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The Trick to Managing Demand in Social Care

“The Care Policy and Evaluation Centre Estimates, based on population trends, that 29% more working-age adults, and 57% more over-65’s, will need care in 2038 compared with 2018” National Audit Office, 2021.

Social care demand in the UK has been increasing rapidly in recent years. However, funding has not increased in relation, and managing an ever-increasing need for care is becoming more of a challenge for local authorities and providers alike.

However, funding has not increased in relation, and managing an ever-increasing need for care is becoming more of a challenge for local authorities and providers alike.

But managing demand is not only about reducing the demand through preventative measures but ensuring a person-centred approach and well-rounded approach to brokerage and commissioning practices. Increasing the quality of the care provided through an outcome-based approach, utilising commissioning strategies to support sustainable care, providing and maintaining a focus on personal independence as an end goal improves lives, reduces demands placed on services and controls the associated cost of care.

The Problems Commissioners Face

The UK faces an aging population, growing expectations for personalised care, urgency and the complexity of needs increasing. This means that budget constraints are very real and facing significant pressure; however, the greater challenge lies in the way in which the sector responds.

The sector needs to be stronger, more data driven, and with enhanced strategic management, so that it can navigate an everchanging and escalating complex health and social care landscape.

Smarter approaches are critical here.

With the proper leveraging of data, use of digital tools, and clear market insights, commissioners can be well-equipped to make informed choices and accurately match individuals with the right services at a fair price from the get-go.

Utilising the right tools can help to ease pressures on the system even at the brokerage stage, especially when paired with preventative approaches that reduce the demand upstream.

Brokerage begins with an assessment, detailing the needs, preferences, and specific circumstances of the individual. Commissioners need to have the ability to identify services that meet the needs of the individual in the here and now, but that can also work to prevent the need for more intensive or potentially long-term care.

CareCubed have just released their own new digital brokerage solution which enables a data driven approach through a modern digital platform that ensures that sourcing teams have optimal visibility of the supply in their local market.

Crucially, it also enables brokerage teams to match individuals with the highest quality local services that can meet both their needs and preferences. Integrating seamlessly with CareCubed cost benchmarks to support decision-making, this solution ensures commissioning bodies and providers can agree sustainable fee rates at the point of sourcing a package – whilst also getting value for money from the public purse.

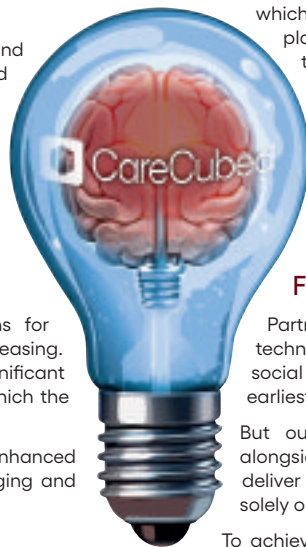
Focus on Outcomes

Partnering personalised care, preventative mindsets, and the use of technology, can assist local authorities in reducing the demand for social care services by ensuring that the right care is provided at the earliest opportunity.

But outcome focused planning requires commissioners to work alongside individuals to generate person-centred plans of support that deliver positive outcomes and long-term benefit, rather than focusing solely on current needs.

To achieve this, and improve the care sector for everyone, commissioning teams need to be sure they are adopting the best practice in care-placement, home-finding and paving the road to positive outcomes for those who need it most.

CareCubed can help deliver that change, providing digital tools and the knowledge, skills and culture to underpin and enable transformation.



www.carecubed.org



We are exhibiting at the NCAS 2025, come and see us at stand D32





The Intrinsic Connection Between Children's Social Care & SEND

DfE released outcomes for looked after children and noted 55.9% of looked after children had a special educational need.

According to recent government data, as of March 2024 over half of children in key social care groups (55.9%) are identified as having special educational needs and disabilities (SEND).

A figure more than double that of the general school-age population.

Within Local Government, two of the areas of spend causing the most significant budget pressures are children's social care and SEND, as the costs to local authorities for placing children in care, and the cost of funding SEND in mainstream and special schools is increasing rapidly – with little control.

Due to the noticeable overlap between looked-after children and those with SEND, the need for integrated approaches is becoming increasingly crucial. Addressing the challenges this presents requires greater understanding of the factors bringing SEND children into care and the additional educational support required for looked-after children.

One of the driving factors of the situation is poverty.

While the evidence base is still forming, it already shows that poverty is a significant contributing factor to the increase of children in social care.

While there remains a degree of stigma around linking factors such as poverty, the evidence points to an undeniable link between socio-economic factors and those that typically lead to future social care requirements.

