what it does
  - o Recognition that if social care doesn't work effectively nor will the national health service
- The important messages from the NHS People Plans are the need for more staff, working differently in a compassionate and inclusive culture.
- Happy staff equals happy patients! It's fairly straightforward – they will provide a better service. Many of the health services best organisations are where staff are most engaged and satisfied – it needs to be the basis of this social care people plan.
- On the whole it's about engaging people and providing a better service; allowing people to get more out of out of their jobs and out of their roles. Retention of staff is crucial – there is massive turnover in social care which is not good for organisations or the staff. If there is better staff engagement, better staff morale and better attachment to the organisation social care workers will work for you and they will deliver a better service overall

### **Rt Hon Stephen Dorrell, former Secretary of State for Health**

- Politicians who have responsibility for the health and social care system have fallen into some fairly obvious traps. They stress the importance of thinking of health and social care as a single coherent service but funding for health and funding for social care is treated differently; staffing in the NHS and in social care is also very different.
- It is not just an issue of support for elderly people: the fastest growing section of the social care sector is services for working age people. As we think about ensuring that we have the staff that we need to deliver joined up services let's think about the issues that need to be addressed and move on from thinking that reflects the services of 20-30, and even more years, ago
- There are more people that work in social care than work in the NHS: this is worth reflecting on when we draw up a people plan for social care.

### **Oonagh Smyth, Chief Executive, Skills for Care**

- Huge opportunity to make social care a really valuable career. It is a significant sector that adds £42 billion to the economy every year. Could be key to economic recovery coming out of CV-19 – that’s why it needs a strategy.
- Also it is important to reflect that society is going to need not just more care support in the future but also different types of support. We should look at what we need and make sure that we are future proofing.
- We had a system that was already under strain before the pandemic and now there is additional pressure - people are having to work harder but they are also having to develop very new skills and do different types of work.
- Skills for Care estimate that there has been a rise to about 7.3% vacancies in social care. To put that in context that means every single day there's 112,000 vacancies. Social care also has a significant turnover rate - 30%. Moreover about 1/4 of our workforce is over 55 so that means that about 1/4 of our workforce might be retiring in the next 10 years
- The turnover rate for the under 40s is 40% and that tells us a real story. By 2035 we’re going to need about another 520,000 people just to keep pace with the demand of demographic changes.
- Looking at data from March to August in 2020, the occupancy rate has fallen from 87% to 79% in care homes with nursing and 87% to 82% in care homes without nursing. So that's adding to the pressures in the system but also giving us a sense of how care might be changing in in the future.
- We have talked quite a lot about pay today - the fact that increasingly as a sector we are becoming more of a minimum wage sector. 10 years ago, care workers were paid more than people in retail.
- Recruitment and retention and how we make social care more attractive should be a huge part of this people plan. Also, we should question how we get men and younger people into these roles. The answer may be training.

### **John Rogers, Chief Executive Officer, Skills for Health**

- We are at a time of will and momentum. How do we get a real step change to better integrated working across health and social care? How do we benefit our patients and clients by getting better workforce integration? The barriers are pretty obvious: finance and service design.
- There's some really good work being done within ICS's in terms of looking at collaboration and joint working. Now they need a really excellent strategy in terms of building those links and certainly if we were able to deliver that for patients and for clients it would have a really huge impact.
- How do local workforce plans link with national workforce? There is a relationship to be established but where things really happen are within health communities and that's got a lot to do with how humans interact across systems.

### **Philippa Whitford MP, SNP spokesperson on health (devolved nations’ perspective)**

- Paid tribute to care staff to who have worked so hard throughout the pandemic. They are not getting the support they need.
- Scotland faces the same issues of an ageing population, a growing need for social care support and the challenge of retaining and recruiting care staff, particularly with the new visa requirements increasing the difficulty in recruiting from the EU.
- However, there are significant differences in both the provision and structure of health and social care in Scotland. One challenge is that Scotland is one third of the UK land mass, with over 70 inhabited islands; digital and telehealth infrastructure is therefore already in use but could be developed further.

