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Interviewer: So some information on consent, which is fine that you haven’t returned. If you just say that you had that information, that you give consent to take part and for this to be recorded. Is that okay?

Respondent: Yes. I’m fine, I give my consent, yes. No trouble at all.

Interviewer: Excellent. Thank you very much. I’ll start that, that’s helpful. So, I’ll tell you a little bit, but not very much because I know we’re short on time, about the project. So, we’re working with the Department of Health and Social Care. We’re looking at pay and reward in adult social care. We’ve got a big piece of work at analysing the adult social care workforce dataset. We’ve done our own survey which you may have seen. And we’re doing interviews with providers and care workers.

Clearly, we’re interviewing you as a provider. You’ve given us a lot of information about your pay so that’s really helpful. It will save us time. So, really the things that I would like to explore are the rationale and logic behind those pay rates. What informs them? The role they play, you think, in attraction, retention and those kinds of issues. But perhaps if you just tell me a little bit about your business first and the services that you deliver.

Respondent: Yeah, so we’re, in the bigger picture, we’re a smaller larger provider, if that makes sense. So, it’s family run, so we have five care homes all together, xx nursing homes, xx residential care homes and a day care centre and we’re employing, around in total, just shy of 200. Most of those are obviously our frontline care workers. And I have been in the industry from health and social care, just over three decades.

Interviewer: Okay. Goodness. Always running this particular business?

Respondent: Yes. We have grown it from where it started from the beginning. Most of our work is for, as you saw from the figures. Most of it is local authority. There are some privates but we’re in an area where probably, [area] where incomes are not high. And therefore, the private market is a lot smaller.

Interviewer: Which [area] are you in?

Respondent: We’re in [town]. So, we provide care in [three towns in the geographic area].

Interviewer: Right. Okay, that’s really helpful.

Respondent: In [LA] area. So, most of the private market is in the [two other towns] end of things.

Interviewer: Right. And do you deal with just the one local authority or do you deal with multiple local authorities?

Respondent: Mainly, the local authority. But there are some out of areas, such as, [area], sometimes [area]. But we have got one or two placements from further afield. If, perhaps, the family is in [town] and they were elsewhere and they’ve moved to the area for care.

Interviewer: Right, okay.

Respondent: So that’s a little bit about us. I guess we need to grow a bit more but we’ve tried to put care first in the arena and staff are obviously our most important resource. But ever since I’ve been involved, which is more than three decades, there’s been a shortage of staff. But it’s the most acute we’ve ever known.

We’ve always been recruiting from day one. But now we’re recruiting 24/7 and, in fact, we now have 32 staff from overseas without whom – I’m being straight with you – we wouldn’t be able to survive if we hadn’t got those staff in place and the government hadn’t relented on allowing some overseas workers in. Because despite our best efforts, it’s nigh on impossible to get very many people locally into social care.

Interviewer: Okay, so we’ll talk a little bit about international recruitment then and then we’ll talk a little bit about difficulties local recruitment. So, how do you found international recruitment?

Respondent: Well, it took a while for us to get going because we are a sponsor so we had to apply to the Home Office to get registered and that was quite a bureaucratic nightmare to go through. Jumping through many hoops. It took ages. Even though we were registered with CQC we had to prove that we were actually bona fide in business. So, it took an enormous amount of effort to convince the Home Office that we were.

But since we’ve had it then we’ve found it works quite well, in terms of we get lots of applications from overseas. But we’ve done a lot to make sure that we reflect the culture from wherever people are coming from and also looking after them. So, collecting them from the airport. Providing accommodation for them, helping them to settle in. And in some cases, we’re like a second family, if that makes sense. So, that bit’s been a little more challenging because it’s not just getting an employee. It’s getting a lifestyle.

Interviewer: It’s the pastoral care that wraps round that. Are there particular regions that you recruit from successfully?

Respondent: Well, we’ve got [5 countries] at the minute. But that will widen I guess because we’re a nursing home, some of those, at least half a dozen are nurses from overseas. So, it’s been successful. We did have the department come and visit us last week to see how we’d done it.

Because obviously you’ll be aware, there’s – I’m worried that that window might shut because there’s been some unscrupulous providers who were charging enormous sums and they’re taking that off the salaries so they’re not quite meeting the NMW regulations. And so we’re worried that the Home Office is going to be looking at all of us. Not that we’ve got anything to hide but I think if there’s too much found then that window might close.

