



MORE THAN A PROVIDER

Policy Proposals for the Future of Care



Who is More Than A Provider?

An Experienced Partner to Government

More than a Provider is a group of six non-profit social care organisations with shared values that have more than two hundred and forty years of experience of creating solutions for social care's biggest challenges. From bringing people out of institutions into communities, to delivering employment programmes that bring economic investment to local areas; the group are more than just providers.



As a collective we are ambitious for the people who draw on social care for the workforce and for ourselves. We are committed and successful in enabling people with learning disabilities and autistic people to live 'gloriously ordinary lives'. But we can't do this alone.

The Social Care Future vision, is a powerful one that resonates with us all. Yet, for too many people who have a disability or long-term health condition this not yet a guaranteed reality. We have the experience of delivering social care that is vibrant, engaging and enables people to contribute fully to their local communities. We want to work with you to make this a reality for many more thousands of people across the UK.

'We all want to live in place called home, with the people and things we love, in communities where we look out for each other, doing the things that matter to us'.

Much of the necessary reform required to realise this vision already exists in law, for example the Care Act 2014, but has not been implemented. More Than A Provider is committed to driving this forward, building on our collective experience and achievements.

Comprehensive social care has a wider positive impact on other parts of the system, particularly the NHS. Getting the design and delivery of social care right also positively impacts the economy. More Than A Provider wants to bring frontline knowledge and the voice of those we support to the table with policy makers; to the benefit of all.

241 years experience

We are

Brandon Trust²

United Response³

Choice Support⁴

Dimensions⁵

Macintyre⁶

Certitude⁷



More Than A Provider (MTAP) Policy Recommendations

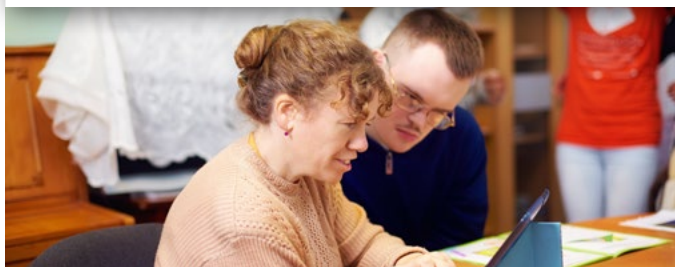
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The introduction of a minimum benchmark for social care pay at NHS Band 3



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The introduction of a Pay Progression Framework for Social Care



3

National Standards for outcomes-based commissioning



4

Statutory inclusion of representatives from the VSCE sector in Integrated Care Boards (ICBs)



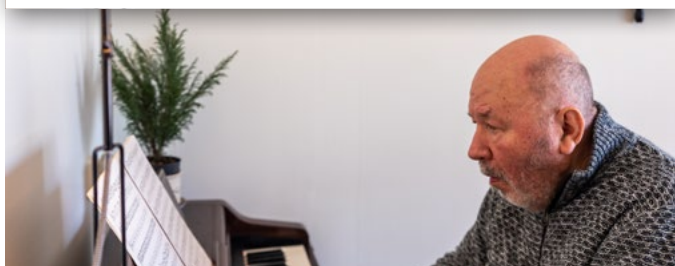
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Implementation of the Hewitt Review's Recommendation on consolidated local health and social care budgets



6

The inclusion of supported housing in local planning targets



7

The introduction of a 'kickstart' equivalent for employing young people with a learning disability or autism



About More Than A Provider



We employ
21,000 people



12,000 people
draw on our care
and support
services



We collectively
deliver an annual
budget of
£650m...