- Social care is delivered by people for people, but users and staff are in danger if they are mangled by a system that doesn't understand the importance of relationships, as John Rogers said. Care staff require respect – we need to make working in the care sector a real choice not a low paid stop gap. They need to be able to take pride in their work through having that ongoing satisfying relationship with the person receiving care - not just a 15-minute transaction.
- The Scottish Government commissioned an independent review of adult care in Scotland which was published last week. This proposes the creation of a National Care Service with national standards, training and terms and conditions - to try and ensure greater equity and consistency for both the staff and the care recipient right across Scotland
- It promotes a human rights-based approach to the care recipient with the principle of considering social care an investment in allowing all of us to be included and to participate actively in society, rather than just being considered a burden.
- It's already been referred to that we should be celebrating that people live longer - but as a breast cancer surgeon for over 30 years, not everyone is getting older. Many people never reach old age: it is something that we should celebrate but we do actually have to make sure that those of us who do live longer live well, live healthy and live with dignity.
- Many of us will be part of the next generation of care users - whether as a direct recipient of care ourselves or as an unpaid carer seeking respite for loved ones - so we all have a vested interest in reform of the structure and provision of social care.

#### **Angela Buxton**

- *Do the panel think a national care sector body should set standards for the way care workers are educated, trained, paid and monitored throughout their careers?*

#### **Oonagh Smyth, Chief Executive, Skills for Care**

- England is the only country in the UK that doesn't have registration. However there is an issue of scale - we've got 1.6 million people currently working in social care so that would be a huge cost.
- I think registration could be an invaluable part of a long-term people strategy - but longer term we should be thinking about how we build the skills and qualifications and the career development of the workforce. And investing in the workforce.

#### **Alastair Henderson, Chief Executive, Academy of Medical Royal Colleges**

- Set Standards of education is fairly complicated issues across healthcare with many different players There are the professional regulators but differences in how they work across professions. Be a bit careful what you wish for!

#### **Rt Hon Stephen Dorrell, former Secretary of State for Health**

- Danger with registration argument is need to know what the terms are for being taken off the register - if you remove someone you may be removing the individual's right to earn a living?

#### **Philippa Whitford MP, SNP spokesperson on health**

- The recognition of training and the ability to develop is hugely important. If you go into a job - even if you're paid the real living wage - you're going to be doing that job for 20 years. If you can never move up you can never be challenged, you can never develop: it's still a dead-end job.
- This is one of the things that we have to change - training; recognising that social care is a profession.

## MINI SUMMIT 4: GROWING FOR THE FUTURE

***Focus: working with NHS workforce; terms of employment including pay, travel time and overnight payments, and zero hours contracts***

### **Barbara Keeley MP, former Shadow Minister of State for Social Care**

- Welcomed all attendees and said the care sector has been in crisis for many years but in terms of Government policy it is always an after-thought. Even today on a day of big announcements, we continue to wait for funding reform.
- The recent care recruitment campaign talked about volunteers and people with no experience being taken on short term.
- Care staff are being underpaid and undervalued resulting in more than 110,000 vacancies across the sector including 11% of care home manager positions vacant.
- What careers do is one of the most important roles in society but they are the forgotten frontline: struggled to get PPE; and little or no testing for care homes. However, staff stepped up to the challenge and some home care staff shut themselves off from the outside world to look after their residents.
- Form talking to care staff after the first wave of the pandemic, they didn't feel they got the same recognition as NHS staff. However, this pandemic need to be the wake up call to pay care staff properly and give them the support they need.
- These reforms need to happen on a cross-party basis, Labour need to start with the pledges made in 2019: invest in social care; end 15 minute care visits; pay for travel time; provide access to training; give the option to choose regular hours; and deliver a real living wage. It is staggering that 3 out of 4 care staff are not paid the real living wage.