I’m hoping common sense will prevail because I’m sure we’re not alone, without them, many beds – we’d have to close and not all of those people we look after could be accommodated in the NHS. So, it’s in everyone’s interest to try and keep things going.

Interviewer: Yes and you talked about needing to grow but I think from what you said, staff availability is the biggest inhibitor to your growth?

Respondent: Yes and one of the challenges, of course, is the local NHS wants capacity for this winter. Particularly to look after people in their own homes. We would like to develop into that home care market but in fact there aren’t enough staff to go round at the minute. So, what happens is it ends up people being in hospital for longer than they really need to be, preventing people coming in the other end.

So, even though our feeling is that it’s common sense. I don’t think everyone understands from the political point of view that health and social care are so inextricably linked that if one stops, the other one stops.

Interviewer: No, I think you’re right, I think that’s often over looked isn’t it?

Respondent: It’s frustrating from our perspective because we want to grow, we want to provide the service but we can’t.

Interviewer: So, the part of that then is the difficulty of local staff recruitment. So, do you want to say a bit more about that?

Respondent: Yes. So, we’re in an area where unemployment has been quite high in the past but we’re also subject to seasonality from tourism. So we have a lot of people who might work in tourism in the summer and care in the winter. The challenge, of course, is care is highly skilled, and is not something you can go from one minute serving fish and chips to next minute looking after someone with dementia.

Maybe in the past it was less complicated but now, the qualification route, you can’t always recruit people in. So, we find that for the amount of money we can pay. If I just give an example, a local fish and chip restaurant, might be able to pay £11, £12, £13 an hour. Where in social care, we’d be under that and that’s very difficult to compete with.

Interviewer: So, they would go in the summer to the tourism businesses paying more and then when that work dries up come back into care.

Respondent: Yes. It’s still challenging. Sorry, it’s still challenging of course is the fact that sometimes people on benefits, it doesn’t pay to work more than 16 hours, we find that is. Even though we want them and we could pay them. If they do it then they find their benefits reduce. So we’re in that difficult situation where the system seems to be working against itself.

Interviewer: Yeah. I think that’s a common problem. Could you say a little bit then about why you pay the rates that you do? The key determinants of that and that could be local labour markets, legislation, local authority fee levels etc..

Respondent: I would like to think there’s some formal calculation to work it out but a lot of it is down to how we feel and what our unscientific way of approaching it is, we manage to pay, above in many areas, you’ll see the rates, above the living wage currently. The challenge for us on that, of course, is that we are restricted because most of the carers through the local authority, who don’t allow us to increase tour charge out rate to match the rise in the national living wage, as it were.

So, we try and pay a bit more for various qualifications and more responsibility. That’s how we work it out in terms of what the qualifications people have got but the gap between the basic national minimum wage and what we can pay for people with NVQ Levels 2 and 3 is not massive, leading shifts and that sort of thing.

So, we work it out on our profitability on what we can actually afford and actually make the business viable. Because as you’re aware is, we have to show financial viability to the commissioners and CQC when we have inspections so two thirds of our income is straight out on salaries. So, a five or 10p increase on the amount of staff we’ve got has a massive effect on the other end.

And we’re always watching to see what the new national living wage is going to be each year. I might just preface that by saying that we were asked this winter to provide extra care and we could download some funding from the department to enable us to increase the wages but the funding stream was only for three months, therefore, the challenge for us is do we risk by putting the salaries up accordingly, and then find out in three months’ time that we can’t then deliver in the future at those wage rates?

So, I guess, I am, like other colleagues are, reluctant to do it in case we find ourselves insolvent within two to three months. The funding is always short term, that’s the problem.

Interviewer: Sorry, I’ve lost my train of thought.

Respondent: It’s a real, how can I put it? It challenges your imagination because we do pay extra for long service, we do pay extra for certain things. But we’re at the end of what we think we can do. We’ve come to an arrangement with some local providers to have discount in the supermarkets but we’re virtually at the end of what we think we can do to supplement what really is a poor wage.

Interviewer: Yes. Just to confirm I think you said that you don’t get a fee uplift when the living wage goes up?