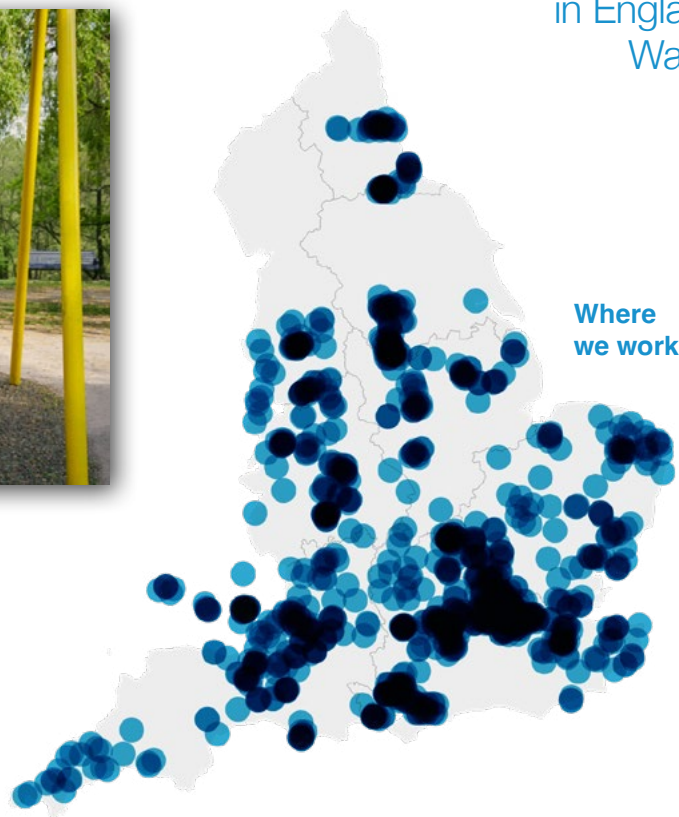
...by working
with **285** local
authority partners,
over **80%** of all
local authorities
in England and
Wales



Introduction: A Call for Political Partnership Based on Experience

Collaboration is at the core of More Than A Provider (MTAP). We recognise the collective strength that arises through co-production. We believe that by working in partnership with people who draw on social care, government, local authorities, and families we can galvanise the change that is needed to make better use of the funding already in the system. We are committed to working collaboratively with you to shape a future where those drawing on care and support actively contribute to and shape the communities, they call home.

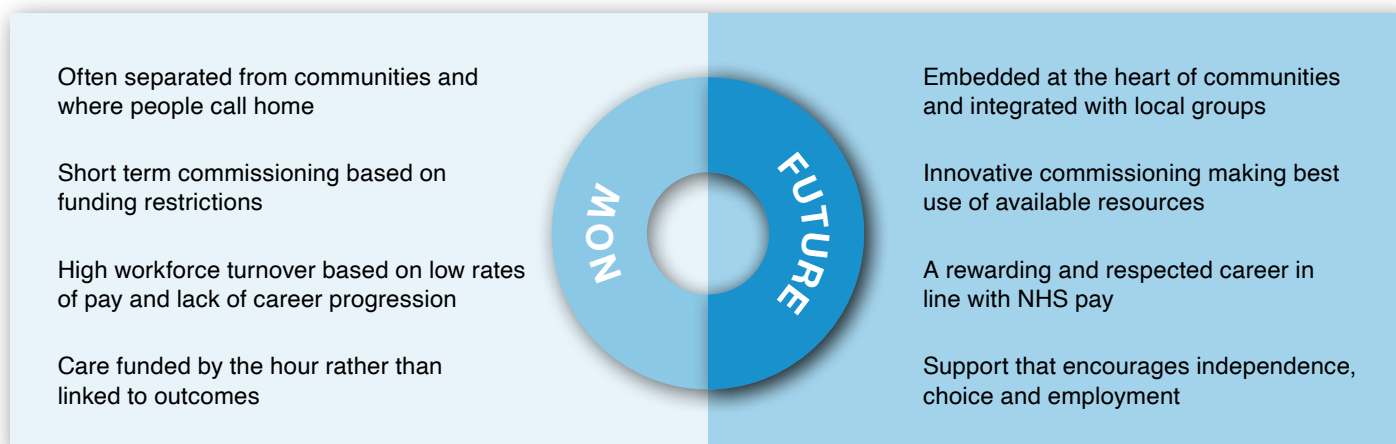
We are advocating for the very particular ways in which people with learning disabilities and with mental health conditions draw on social care, including maximising the impact of the £5.76 billion of public funding⁸ which is spent on support for working age adults every year.



Day in day out MTAP is driving new ways of working, innovating by creating practical solutions that work for the individuals with learning disabilities and autistic people who draw on our support. The scope to replicate our tried and tested approaches is huge – we call on Government to work with us to make this a reality for many more people up and down the country.

The recommendations in this paper are based on our experience and outstanding track record of successfully supporting thousands of people across the country to live bigger, better and inclusive lives. This is a loud and clear call to all political parties to work with us to see these proven solutions expanded beyond their current reach to ensure that available funding is used efficiently and that everyone who draws on care and support can benefit from the positive change we are committed to delivering.