### **Rt Hon Lord Bob Kerslake, former Head of the Civil Service**

- The core point from the main plenary was that sorting out the funding is a necessary but not sufficient action: we have to do more.
- Whilst the NHS people plan is a useful starting point, it needs to be recognised that the way in which we organise care is hugely different. It is more dispersed, there is private and public sector providers, far less consistency in the organisation and delivery.
- We need to be clear on which things should be requirements in relation to the workforce. We need a core expectation, not in legislation but a statutory charter that would be refreshed and renewed over time through a collaborative process. This would include:
  - o Real living wage
  - o Access to training
  - o Protections against poor employers
  - o Proper standing and recognition in terms of career development
- Wellbeing, welfare and prospects of staff need to be protected, otherwise there will be no prospect to grow the capacity of the care sector. This needs particular focus.

### **Jackie O'Sullivan, Co-chair, Care and Support Alliance**

- There is no question that Covid has exposed all those problems that we knew existed and that we now have the opportunity to do something.

- Covid has also really highlighted the complex, skilled care workforce and their role. They have been amazing and their dedication has been incredible. Shielding, not seeing their own families and going above and beyond. We owe it to them to do something.
- We are not starting with a blank sheet of paper but the impetus is to do something quickly informed by:
  - o The HSC Committee have done work on this and published their report – they found £3.9 billion is needed for social care and the real living wage
  - o ADASS figure of £10.90 per hour, linking pay with band 3 NHS healthcare assistants
  - o IPPR report recommending a collective pay bargaining body
- There is a link to the Health White Paper published today, which provides an opportunity to move away from commissioning on hourly rates to outcomes. That could drive us towards having proper salaries, making a tremendous difference in terms of professional standing. We need to recognise people in more ways than words.

### **Frances O’Grady, General Secretary, TUC**

- Critical to do something on funding, workforce, pay and conditions but also this agenda is about love, duty and dignity. Throughout this pandemic we have seen how social care workers have cared for us: the rest of us should now care for them.
- We have heard a lot about build, back better but think we should build back fairer. We would all agree that there is no better place to start than the care sector.
- The pandemic shone a light on some very deeply unfair practices and pay and conditions. The scramble for PPE. From the TUC’s research, 1 in 6 social care workers don’t qualify for sick pay, so what do they do in terms of self-isolation? And ¼ are on zero hours contracts.
- Every time they put their uniform on they are putting their health on the line, and their families’, and this needs recognition. Typically, they are doing that to get the minimum wage.
- Before the pandemic the TUC was meeting social care workers in cafés in department stores because their right to organise was not being respected either.
- It is important that users of the system have a voice, we all have an interest and voice. Social care workers need a voice including through their trade union.
- This is skilled work and training and progression is important. Huge numbers of vacancies is another, related, issue.
- Interested in the scope for new technologies in the sector to support social care workers and the increasing number of people they will need to care for given the ageing population: technology could help relieve the physical and emotional demands of the work.
- the TUC published a report on fixing the social care sector last year, and recognises that we need to build a broad consensus because whenever we look for long term solution, the broader the support the better chance it has to work.
- We need a new funding settlement; we cannot do this on the cheap and exploit people in order to produce the service we want to deliver.
- Privatisation and fragmentation of the system has left it fragile and we know the consequences if these establishments go bust.
- There is another big challenge ahead: immigration policy and settled status has had a huge impact on migrant workers, who are not being treated with the respect and security they deserve.
- Recovery is no recovery at all if it is not for the key workers. We should repay their dedication with cash and respect. Look to build a nationwide system, properly funded through general taxation to create the kind of system that we can be proud of just like the NHS.

