Introduction

This is a key points ‘manifesto’ setting out who the Greater Manchester Independent Care Sector Network (GMICS Network) is, what and who it represents, what its aims are, what it sets as its goals and what it identifies as shared goals with key stakeholder partners for planning and delivering care and support to citizens of GM. The Board details can be seen here.

We are an innovative and forward-thinking group with a constructive voice. We recognise the call in the context of GMHSCP transformation narrative to be “bold” and we also recognise that aspiration needs to be set in the context of resource and workforce challenges.

The sector, as things stand, is on the brink. This is recognised in the recent NW ADASS research on sustainability and market oversight. How we do things tomorrow can’t just follow on from how we’ve done them yesterday and today. Our contention is that unless we find a way to fully engage the public, private and third sectors in pulling together we will not be able to step back from the edge. Transformation cannot be delivered through putting new wine in old bottles.

There has been a substantial change in the levels of need and disability for many receiving care and support in care homes and in home care. The consequences of this for the sector are significant in relation to the range and depth of skills required by care staff, the complexity of care management and the costs of that care.
The independent sector should be a respected and valued partner. It should be fully engaged in an honest dialogue with customers/service users and their families and health and local authority colleagues addressing how we can shape future care but also set out a clear and measured path forwards from where we are to where we want to be: good and excellent care delivered affordably and safely in a vibrant care market.

**Background**

The *Care Act 2014* placed new duties on local authorities:

- *to shape and commission a vibrant, diverse, sustainable and high quality market* of care and support providers.
- *It emphasises that they need to do this with and not to* local providers; along with people who use care and support services and their carers and the wider community.

The *GM Health and Social Care Partnership Business Plan* (2017/18) outlined four objectives:

- *transform* the health and social care system to help more people stay well and take better care of those who are ill
- *align* our health and social care system to wider public services such as education, skills, work and housing
- *create* a financially balanced and *sustainable* system
- *make sure* our services are clinically *safe* throughout.

**The GMICSN / GMHSCP partnership launch event (31 May 2017)**

Feedback from the 31 May 2017 launch event was given from GMHSCP hosts (via the Assistant Director of Adult Social Care Transformation on 14 August) to GM providers thus:

*“Core messages identified from the event:”*

- *The need for a fair price for the cost of care across Greater Manchester.*
- *Improvements to enable quality of care and better standards for customers.*
- *Standardisation of commissioning and flexibility with procurement.*
- *Expansion of staffing capacity in care and the retention of the workforce.*
- *The burden of compliance and the need for open dialogue with regulators.*
- *Engagement going forward with all partners to create a communicative network for change and transformation.*

**Next Steps**

- *To develop a strategic forum for the Independent Care Sector (ICS) to engage with partners at a Greater Manchester level.*
● To create a network that empowers the ICS to find solutions that are GM-Wide and not an exercise to ‘re-invent the wheel’.
● Maintain ongoing communication that confronts ‘brutal truths’, combats barriers and builds positive relationships.
● Progress in partnership working with the ICS to co-design a shared vision for:

- Health & social care markets for care homes and home care
- Quality improvements across the sector
- The development of new care models
- Workforce planning.

**The 2019 Provider Conference Follow Up**

The above messages form the core of our manifesto. They were reviewed at the follow up event (29th November 2018) the write up for which can be read [here](#).

**Who are the GMICS Network?**

We are a network of GM care providers. The independent sector employs more staff than the NHS in the GM area and is a major contributor to the health and social care economy as well as the broader economy. The success of the sector is crucial to achieving the policy aims of a high quality affordable care market.

**What do we stand for?**

We stand for quality care in the context of a ‘mixed economy’ of care. What we want to ensure is that the independent sector provider voice is heard, respected and taken account of.

We look for the political narrative to be in sync with the demands on the sector recognising the place it is in after some years of underfunding and the resource and workforce challenges for providers.

We need to work for a shared vision of future care covering the role of care homes, dom care, extra care and new and emerging models. The system aims are for **quality, equity, affordability, and sustainability**.

We will work to see **recognition of the positive role** of the independent sector and we aim to contribute to an increasingly positive **narrative** based on good and improving care and support.
The GMICSN role is to help ensure that the public, third and private sectors working together in partnership on a level playing field are helped to deliver the very best care and support possible. It is a vibrant mixed economy of care that has the best chance to deliver the care we need in the 21st century.