A More Than A Provider Vision for the Future of Social Care



Future boosting the social care workforce: MTAP Workforce Policy Recommendations

1. The introduction of a minimum benchmark for social care pay at NHS Band 3

Chronic Government underfunding has led to a workforce crisis in social care. There are currently 152,000 vacancies in a social care sector where care workers are paid in the lowest 20% of all jobs in the UK. The average care worker is paid just £10.11 an hour, less than National Living Wage.⁹ To combat this crisis, More Than A Provider has seen first-hand the impact of increased rates of pay on social care recruitment. Certitude saw their vacancy rate halved from 12% to 6% with the introduction of the London Living Wage. Another More Than A Provider member, Dimensions, also saw higher rates of pay for travel requirements for mobile carers result in higher retention rates and increased rates if internal promotions.

This is why More Than A Provider supports the Dimensions UK petition which has over 78,000 signatures and is calling on the Government to fund **the introduction of a minimum benchmark for social care pay at NHS Band 3.**¹⁰

2. The introduction of A Pay Progression Framework for Social Care

It is not enough to recruit more people into social care, we also need to keep them. Currently, five years of experience in the care sector results in a 7p an hour pay rise.¹¹ Care needs to be seen as a career, not just a job. Pay has to match career progression if social care is going to retain staff. A minimum benchmark for social care pay at NHS Band 3 should only be the first step in the development of a comprehensive pay progression model for social care. This should be based against equivalent roles in the NHS and banded accordingly. Pay equivalency with the NHS is crucial to avoid competitive recruitment between health and social care.

With this in mind, More Than A Provider has developed the following banded progression model based on role equivalency in the NHS. This should be used as a guide in future discussions about pay progression in the social care sector and would provide crucial confidence to care and support workers in their future career trajectory and earning potential. It should be noted that the social care workforce is complex and relies on a wide range of roles that, at first glance, won't neatly fit into a simple pay progression framework.

Social Care Role	NHS Role Equivalent	Band	April 2023 Pay Range*
Support Worker	Healthcare Assistant	Band 3	£22,816 - £24,336
Lead Support Worker	Nursing Associate	Band 4	£25,147 - £27,596
Team Manager	Assistant Practitioner	Band 5	£25,147 - £27,596
Registered Manager	Deputy Ward Manager	Band 6	£35,392 – £42,618

** These ranges do not account for regional differences in pay.*

NHS and Social Care: Two sides of the same coin

3. National Standards for Outcomes Based Commissioning

The current system of commissioning for social care has been largely unaltered for over 40 years. It is based on local authorities and NHS Continuing Healthcare 'procuring' contracts with providers under rigid, legalistic tendering processes, which are also hugely time consuming and expensive. The result is contracts are based around a price per hour of care to be delivered and tender specifications which are usually mechanistic and compliance focused. This results in people who are drawing on social care being treated as commodities and hugely detracts from the ambitions in the Care Act to focus on outcomes and the impact on individuals' lives and wellbeing.

There are examples of fresh, innovative thinking being applied to commissioning, but these are not yet mainstream. All MTAP members are involved in delivering support commissioned by individuals and families using Personal Budgets. MTAP sees huge potential to better use existing funding to deliver improved impact through more creative approaches to commissioning. The current legislative framework allows for innovative commissioning, including options for a focus on self-directed support, but in practice this is the exception rather than the norm.

Choice Support have seen positive results from working closely with patient liaison officers at local hospitals and enabling people supported to travel between environments safely with their hospital passport (a tailor-made health & support document). This ensures the support they receive on admission is specific to their need and preferences. They found this personalised approach delivers better outcomes, costs less and places the individual at the centre of their support.

More Than A Provider is confident that there is a 'win-win' opportunity to re-think how support is designed, commissioned and funded, that would deliver greater power and benefits for individuals' drawing on support, for providers' ability to deliver good outcomes and for the public purse through more efficient use of resources.

We call on Government to work with us to co-produce a 'test and learn' approach to outcomes based 'bold commissioning' that will unlock new ways of delivering social care and to introduce national standards for adult social care commissioning that enables this to thrive.

4. Statutory inclusion of representatives from the VSCE sector in Integrated Care Boards (ICBs)

The Health and Care Act makes no requirements for the inclusion of voluntary and community organisations in ICBs decision making, despite them having a crucial role in the delivery of health and care services in local communities. Without the inclusion of these organisations, ICBs are currently dominated by the NHS and make far-reaching budget allocations that pay little attention to the voices of those who draw on care and support and those who provide care services on a daily basis.