Respondent: Yes. We have had fee uplifts but they haven’t always matched what the rise in the living wage has been. That’s the challenge for us. The type of people we look after now from when I first started would have been in hospital many years ago, they’re so dependent. So, we’re getting very high need challenging behaviour. People with dementia, who sometimes need two carers to one resident.

So, we find that when we recruit people, they don’t always stay as long as we’d like because the work is much tougher than they imagine. And obviously, it’s unsocial. But the challenge now, of course, is it’s quite tough in terms of stress.

And the pandemic didn’t help with the compulsory vaccination issue. In terms of many people who were going to come, didn’t come. And people still think it’s compulsory, even though it isn’t, as well. And they’re still worried about the fact is one home that we’ve got has an outbreak, they’re still worried of catching the virus themselves by working in social care, so there’s a bit of leftover damage from that.

Interviewer: So, you talked about stress and the work being difficult in terms of retention. And what about pay? What is the role of pay in that in retention do you think?

Respondent: Well, I’ve been quite open in the past. I don’t think now, because when I first started we were actually delivering care ourselves, as a frontline carer. I don’t think now that I’d come into the profession for the wages on offer. And that’s the sort of the very moral question between us. We’re in the private sector, we have to make a profit. But can we reward the staff sufficiently? No, I think as I said before, we’re coming to the end of our imagination.

We’re asking a lot for very little. There’s lots more of a career path and training out there but the problem is, that you can offer all this, get people highly qualified but they’re still on a low wage. And we find that the better we train our staff and look after them and then the NHS is another route they can go into with a better salary and a pension. Whereas, we can only offer the statutory minimum. So, we’re training staff to go into the health service in a way. That’s what it feels like sometimes.

Interviewer: So you lose to the health service. Do you lose to other sectors? I suppose we’ve talked seasonally, haven’t we, about hospitality?

Respondent: Yeah, I think tourism is one. And retail, to an extent. Retail’s suffered recently. But I think the health service is our biggest drain. It’s a dilemma for someone to solve. Because people can’t be discharged to us if we haven’t enough nurses. But we need the nurses and we’re competing with the local hospital and obviously, their mentorship and career path is a lot, well, I’m saying this from the outside. It appears superior.

Interviewer: Yes, and that’s for nurses. Are you losing care workers to become health care assistants?

Respondent: Yes, what I’d like to see is some sort of parity on pay. If it could be, between health and social care staff. But obviously, you will be more uptodate than I am. It’s the – the structure is funded differently and, therefore, the local authorities cannot afford. For example, if we said to commissioners, “I’d be willing to pass on 100 per cent of any fee increases onto the staff in the frontline to put them on £15 an hour.”

But our local authority said to us, they couldn’t afford – I think it was £80 million it was going to cost in [county] to enable us to pay the staff on a parity across all the providers and they just couldn’t afford it. So, they’re commissioning care at a lower rate than they can deliver it because basically our terms and conditions are not as high as the local authority and, therefore, we have to employ externally.

So, as I say (laughs), I’m looking for some answers somewhere but I’m struggling to find any at the minute. Because I can’t see how… pay isn’t everything, of course, but when you are at such a low end or a low level, it has to count for perhaps the majority. So, we can give the responsibility, we can give them interest. We can give them a stimulating job but can’t do anything about the fact they might have to be living on food vouchers or bringing up a family or have enough money to pay for a holiday.

Interviewer: But you offer a lot of benefits, don’t you?

Respondent: Yes.

Interviewer: You sent me your benefits package. How powerful or influential is that in retention do you think?

Respondent: I think it makes a big difference. I think we’ve been fortunate. Even though our turnover is high, we’re doing better than many of our colleagues but we’re sort of at the end of our limit to what we think we can do next. We’d like to, well we’re investing in pay on demand. So if they do a shift tomorrow, they can draw down the money straight away without waiting a month.

We’ve looked at low interest loans, which we would have to take from our own resources to enable people to borrow. But obviously, they’ve got to pay it back sometime. We think we offer a pretty good for the industry but nowhere near in comparison with the public sector. It feels we’re a bit like GPs, I feel. We’re delivering a public sector good, we’re in the private sector but we’ve not got the wrap around support of a national structure.

I’d like to see a national structure on pay. That the commissioners had to pay, rather like teachers in a way. But I’m at a loss to know how that’s going to function without political support really.