Customer / service user comes first: delivering health and social care and support is about the service user at the centre of their care.

Solution-finding: The independent sector has solutions for key system challenges including unnecessary admissions to hospital and to care homes and addressing unmet need. Technology will have an important role to play.

Workforce: from talking the talk to walking walk. There needs to be some equalising of the weather systems between NHS and the ‘social care’ sector regarding pay and conditions and the public regard that helps those under the most immense pressure manage that pressure. This is an issue for commissioning not just providers. Without a system in which top-level resources are spread more equitably across the NHS, local authority and independent sector economies the independent sector will always lose out.

Fees and funding: while quality of care is not all about money, quality and safety is related to resources. The key cost in a people business is the people cost. Two thirds to three quarters of a provider’s costs (sometime higher) is the cost of care staff. We call for the use of information from independent costings method agreed to by providers and commissioners which can inform fee-setting. This inductive approach is crucial to understanding. To have an approach which starts with budgets without any manifest understanding of what care costs is a flawed approach. It is important to separate what care costs from ‘who pays?’.

Markets: In the highly regulated care sector where there are monopsony purchasers we have to reflect on what we mean when we talk about markets in health and social care and what their role is. Some argue there should be no role for markets. Our case is that the public sector needs the independent sector to succeed in delivering care affordably and that this should not be a euphemism for underfunding. We argue that markets can and do contribute to delivering good care affordably. We need, though, to have a shared view of what is meant by ‘markets’, what the role of a market that has characteristics of a monopsony is and recognition of the important role of good commissioning alongside those who pay for their own care.
**GM and LCOs:** Do it once not 10 times, where possible. There are opportunities for saving resources by identifying areas of work that could be dealt with at a GM level that would help localities use their resources for efficiently in not reinventing a wheel 10 times.

**Quality:** quality is not something owned by the regulator or commissioners, to be forced into the system. It is something that arises from the engagement between those with needs for care and support and those commissioned or paid to deliver it. We welcome the opportunity through GMHSCP workstreams to set the standard for GM care.

**Whole systems approach:** there should be whole systems standards. Providers, commissioners and those with a regulatory function all should be subject to proper independent scrutiny to ensure they are competent and doing their job correctly. If only providers are under the spotlight two-thirds of the actors on stage are in shadow.

**Evidence-based approaches:** We need to compare like with like when comparing cost-effectiveness of different models and we need to focus on outcomes as well as outputs.

**Respect:** the independent sector should be respected and valued. Its image, it is fair to say, is a poor one and stands in stark contrast to the NHS. It has solutions that local authority and NHS colleagues need in order to solve the problems we face, collectively. It is time the independent sector was able to take its place helping lead health and social care that is fit for the 21st century.

**The 5 Things We Want to Work with Partners Towards Achieving**

Overall we would like to work with key partners for a sea change in the culture of how organisations and sectors work together across the public, private and third sector boundaries. This requires respect for and inclusion of the independent sector delivering care and support. The sector is a valued partner and should be recognised as such in political pronouncements and the public discourse on health and social care in GM.

Specifically, we call for

1. Recognition of the role of the mixed economy of care and the role of markets in delivering high quality care and affordable choice in the context of a level playing field for public, private and third sectors.
2. An agreed **costing methodology** (one signed up to by providers and commissioners) to help inform evidence-based commissioning across GM. For care homes and domiciliary care.

3. **Standards** for commissioning and regulation. The delivery of care needs a whole-system approach. This means that all parts of the system should be subject to standards and independent scrutiny.

4. An **effective workforce strategy** for the independent sector. One which sees some manifest and measurable improvement to recruitment and retention rather than yet more rhetoric. This involves some big challenges to ensure the independent sector operates on a level playing field with the NHS and local authority sectors.

5. A shared and positive **vision** for care homes and domiciliary care as well as new and emerging models and a clear and agreed route forwards. The place we start the care journey is in one’s home and community. Living well at home is the locus for care. When needs require it, we should have a range of options available including a quality care home sector.

And we use the headings set out in Appendix 1 (Commissioning Charter) as a means of setting out some ‘performance’ measures for the system.