Legislation must be strengthened to guarantee a seat at the table for social care in ICB decision making if the promise and potential of local integration between health and social care is to become reality. Without legislative backing, real integration is patchy and only exists in certain local areas. MTAP member Certitude is a lead player in a bold alliance contracting framework in South London with Lambeth Council and Southeast London ICS to deliver mental health services. Since 2018, this integration between local government, social care providers and the NHS has saved an estimated 2,145 hospital days, saved £153,000 in A and E attendances, and supported 70 people with serious mental health conditions into employment.

If the success of this integration in Lambeth is to be replicated across England, it is vital that more is done to ensure that the voice of those who draw on care and support and those who provide care and support services are included in ICB decision making.

5. Implementation of the Hewitt Review's recommendation on consolidated local health and social care budgets.

The current model of Government funding for social care services relies on short term contracts and navigating complex applications for variety of central and local Government and NHS sources. These funding structures do not afford power to people who draw on support, are unnecessarily siloed and the process of annual contract applications and renewals is incredibly time consuming for providers and provides no long term confidence for future planning of services.

This process allows for little flexibility or tailoring of services to individual needs and results in generic solutions which are developed for short term roll out. The cumbersome

nature of funding applications makes it inaccessible to those who draw on care and support. It leads to support being provided based on a simplistic time allocation with little consideration for how individual care needs might be supported and what fulfilled lives might look like.

The Hewitt Review of Integrated Care Systems recommends that the Department of Health and Social Care, the Department for Levelling Up and NHS England align their budget and grant allocations for local Government (including social care) to allow a consolidated view of available funding which allows services to plan their local priorities and future budget allocations more effectively.¹²

MTAP supports this recommendation and is committed to working with the Government towards its implementation.



The Future of Inclusive Housing: MTAP Supported Housing Policy Recommendations

6. The Inclusion of Supported Housing within Local Planning Targets

More Than A Provider is supportive of the reintroduction of local planning targets and the increased role of communities in the future planning of home building in their local areas. It is vital that plans for the construction of supported housing is included in future local housing allocations if we are to end the current postcode lottery in the UK.

The Equality and Human Rights Commission found in 2018 that only 7% of homes in England offer minimal accessibility features and that 1 in 3 disabled people

who live in privately rented properties live in unsuitable accommodation. This shows no sign of changing with 31% of new homes in England due to be built between 2020 and 2030 failing to meet accessibility standards.¹³

It is vital that people with learning disabilities and autistic people have a say in what houses are built in their local areas. Ensuring that local plans are co-produced with those who draw on care and support is crucial if care is to be placed at the heart of future communities. This is a tangible way in which national and local Governments can make sure that everyone with a learning disability or autism has a place they can call home.

Wanting to Work: MTAP Supported Employment Policy Recommendations

7. The Introduction of a 'Kickstart' equivalent for employing young people with a learning disability or autism.

The Kickstart Scheme was introduced by the Government in 2020 to incentivise companies to employ young people on six-month placements who were previously on universal credit. It was eventually concluded in September 2022.

The More Than A Provider collaborative is calling for a swift introduction of an equivalent Kickstart programme specifically for young people with learning disabilities and autism. This programme should provide financial support for employers who provide work placement opportunities to people with learning disabilities and autism and should be easily accessible from a central Government portal.

MTAP members often hear from employers that they are concerned about the available support for taking on

supported employment placements. However, MTAPs experience of facilitating work placements has found that invariably these concerns are without foundation. In the London Borough of Sutton, MTAP member Choice Support found that their Supported Employment Service generated a social value return of £3.68 for every £1 invested, totalling £779,807 in returned investment.

If this experience in Sutton is to be replicated across the UK, it is vital that the Government supports employers to facilitate placements for young people with a learning disability or autism. This must include clear signposting of available opportunities, the allocation of financial support and the provision of support and guidance.

We also call on the Government in the medium term to re-introduce a long term supported employment programme that supports people with learning disabilities in the workplace, along the lines of the highly successful DWP Work Choice programme.



Conclusion: What Happens Next

MTAP would welcome the opportunity to meet with representatives of all political parties to discuss the policy recommendations that are made in this document. MTAP has also developed an accompanying case study catalogue which provides real world examples of innovation that have been proven to improve the delivery of care. If you would like to discuss this policy paper further, would like a copy of the MTAP case study catalogue or would like to see these improvements first hand, please email Ali.Gunn@unitedresponse.org.uk and Paula.Gledhill@dimensions-uk.org

Appendix: More Than A Provider CEO Biographies



Aisling Duffy, CEO, Certitude

Aisling has been Chief Executive of Certitude since 2005. Aisling started her career in psychology and has spent the past 30 years working within not-for-profit organisations, seeking to improve life opportunities for people with learning disabilities, autism and mental health needs. Aisling is also a Trustee of two national charities seeking to improve the life chances for disabled people.