Interviewer: Yeah and significant intervention. You talked about being able to draw down your money for tomorrow, if you needed it. Have you had much uptake on that?

Respondent: Yes, I think that’s been welcome. And that’s only a recent innovation from our perspective. It’s been something that’s offered in the market and I think that encourages other people to take up shifts, of course, and work a bit more. What the challenge for us is to make sure that people don’t burn themselves out by taking on more.

Because sometimes carers, because we’re short of staff, they might be working 50, 60 hours and then they think, “Well, actually, I’ll take on some more to pay for Christmas or for a holiday.” And then they find they become unwell. So, we’ve got a very good core staff that are very loyal to us and have been working a lot. But we have to bear in mind, “Is it wise to be taking on more shifts?” It’s a difficult balance.

Interviewer: So, they’re all guaranteed hours your staff? Is that a mixture of full and part-time, depending on their desires?

Respondent: Yes, I think.

Interviewer: And then they would work above that?

Respondent: Yeah, very often. And obviously we do have to employ some agency staff as well because we still can’t fill all the gaps. Which costs us a lot more of course.

Interviewer: So how, sorry, go on.

Respondent: I was just going to say, it’s not just the NHS, it’s all our work is on spot contract with the local authority. So, every resident we have – so, if a resident decides to move or the local authority wants to stop the contract, we have not got the guarantee of any income after 28 days. So, we do run the risk of employing staff permanently and then finding that we’ve got no clients eventually. So, the system of commissioning is we would prefer, you know, long-term commissioning. That’s always been a difficulty.

Interviewer: I’ve spoken to some people whose councils do some block commissioning of bigger providers but smaller ones are all spot. Does your council all do the same? Yeah?

Respondent: Yes, it is mainly for the bigger ones because of economies of scale. Now, we can get some small blocks from the NHS but sometimes like the winter planning is only for three months’ block, it’s not for longer than that. Yet, conversely when they block book for themselves in the NHS it’s always, say, three or five-year contracts.

Interviewer: Right. So, the NHS commissioning then. Tell me a little bit about that. Is that for the winter pressures that you talked about?

Respondent: Yes, it seems to be the money – it’s very difficult from a provider, obviously, to keep up with all the changes because we’ve only just got our heads round the integrated care boards. I think what happens is the money is shared between local authority and the ICBs but the ICBs purchase through the local authority to us but it’s only in short blips.

And although the local authorities and the NHS say they want a mixed market and they want small and medium sized providers. Sometimes it works against the smaller provider because we don’t have the muscle to be able to say, ‘Actually we can’t deliver on that.’

Interviewer: And why – sorry, I don’t quite understand why the NHS is commissioning as well as the local authority.

Respondent: Well, what I’m saying is – again, you have to forgive me if I haven’t got this a hundred per cent right. So, some of the winter monies is being given to the ICB for capacity and then they commission through the local authority to us because in our area the local authority acts as the broker.

Interviewer: Right, okay.

Respondent: So, the hospital can’t purchase beds direct from us, they have to go through the local authority. And that has a bit of bureaucracy in the middle as well.

Interviewer: And those beds are for discharge to ensure they can get…

Respondent: Yes.

Interviewer: …so to avoid bed blocking during the winter pressure times? Okay. I haven’t heard so much about that before. Okay, sorry, I’m just jumping around a little bit. Let me have a quick look.

Respondent: That’s all right.

Interviewer: So, how would you describe your relationship with the local authority in terms of commissioning? Is that positive, open, constructive?

Respondent: I suppose it varies. I suppose I would say, on the whole, because we’ve been doing business with them for three decades, if this doesn’t sound like sitting on the fence, it’s positive on some things but negative on others. For example, if I said to them that we want to develop a special block contract, it would have to go out to the whole market.

So, they couldn’t do anything special with one provider. So then in some ways, you open yourself up is to be a big provider then they might be able to do the care for slightly less. Because our local authority would move someone for maybe as little as £5 per week per bed, if they can find a better…

Interviewer: Really?

Respondent: Yeah. Because I think the pressure on the local authorities now is so acute. That a lot are overspending so that adult social care is their biggest budget normally. So, any savings – they’re under a lot of pressure I think to look at cost. Even though they say, “Quality first, cost second.” I sometimes feel it’s costs first and quality second. That might be me being a bit cynical but it does feel like that sometimes. So, again, you’re probably aware from the government, an actual or a full cost of care exercise that was started…

Interviewer: Yes.

