

Soundbites or substance?

Health, care and life sciences consultancy Candesic's senior engagement manager **Jack Zeng** and director of communications and content **Kirsty Withams** reflect on social care under the new government

Can a change in government make a real impact on social care, and in particular elderly care? Has the new Labour government's short stint brought about any changes as yet? What does the future of social care look like under it – or is it too soon to tell?

Labour's first hundred days certainly produced some great soundbites, particularly around health and the NHS. The Prime Minister's "reform or die" response to Lord Darzi's assessment of the NHS being in "critical condition" will probably resonate throughout his leadership. However, the government has been relatively quiet on social care, aside from cancelling the social care charging reforms that would have capped care costs in England and expanded eligibility for support.

As we anticipate the introduction of the National Care Service and a set of national standards aligned with the NHS, many questions remain. By examining the intentions of the Labour government for the NHS, we can predict one possible future for the social care sector.

The actionable responses to Lord Darzi's report on the condition of the NHS came in the form of three 'big shifts': hospital to community, analogue to digital, and sickness to prevention.

So broad are the scope of these three 'big shifts' it would not be shocking if one mistook them as Labour's intentions for social care. All three can easily apply to elderly and adult specialist care.

Hospital to community Reduction of bed-blocking

Bed-blocking has long been a challenge, despite efforts from various governments, the NHS, care providers and local authorities. The Care Quality Commission stated that "large numbers of people are stuck in hospital longer than they needed to be, due to a lack of available social care". The last published data on delayed transfers of care from NHS England (February 2020), supported this and showed

that about half of blocked beds were caused by patients waiting for some sort of community provision (care home or home care). Labour's manifesto specifically states it "will develop a local partnership working between the NHS and social care on hospital discharge", a practice already in place to some extent.

Comprehensive discharge planning, if started from the moment a patient is admitted, is proven to be effective, but only when adequate funding is available and data is shared and communicated well with all other agencies.

Strengthening multidisciplinary teams, streamlining processes, and ensuring better management and data flow between them are key to preventing avoidable bottlenecks. Tracking patients as they progress means that appropriate transport and care can be updated and organised in preparation for the patient's discharge. Artificial intelligence tools and predictive analytics can help with workflows here.

Virtual wards may be able to facilitate an earlier discharge or even keep them out of hospital altogether. Virtual wards and remote monitoring ensure they are still under the watchful eye of medical professionals, but able to free up valuable hospital beds. Some virtual ward companies coordinate the discharge services and will begin the process as soon as they are identified as a candidate, taking pressure from other members of the team. Some virtual ward solutions like Feebris enable clinicians to monitor remotely and intervene in the community before hospitalisation is necessary.

Home care trends

Labour's home-first ethos, part of its social care promise, aligns with broader health and care trends. In specialist care, this has long been the goal. In elderly care, despite an ageing population and occupancy rates finally starting to return to pre-Covid levels, longer-term trends still indicate a preference for independence for as long as possible.

Increasingly people prefer to stay at home, whether independently or in group accommodation, delaying entry into traditional care homes.

As people enter adult elderly care homes later and with greater, more complex needs, this shift necessitates change for both care homes and home care, presenting some key challenges to both types of care. Care homes will have to be prepared to take more high-acuity care cases, and design and staff future homes to facilitate this. Of course, funding also needs to be able to help facilitate this and ensure the appropriate level of care.

For home care, carers and caregivers are also trying to manage significantly longer than before. Many do not have the training to deal with more complex needs, which means it not only becomes more strenuous both physically and mentally for the carer, but also could result in less-than-ideal care outcomes. All of this is likely to cause significant challenges for home care groups, and retention is already a big problem. As a result, there's a need for better training, support and tools made available for home carers and caregivers to ensure that these future trends in care can be supported.

Analogue to digital Digital support

Retention in care is a challenge. Despite requiring extremely varied and complex skills, it often competes with other unskilled industries for staff. Training, support and career development are key to retaining staff. Digital tools are having a real impact on how at least some of that can be delivered.

Enhanced digital training platforms like SimConverse currently help healthcare practitioners develop consultation and communication skills in set scenarios. However, something similar could be provided for caregivers to practise dealing with specific scenarios with clients and their families.