Sarah Maguire, CEO, Choice Support

Sarah has worked with people with learning disabilities and their families since the mid 80's when she began supporting people to move out of long stay institutions. She has been Chief Executive of Choice Support since 2017 and been part of its growth from a single borough organisation in Southeast London to a national provider. Sarah is a champion of co-production and Chair of Learning Disability England. She is a Trustee of The Association of Mental Health Providers and on the advisory panel of the Access Charity.



Rachael Dodgson, CEO, Dimensions UK Ltd

Rachael is a qualified social worker and has worked in social care for more than 30 years. She started her career as a support worker for adults with learning disabilities and/or autism. She worked for the self-advocacy organisation Birmingham People First and then spent 13 years at the sector regulator, the Care Quality Commission initially as an inspector and as Head of Adult Social Care Policy. She joined not-for-profit provider, Dimensions in 2019 as Managing Director and in 2022 became CEO.



Sarah Burslem, CEO, MacIntyre

Sarah has worked in the education, health and social care sector since qualifying as a nurse at the start of her career. The MacIntyre Group consists of MacIntyre Care, a national social care charity connecting more than 1500 disabled children and adults, and MacIntyre Academies, a Multi-Academy Trust providing specialist and alternative education in four academy schools. Sarah is an experienced operational director and strategic thinker.



Tim Cooper, CEO, United Response

Before joining United Response in 2015, Tim was chief executive of Advance, a charity that supports people with disabilities, mental health needs and learning disabilities to live the life they choose at home, at work and in the community. Tim has experience in supporting people with learning disabilities, including expertise in supported employment and housing management. Before joining Advance, Tim was director at the Office for Disability Issues and managing director of the Work and Independence Division of the Shaw Trust.



Helen England, CEO, Brandon Trust

Helen has worked in health and social care for more than 30 years. She started her career as a music therapist with a professional interest in autism, neurodevelopment, learning disabilities, and mental health and worked with children, young people, adults and families. She went onto senior management and executive leadership roles in the NHS in both commissioning and provider organisations and now has Chief Executive experience spanning the independent and voluntary sectors. In addition to her executive roles, Helen has served on not-for-profit boards as a trustee and non-executive director. She has been the Chief Executive of Brandon Trust since January 2023.

- 1 Social Care Future. "Social Care Futures Homepage," January 8, 2024. socialcarefuture.org.uk
- 2 Brandon Trust. "Brandon Trust Homepage," January 8, 2024. www.brandontrust.org
- 3 United Response. "United Response Homepage," January 3, 2024. www.unitedresponse.org.uk
- 4 Choice Support. "Choice Support Homepage," January 8, 2024. www.choicesupport.org.uk
- 5 Dimensions. "Dimensions UK Homepage," January 8, 2024. [dimensions-uk.org](https://www.dimensions-uk.org)
- 6 MacIntyre, "MacIntyre Homepage," January 8, 2024. www.macintyrecharity.org
- 7 Certitude. "Certitude Homepage" January 8, 2024. certitude.london
- 8 The Kings Fund. "Social Care 360: workforce and carers," January 16, 2024. <https://www.kingsfund.org.uk/publications/social-care-360/workforce-and-carers#pay>
- 9 Skills for Care. "The State of the Adult Social Care Sector and Workforce in England," January 8, 2024. Skills for Care, State of the Nation Report.
- 10 Change.org. "Save Our Social Care Petition," January 8, 2024. www.change.org/p/save-our-social-care-align-care-and-support-worker-pay-to-nhs-pay-bands
- 11 Vacancies in Social Care Increase by 52% to Their Highest Rates and the Workforce Shrinks for the First Time," January 8, 2024. www.skillsforcare.org.uk/news-and-events/news/vacancies-in-social-care-increase-by-52-to-their-highest-rates-and-the-workforce-shrinks-for-the-first-time.
- 12 The Hewitt Review: An Independent Review of Integrated Care Systems, January 8, 2024 assets.publishing.service.gov.uk/media/642b07d87de82b00123134fa/the-hewitt-review.pdf
- 13 The Equality and Human Rights Commission, Housing and disabled people, Britain's hidden crisis, January, 2024 www.equalityhumanrights.com/sites/default/files/housing-and-disabled-people-britains-hidden-crisis-main-report_0.pdf