Respondent: … probably two prime ministers back, or one prime minister back. But because the economy went a little awry and the political priorities changed and that the LGA said that they can’t afford it at the minute, to wait. So, that’s all been put on the shelf.

Even though, we want – what our local authority has recognised that they’re not paying what the actual cost of care delivered is. So, what happens as happens elsewhere in the country is our private payers, which are in our case smaller than the local authority ones end up paying more to compensate so we can actually break even.

Interviewer: I’ve spoken to a range of providers and there’s different practices, so some people have the same rates and some have different rates. So you have differential rates? And roughly how much more would your private payers be paying then?

Respondent: We’re probably £30 to £40 a week more.

Interviewer: Right.

Respondent: The difficulty for an area, of course, is because we’re heavily dependent on local authority. So, we’ve got fewer private patients who have to pay more to level it out. If you’re around the other way you might be able to charge the same. We would like to do that but this is about survival really. Because if we don’t do it we can’t survive and we’d just disappear.

That’s the challenge and the local authority, in a way sometimes, would let the smaller providers go. They wouldn’t increase the rates to keep you viable, they would just feel they could purchase it elsewhere for less. The trouble is, of course, the more that happens, I think then the market becomes dominant by larger providers and then they can start to charge what they want to.

Interviewer: And also, they lack capacity as well, is my understanding. The larger providers, there’s a lack of capacity in the market generally.

Respondent: Yes and you find that some carers are being driven into areas from other parts of the country to overcome the shortfall.

Interviewer: So, tell me a little bit more about that.

Respondent: Well, for example in domiciliary care, some providers find that they cannot recruit locally so they might be able to recruit from other parts of the country. So, they then arrange for staff to be transported into the area each day to deliver the care and go back again.

Interviewer: Right, okay. So they come from close enough to travel daily?

Respondent: Yes. It could be 60, 70 miles across and makes a long day. But also some providers or some local authorities are finding that there’s no beds in an area and they’re placing their clients out of area where the beds might be less further away, in the [areas], to where they can find the beds less easily.

Interviewer: Right.

Respondent: I fear that in some places, if you’re funding yourself there’ll be beds but if you’re funded by the local authority you may not get care in the town that you live in.

Interviewer: And that’s cost driven?

Respondent: Yes. I suppose it sounds like crying wolf, doesn’t it? But I’ve never known it as challenging as to what we do next. Because, as you’ll probably know, from the Skills for Care figures that came out is by 2035 we need so many more in social care but I’m not sure where they’re going. Although the vacancy for those in social care has dropped a bit to 152,000; It’s still a long way to go.

Interviewer: And I didn’t ask you about your workforce in terms of gender and age.

Respondent: Yes. It’s predominantly female. But we have found more males coming in.

Interviewer: Right. And why is that do you think?

Respondent: Particularly from overseas.

Interviewer: Oh the overseas? Okay. And age then. An aging workforce but I’m wondering if there’s any capacity to work with schools and colleges to bring younger people in?

Respondent: Yes, we’ve done a lot. [XX} University has a campus in [town] and we’ve done some work there from younger students. But again, I think that’s twofold in that is that it looks attractive from the outside but when people get involved in it, it’s a lot tougher than they think. And actually as a society, I guess we’re, sort of, pre-programmed that older is negative and younger is positive. And, therefore, sometimes people feel a career looking after older people is not as attractive as working in a children’s unit or something like that.

Interviewer: Another thing that I hear a lot about, sort of, undervaluation, lack of esteem of care workers. Could we do things to influence that?

Respondent: Well, I think this is such a generational issue, is that we have to start right back from school and careers teachers and teachers and say, “Actually, social care is a valued profession, it’s highly skilled.” But I think that would come when perhaps – I personally would like to see social care registered like a nurse state registration to give it the kudos.

I think this is decades long because I still think careers teachers would say, and this is a little anecdotal, is, “Well if you can’t do anything else you’d better go into social care.” Or even staff say, "Oh, I’m just a social care worker.” Few people are proud to say that but you’ll always get a nurse to say, “Oh, I’m a nurse.”