### **Professor Martin Green, Chief Executive, Care England**

- This is a moment where we have seen the commitment of social care workers. We can use that as a platform to completely redefine care and look at how we develop to make it a career of choice.
- One of the problems is we often talk about the money from the basis of where we are rather than where we need to be. We need to start thinking about a vision for social care, where the money follows the person and success is about what the person experiences.
- The NHS which is always dominant in recognition and funding. In the pandemic it was the case that people in social care were supporting people with equally complex needs as in health care. They are two interdependent systems. The workforce strategy should work across these two systems as people do.
- Care workers often do their job with little or no support, they are autonomous and they co-produce the care with the people they support. People that use services need to be at the centre of the debate.
- Care workers should be paid well above the national living wage due to the commitment and complexity of their roles; outcomes are more than a job - this is a career and we should remunerate them in that way. Commissioners need to understand this and pay the appropriate amount for care.
- There should be clarity on the steps of a career pathway and the required skills and competencies frameworks. A clear approach to qualifications, would mean people could change providers/employers but still be on a career path. Apprenticeships for example should be an entry point into social care.
- This should still allow people who cannot give a full time commitment but make a tremendous contribution to still be flexible and help the people they support
- Regarding diversity, we should enable people from different environments and pasts to come into social care. For example, encourage people from hospitality and retail to come in to the social care workforce.
- Recruit people on values and train them on competencies and skills so they are able to be supported to deliver this complex work.
- Need to understand the wellbeing needs of colleagues. Currently not enough time for reflection - time out to absorb the complex work they are doing; It is emotionally and physically demanding and we need to make the space for people to manage that. There are ways that wellbeing is supported in the NHS that should be rolled across to social care and more opportunities for staff to come together to aid communication and integration.
- In short, there is an enormous amount to do but this is a moment in time and we have got to grasp it and push this agenda because tough as it is we have seen what social care can do during the pandemic and we must not slip back into how we were operating before because an antiquated system is no longer fit for purpose.

### **Charles Tallack, Assistant Director, REAL Centre, the Health Foundation**

- The Health Foundation have been arguing for some time that increasing pay and improving the conditions for social care workers is critical, most recently in its submission to the HSC Committee.
- But pay and workforce conditions are not isolated issues. Important to look at these as part of the bigger picture of social care reform including funding and access to care, and how people pay for social care.

- There are moral arguments for improving pay and working conditions. But there are also arguments related to quality of care, which can be poorer as a result of high staff turnover, staff sickness and stress.
- Some facts illustrate a range of issues:
  - High vacancy rate 8% currently which is higher than lots of other services sectors
  - High turnover rate 30% - just lower than hospitality at 40%, manufacturing 27%
    - Often staff are leaving for other jobs in social care
  - Zero hours contract 24% - most common in direct care roles
    - London 50% of all contracts
  - Hourly pay for direct care roles close to the national living wage £8.90 vs £8.20
    - Average pay went up by 7% from 2012-2017: nurses pay raised by 26%
  - Progression is limited. Staff surveys show that it is not viewed a career, and that the demanding workload contributes to stress in the workforce
  - 50% of employees in long term and non-medical care are satisfied based on the work itself and the opportunity to use initiative
- Those working in social care are doing hugely important and worthwhile jobs and derive satisfaction from their role. But their work is stressful, they are amongst the lowest paid in our society and often have precarious employment. We desperately need to find ways of improving their pay and addressing the workforce issues in social care.

#### **Key points from questions, answers and comments**

- *We should be aiming higher than a real living wage.*
- *As an employer bidding for local authority contracts it is difficult to compete and it is not an even playing field because some employers cross subsidise.*
- *LGA has adopted the policy to call on Government to carry out a review of social care pay and reward with a view to carry out a comparability exercise with the NHS and set up a pay setting mechanism, favouring collective bargaining rather than pay review bodies. Anything that is done should be done with the agreement of the diverse number of employers.*
- *Employers, unions and government should sit down together and figure out what the workforce package should look like. You cannot deliver a world class service if you treat your workers third class. Start by enforcing current legislation and the ethical care charter*
- *The two legislative arms, NHS and Care Act, need to be reviewed to move forward without the marketisation of the sector.*
- *There should be a Code of Practice that is legally enforceable for employers so the good employers can flourish.*
- *Social care system needs to work for everyone so a wider solution is required that addresses all social care users and the workforce e.g. sectoral wages, CQC inspection regimes. We need to think broadly and reform the system as a whole.*
- *Reform of how social care is regulated, often when there are mistakes people are singled out. We should move to the airline industry where the error is identified by systemic analysis.*
- *Zero hours contracts are attractive to a minority and benefit the workers and the people they care for and makes the workforce more diverse so there are some benefits, but they should not account for 24% of the workforce. There should be a right to proper contract not an obligation. Basis of contracts between Local Authorities and care providers are similar to zero hour contracts and providers need a similar right to security of the income to fund that pay.*