AI-powered tools, like CareBrain,

designed specifically for care, can also provide instant in-the-field support and training. The closed-loop AI enables users to ask anything about clients, their preferences, the care plan, or any scenario or situation they may encounter. These types of digital platforms can provide crucial support and training for carers, improving care quality.

Digital care records

The adoption of digital technology in care has been slow, with only 72% of providers using digital social care records by July this year, despite ambitions for 80% by March 2024. Though the CQC is monitoring implementation, it is not part of the overall inspection and assessment criteria as yet.

When properly used, digital care records are beneficial for recording and reporting client care. Digital platforms like Nourish can also integrate care management with digital records, enhancing care coordination. Access for family and friends is still in development. It could follow nursery and primary education and provide updates on care, medication and incidents.

Other digital solutions can directly affect health outcomes. Innovations in digital imaging solutions like Sensio, acoustic monitoring like Ally, and smart devices like Nobi can all help prevent falls and, where not possible, ensure staff are aware a service user requires immediate assistance.

Digital transformation in social care is essential for improving efficiency and quality of care. The fragmented nature of the market has made implementation challenging, but those who can successfully create an integrated digital environment have the potential to deliver better care outcomes more efficiently.

Sickness to prevention

The third and final shift looks at sickness prevention, a key component of which is timely access to care. This will allow health issues to be addressed early and in the community, versus later and in hospitals. Building a stronger community and primary care networks alongside previously mentioned virtual services will be key to this.



The better promotion of healthier lifestyles will also reduce reliance on the NHS and care systems. While we cannot prevent ageing, technology can help manage health and activities, even as cognitive decline sets in. This is particularly true for this first generation of the elderly who are really tech-savvy.

Smart devices and community initiatives for healthy meal preparation and physical therapy can support healthier living in old age. Although a 70-year-old now may seem to be more active than a 70-year-old 30 years ago, the rate of obesity in old age has grown. It is estimated that 67% of those aged 75-plus are overweight or obese in England.

Preventive care is a critical component of Labour's vision for social care. By maintaining and promoting healthier lifestyles, using monitoring technology, and having remote access to clinicians, preventative care could help reduce the incidence of chronic conditions that require intensive care. These initiatives not only improve quality of life but also help alleviate the burden on healthcare and social care systems.

Challenges and future directions

The NHS isn't the only one under a microscope. Councils are under huge financial pressure, largely due to the rising costs of statutory services. According to cross-party think tank Demos, spending on adult and child social care is reported to have risen from 53% of council expenditure in 2009-10 to over 66% in 2022-23. Local authorities are expected to face a projected shortfall of £11 billion by 2029-30.

To address the funding challenges, the government has announced its intention to implement rules around profit-making in children's social care. These measures include the ability to request financial transparency; if necessary, it

may introduce profit limits. Could this be expanded to the wider social care sector? Not likely.

The hospital to community goal can be achieved in two ways: first, by building more suitable care homes; the second, by moving service users from care homes to home care. Either would allow a better flow of patients from hospitals back into the community, but the question is, how will the government accomplish this? Will it build its own home care agencies and care homes after a long period of minimal involvement? If it doesn't, then it will have to rely on the private sector to invest and expand capacity, but what incentives are there to invest?

Private investors face a lot of uncertainty when investing in the care sector. For example, to open a new care home, provides need to hire a manager, register with the CQC, invest either debt or equity in buying and building the home, and staff the home, all without a guarantee local authorities will utilise the new capacity.

They need to ensure the CQC will register their home/agency, and they take on the risk of borrowing the money or investing their equity in property/staff/system, all without any guarantee that when you've built the home/established the home care agency, commissioners will pay for you to care for their people. This risk needs to be compensated for, and the government's soundbites give little confidence that will be the case.

The Labour government has only been in power since July. In that time, we have heard much from it, but to expect change, particularly in a complex area that needs such delicate balancing, is probably somewhat unrealistic. Can we expect big things? Perhaps it really is too soon to tell, but instead of focusing on the government's intentions, we can focus on innovating and delivering better health and social care outcomes. **ct**