I think if you cut society in half, it’s the label social care is negative, it’s older people, social services, it’s got that connotation. It’s not overnight, despite the government’s best efforts. And I think this is where the ministers and the politicians could say a little bit more to help us to say, “It’s a valued profession, go into it, it’s a career path.” But at the end of the day the elephant in the room, it’s not all about pay as I’ve just said (laughs), it’s you can come in, work hard and be paid just above the living wage. It doesn’t sound very attractive.

Interviewer: No. And does that influence the extent to which people want to get qualifications? Has quite a high proportion of the workforce not got NVQ 2 or 3?

Respondent: No.

Interviewer: Is that reflected because of the pay rates or are there other reasons?

Respondent: Yes, no I think pay rates is a big thing. It’s study hard, go to night school, work hard shifts, go to school in your time off and then just be paid another 10p or 15p an hour on top. But I do think a lot is down to how social care’s perceived. That would be a bonus if we could get the public to hold them in high esteem.

But you need politicians at the top and others to say how important the job is. A bit like in the pandemic, I don’t know if you remember the Secretary of State then, Matt Hancock, saying how important social care was. Well, now the pandemic’s over that’s all gone out the window because the green badge care...

Interviewer: We clapped for carers didn’t we? It looked for a while like they might think about integrating the two services but, as you say, that’s disappeared now the pandemic’s over.

Respondent: I do think longer-term, that’s where it’s got to head. And then I think funded accordingly. I think providers like myself would be very pleased to pass all that extra money onto staff, we’d have the same margins. But we’re only working on about a four per cent margin from a business perspective. So, there’s not much leeway because with energy prices and insurance going sky high and trying to meet the new standards for staffing levels, you’re squashed on all sides.

CQC are quite rigid about the quality of care. So, you could pay staff a bit more if you reduced the numbers but then you’ve compromised on the quality of the care because you’re not staffed to the right level. Particularly for people who’ve got dementia. So that’s trying to square that circle.

Interviewer: Do you see any differences across your residential homes and your nursing homes, in terms of care workers? Any difference between those two services or similar issues?

Respondent: I think we’re losing some nursing homes because the funded nursing care element sometimes doesn’t cover the cost of nurses. For example, the funding we get for funding nursing care, it doesn’t cover the cost of their nurses, it digs into the social care bit. But sometimes we get people who are admitted as nursing cases but when they’re assessed by the ICB, they’re not regarded as nursing and then we find we’ve got a residential client in a nursing bed being looked after by nurses but not the funding.

Interviewer: Right, okay.

Respondent: And obviously, the nurses, we pay £36,000 a year for our nurses which is more than the NHS but still we can lose them.

Interviewer: To the NHS?

Respondent: Yes.

Interviewer: And why would that be then if they’re going to earn less?

Respondent: One of the things, pensions play a big part. The NHS pension. And an idea we’ve come up with the local authority is, if you commission from us is there anyway private staff could join the local government pension scheme, for example. We’d make a contribution. But that isn’t allowable at the minute under the legislation. It could change but it’s a constructive way of looking. Can we unlock some of your benefits?

Interviewer: Yeah, absolutely.

Respondent: I was just going to say one other bit about the pay. Yes, because obviously if you work in learning disability area, then the pay rates, the commission rates are much higher. You can pay better pay. What’s happening is we’re losing some staff to that children’s services or learning disabilities because they are able charge more. So, local authorities pay more for that support and mental health. So, we find that the older age group, the adult older age group part is at the bottom of the list from that perspective.

Interviewer: And why do they pay more for the learning disability?

Respondent: Well I think, politically, there’s less of them of course. It’s not such a big drain in the budget. But it’s again, a perception of society, in my view, is that is a very good area to be in to see to support people to live on their own. Because sometimes with learning disabilities you might get two-to-one or three-to-one funding to stay in your own home. As opposed to an older person who might get some support at home but once it goes over a certain limit they have to be admitted to residential care because there’s many older people in the UK but that goes to discrimination in ways. Older in the UK is negative as opposed to younger.

Interviewer: Yeah. You talked about branching out into home care. That’s quite unusual isn’t it to do home care? So, why would you, what would be behind that? It’s unusual to do both, nursing and home.

Respondent: Yeah. Well, I think from our perspective, we want to survive in the market but we do support the fact that prevention is important. So actually, if people want to be in their own home as long as possible, therefore, we should provide a service. So, we’ve got the continuum of social care. So, at home for as long as possible. If you can’t be looked after at home then we’ve got the next route for you, it’s nursing care, stay with one provider.