- *TUC is calling for a right to guaranteed hours. Flexibility needs to be a two way street and it can be positive for both parties. It can be so hard to plan family finances and care responsibilities without predictable and guaranteed hours.*
- *Second largest sector for young people and they get discriminated again in terms of pay. We need to end age-related pay. People should be paid for the job they do rather than based on how old they are.*

## **CLOSING PLENARY – BULLET POINT SUMMARY**

### **Report back from Mini-Summit 1 – Clenton Faquharson**

- Good discussion: it will be increasingly difficult for the DHSC to duck this issue because there is such a consensus. DHSC capacity to address issues is growing, which is positive too.
- Ultimately we should be looking at what makes a difference to the person who is drawing down that care. We need to coalesce, unite, around a vision of the care people need.

### **Report back from Mini-Summit 2 - Caroline Abrahams, Co-chair, Care and Support Alliance**

- There was a recognition from everybody who works in social care of the advances that have been made in the NHS regarding the way they work with staff and use the voice of staff from the outset and that it is something social care can learn from. There was also an acknowledgement that it's probably easier to do within the NHS than it is in social care because of the fragmentation.
- Lord Adebawale highlighted the disproportionate impact the pandemic has on BAME colleagues and gave a straightforward call for us to get it right on race this time.
- There was shared understanding that the task of social care is changing and it's becoming more complex because people have more complex needs and that increasingly what we're going to need is people who are staying and becoming problem solvers: people who are highly adaptable and flexible.
- Also, that we need to develop ways working that enable the workforce to move in and out of health and social care in a much more natural way. There was an absolutely shared agreement that listening to staff and making them feel valued - giving them self-respect which is not what the system does at the moment - must be intrinsic to changes in the future.
- We had quite an interesting, needless to say not completed, debate about national versus local. A lot of people were saying that with the White Paper emphasised local delivery, but within a national system. It is important that social care remains part of the community and it is co-produced with those who receive it.
- It was a fantastic session, really exciting, it made you feel very optimistic for the future. I know it's difficult and there's lots to be worried about, but there are so many good ideas around.

### **Report back from Mini-Summit 3 - Rt Hon Stephen Dorrell, former Secretary of State Health**

- Four main themes emerged from the mini summit. The first was that if we're building a workforce for the future of social care, it's nonsense to think of that in isolation from the workforce of the NHS and healthcare. If the integration agenda is going to mean anything it must mean that we think about the services in a joined-up way and if we're going to do that we ought to think about the skills and human requirements.

- As Philippa Whitford was one of our principal speakers, pointed out Scotland, Wales and Northern Ireland are more integrated in an institutional sense than we are in England. But what is true right across the UK, is that Covid has forced the pace of integration across the institutions. Part of the policy challenge for the future, both in terms of service delivery and shaping the workforce, must be to make certain that we don't go back to the bad old ways.
- Theme number two was that it is important how we define integration. It can't just be a top-down version that looks good from the institutional top of the tree. In fact as Carolyn Barber pointed out delivering a joined-up health and care workforce must start not with the strategic plan from the top, but from the needs of the of the service user community and build up from the bottom up.
- Theme three was that while there was support for the proposition that there needs to be proper training and proper registration of people who have been properly trained and so forth, we need to be careful what we wish for. For example extending the model of the GMC, an excellent institution though it is, isn't necessarily the right answer. Be careful before we go down the road of registration.
- Theme four was that another warning. If for example we know what an integrated workforce looks like and we proposes a proper training system, do we actually have the capacity to deliver? The danger is we write a report that says this is what social care sector is going to look like in 10 years' time but what are the levers we can pull to make that happen?

#### **Report back from Mini-Summit 4 - Jackie O'Sullivan, Co-chair, Care and Support Alliance**

- One of the powerful things about this session was the amount of agreement. Employers, unions and people who represent service users should come together and craft a vision for social care, what it would like and how we develop our workforce to deliver that vision. Start with the vision rather than the money. Then the Treasury needs to be persuaded to pay more.
- The mini summit talked a lot about pay, recognising real terms pay cuts that people have experienced, and also that this would require significant Government funding to rectify this.
- Decided that really the minimum we should be aiming is the real living wage, we also talked about pegging pay to various and NHS levels or even setting a sector specific living wage though an independent review or pay bargaining model.
- That local authority contracts should actually look at what percentage of those contracts is being passed on to support workers and care workers, and that a move away from hourly rates into outcomes might facilitate that conversation.
- Agreed it would be a good idea to have either a code of practise which was legally enforceable, or some sort of statutory charter that would set out minimum terms, terms of career development as well as pay.
- All agreed we needed to stamp out worst practise in terms of zero hours contracts but it was also recognised we needed to retain flexibility and that we didn't want to then inhibit some people who might prefer to have part time working or flexible working. We came to the idea that we really want people to have a right to guaranteed hours.
- We want a system where we have continuous improvement rather than a blame culture.
- That we should have a portable skills and competency frameworks which would then enable that transition between NHS and social care at different points of entry.

#### **Phil Hope, FSCC Co-Chair**

- Thanked everyone for giving their summary. Highlighted there was clearly a lot of consensus to build into the social care plan.

- On process, how we engage with the staff and have the voice of care workers at the centre of a people social care plan is key alongside the voice and experience of care users.
- Further highlighted lessons from other places, looking at best practise in NI, Scotland, Wales and Australia also came through all the summits.
- On pay and flexible working, there was a large consensus across the sector from both employers, employees and service users.
- A national register should be a stepping stone and not a barrier; seems critical for cross working between health and social care.
- Concluded that we have both big picture ideas and detailed technical content to put together in a draft people plan that could also identify some quick wins.

#### **Christina McAnea, FSCC Co-Chair and General Secretary, Unison**

- Highlighted a contribution Clenton Farquharson had made in Mini Summit one, that we do not live in a single-issue world and that the effects of poor social care reverberate throughout health, housing and into other sectors such as policing.
- Also highlighted Lord Adebowale contribution that explained the disproportionate impact Covid has had on BAME community working in health and social care.

#### **Phil Hope FSCC Co-Chair**

- *Andy Burnham, with the White Paper and a comprehensive Spending Review in the autumn is this the time we will see transformation and change for the social care system or will it be another missed opportunity?*

#### **Andy Burnham, Metro Mayor, Greater Manchester**

- I have to say there are echoes in this White Paper, from what I understand, some of the policy that I put forward as Shadow Health Secretary in 2014. I was calling then for a National Health and care service. Effectively, a highly integrated system and a much reduced role for the private sector.
- I'm left with the feeling we should rewind the Clock to 2012 and the reforms that came through then should never have happened at all. It's frustrating that we had a decade of reforms that a lot of people in the health and care system really didn't want.
- That said do those working in health and social care at the moment really have the stomach for reorganisation right now? It's not that I have a big issue with what's being proposed here, the question is, is this the time for major reform notwithstanding that it is 10 years too late.

#### **Christina McAnea, General Secretary, Unison**

- *What do you see as the main priorities for reforming the workforce? Do you think there is anything that can be done now by either commissioners or providers, or both, to have an impact on the workforce now?*

#### **Andy Burnham, Metro Mayor, Greater Manchester**

- In some ways the White Paper does answer this through integration however you can only move towards that if you 'Level up' the social care workforce with the NHS workforce. You will never have true integration with two unequal systems. Parity of the NHS and social care workforce is a pre-cursor to any meaningful social care reform in this country – a plan for the workforce as discussed today is completely necessary.