So that’s what we would do to survive. But trying to follow what the government objectives are about care in the community. The trouble is the care in the community doesn’t follow. So they say, ‘Home first,’ but there’s not sufficient funding in that area at the minute so people end up, in default, in residential care which then blocks the hospital up. We’re trying to follow the trends but at the minute, the trends don’t follow where we are going (laughs).

Because each government there’s been has said, “We should care for people in their homes first.” But labour, conservatives and the coalition all seem to say it but then never deliver it.

Interviewer: All right. So, it would need to be more funding into home care, is that what you’re saying?

Respondent: Yeah. I think if it is a Labour government, I think I’ve read what they’ve said is they want to fund more in the community. We want to be ready for when it comes. Of course, there might not be enough go round. So, it’s quite challenging to provide it for publicly funded clients. Whereas, if we decide to provide if for private payers we could probably pay the staff better.

But then we’ve got the challenge as an employer is we’ll have to pay staff more in the community than we do in the homes. And we might find everybody leaving the homes to join our home care service. So we’re sort of challenged from that, we’re thinking, how can we do it?

Interviewer: Yeah. Now that’s an interesting dilemma isn’t it? I realise you only had half an hour and we’re slightly over time. So, is there anything that I haven’t asked that you’d like to say that’s important for me to take away.

Respondent: Well, only if you do some research, is I do think there’s a big thing to say that we’re not precious about the funding. If the government does allow some funding to sign up to something to say that we’ll passport it and to sign some agreements so it’s not all profit driven. Because I think the big fear is that if we did get extra money that providers might pocket it themselves and we need to show that we can be responsible.

So, if there was a mechanism to tie us into accountability then I think a lot of us would be prepared to do it. We’d just like the chance. Because we’ve all got the same aims at the end of the day. How to deliver it better for people. Unless the government comes up with a new model of care, we’re sort of stuck with what we’ve got. If it’s the private sector but I don’t think we can carry on as we have been in the next few years into the future without the system collapsing.

Interviewer: And so what you’re saying is if there was fee increases you would commit or sign away, not just commit. Commitment to pass that all on?

Respondent: Yeah. I think what you would say is, in return for that can we have longer-term contracts? Can we start working on year or two-year contracts rather than 28 days? We can give something back.

Interviewer: Yeah. Okay.

Respondent: So, it’s a two-way thing. I’m always happy, if you need a bit more later, to come back.

Interviewer: Okay, well that might be helpful. Let me go through, I probably haven’t covered all my questions but we’ve covered a lot of ground because you’ve provided background information. So, let me go through what we’ve got but if there’s any gaps I might well come back to you, if that’s okay?

Respondent: Yeah. You’re always welcome. And I think if anyone, I don’t know whether it allows, but if anyone wanted to come and visit or see anything or speak to staff first hand, they’re more than welcome. We could do that by Zoom if it wasn’t possible in person.

Interviewer: Okay. No that’s really helpful. All right. Thank you, I do appreciate your time. I realise you’re really busy and that’s really insightful. Thank you very much.

Respondent: I guess whenever it’s available let me know

Interviewer: So, it will be next autumn. So, we’re working for the Department of Health and Social Care. We’re going to give them our preliminary findings in the spring for the comprehensive spending review. Final report, July. The speed they work at, I imagine it will be the autumn before it’s out but it will be in the public domain by the autumn.

Respondent: I suppose it’s stating the obvious really but I think that the savings that could be made if we could invest, the problem is, will come but it might be a two year term for whoever is in government. And the problem is from our perspective is, policy always seem to have to deliver in into the future. I think that it might cost a bit more today but, in another decade, it will cost less. But can we be trusted to spend more in the short-term?

Interviewer: So, it will cost less because you’ll take the strain off the NHS? Yes, absolutely.

Respondent: It’s just those two competing budgets, it doesn’t really matter if you’re in the NHS if you save it, if you see what I mean. It’s a tough one to crack, I admit. But that’s where the boldness comes in.

Interviewer: Yeah. It is. Well, let’s see what the new administration brings. Thank you, appreciate that.

Respondent: Thank you. Pleasure. Bye.

Interviewer: Bye.

END OF AUDIO