- You can do something now with integrated commissioning at a local level, you can build into the commission approach for example better treatment of the social care workforce. For example we have worked in GM to remove the 15-minute visit as standard in domiciliary care. We have tried to take away the worst examples of commissioning in social care and start to commission for quality, treating the workforce properly.
- There are things that can be done but we need a step change towards parity of these two workforces. By starting with the workforce, finally we are looking through the right end of the telescope at the social care challenge. Previously we have always gone straight to the financial challenge: instead start on the support those who deliver care need and then work through other challenges. Finally, as a country we seem to be about to get these things in the right order at last.

**Phil Hope, FSCC Co-Chair**

- *How do you reconcile your ambitions to have a local strategy where it actually happens but wanting to create parity around the country?*

**Andy Burnham, Metro Mayor, Greater Manchester**

- Nationally we should set out what we expect from Health and Social Care in terms of the public's rights and entitlements to services and the support for staff. That should all be in a national framework. We should extend agenda for change to the social care workforce and extend the knowledge and skills framework to the social care workforce.
- The question of how to integrate, how best to work in a particular area is a local issue. I was encouraged by the Health Secretary saying he felt these reforms would allow GM to go on and do more.
- A strong national framework is right and proper but free people in local areas to understand how to best deliver the services in their own geography .

**Christina McAnea, General Secretary, Unison**

- *The NHS peoples plan has a staff promise of what they can expect, do you think that is something that should be rolled out to the social care workforce, and what do you think should be in that?*

**Andy Burnham, Metro Mayor, Greater Manchester**

- People who devote their lives to look after others deserve the highest rewards in my mind, the best support we can provide. For a caring profession you have to give people security in their circumstances to allow them to pass on security to those they care for.
- We have left social care workforce with insecurity in their own lives while expecting them to care for others. That not right morally how we treat them as individuals, but it is also undermines their ability to care for people and create security for those they care for.
- I think the idea of a promise to social care staff, recognising they have been neglected, undervalued is a good one. All parties have neglected social care out of political cowardness.
- This should be post pandemic, a cross party, cross societal promise to social care workforce saying we have all got it wrong but from this point we will give them the necessary reward and also the necessary security and professional development to do their job properly.
- We will not allow anymore this constant chipping away, constant undermining of them and their role. It is about good employment, secure employment, no more zero-hour contracts, no more casual contracts. It is about decent rates of pay.

- The real living wage isn't enough as far as I am concerned but we can start with the real living wage to get the ball rolling. It is then about proper training to do their job, always fully equipped with the right PPE. It is absolutely what the country should do.
- It would help social care everywhere if we set out national rates of pay.

**Phil Hope**

- *What can the FSCC do to take this campaign forward?*

**Andy Burnham, Metro Mayor, Greater Manchester**

- This is the right campaign at the right time and actually it's coming at it at the right way.
- This is I hope starting something that everyone can expect, that this workforce has never been treated properly and there is a duty owed that the pandemic has shown very clearly.
- We now have a groundswell of public opinion and a growing consensus of political support.
- The way to build it from here is to say there are phases of social care reform that can come beyond this. But position this as the first stage of reform and that is to treat the people in the care system out there now delivering with respect, with dignity, with proper investment so they can do their job. I don't think there are many people in the county who would argue against that. Then we can build to wider reform and a new funding settlement.
- I would like to see the campaign put those with lived experience at the front of the campaign, not the politicians anymore. Let the people who have been out there this year and the year's before explain their life and what it feels like to be them. That more than anything will help build the case for change.
- You have to get the voices of social care at the front and centre of this campaign and start this as the campaign for parity of respect for people who care.

**Christina McAnea, General Secretary, Unison**

- Thanked Andy, Phil and all of those who attended and spoke including Sian Stockham who is a full-time social care worker and Vice President of Unison. We owe it to her and the hundreds of thousands of other care workers as well as care users and the general public to now work up the Social Care People Plan and secure wider reform so social care is fully fit for purpose.