A recent Together Trust report correlated the rise in children in care with growing poverty in the UK according to data from the ONS 2022 survey.

It found that 49% of children in care experience health or disability deprivation, compared to 25% of those not in care; 39% face educational deprivation, versus 16% of their peers.

The report also highlighted additional information on the groups that were more likely to enter the care system:

- Children in families experiencing challenges related to employment, education, housing, health, and disability deprivation.
- Children living in socially rented accommodation.
- Children with higher rates of school absenteeism, exclusions, or suspensions.
- Children who consistently exhibit disruptive behaviours.
- Families who do not own their own home.
- Large families.
- Mixed-race or black families.
- Single-parent families.

The research from 2022 also highlighted a significant association between SEND and

school attendance, showing that secondary school students with special educational needs and disabilities are disproportionately affected by absenteeism.

It also reports that “those with disability, behavioural, emotional or social difficulties had the highest rates of absenteeism.” Furthermore, results went on to suggest that “early interventions/preventative measures could mitigate loss of schooling due to absence.”

This links to an issue highlighted by Lynne Duffy of Gloverspiece Minifarm and School, who noted that the time for a diagnosis and ‘Education, Health, and Care Plan’ (EHCP) processing formed a big part of the problem being faced.

Diagnosis times can vary with an average of two years for conditions such as ASD and ADHD, to a dyslexia diagnosis taking an average of over a month. But after long waits, parents and children then must also wait for EHCP processing, which can take up to 20 weeks.

Parents can pay privately to speed up the process so that their child can get the support that they need in early years to combat issues that could develop in socialisation, behaviour, or emotional regulation. However, those who are unable to afford to pay privately will be waiting and by the time the process is completed, the window for early intervention to be effective closes.

Lynne commented;

“Without timely support, some children with SEND may struggle to express themselves and communicate their needs, leading to frustration and isolation. When help is delayed, these children risk missing out on vital learning opportunities, and by the time they access specialist education around age 7, it can be much harder to address their needs. Early intervention is essential to ensure every child receives the guidance and resources they need to thrive, both academically and emotionally”

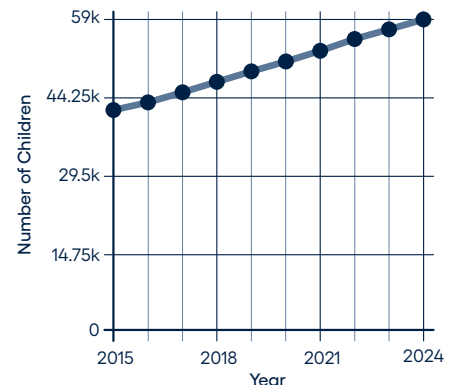
She went on to say how earlier integration into a suitable education setting for these children could be game changing.

“If you can help them at 4, get speech and language involved, put the right provision in place, give them that extra time in a specialist early years base, it can make a profound difference.”

DfE released outcomes for looked after children and noted 55.9% of looked after children had

a special educational need. And similarly, Disability Rights UK also published data for the 2021-2022 year that showed that during this year there were 14.9 million people living in Poverty in the UK, and of this 600,000 of these were disabled children.

While this data cannot say for certain that high rates of SEND children in poverty is leading to more children entering social care, more accurate measures “tend to find even higher poverty rates for the most disadvantaged.” Similarly, ONS data shows that the children most likely to go into care, experience deprivation in education, health and disability, employment, or housing.



Number of SEND children in social care settings (est./DfE/GOV.UK).

Eradicating poverty nationwide would be the ideal answer, however considering the cost-of-living crisis and the national economic picture, actions must be implemented to help drive better outcomes for SEND children.

By ensuring EHCPs and diagnosis processes are more prompt, and enough placements are available in special schools and adequate SEND classrooms, local authorities can open opportunities and improve safety, security, and the lives of these children.

With a positive educational environment, safety in their school settings, and a space to learn positive behaviour, skills and regulate, SEND children can have brighter prospects for their further education and adult careers. Furthermore, having access to a supportive education and less emphasis on the family to shoulder the provision for a SEND child, more SEND children should hopefully need less intense social care.

Overall, this represents a key area for developing positive outcomes for children within the care sector, and care commissioners and providers need to ensure that those results are a core objective when building care plans, and that a fair and sustainable price is charged for packages of support.





The Best Quality of Care in the World – Health & Social Care on a Global Scale

Achieving the best quality of health and social care is a goal every country aspires to. However, health care and social care are distinct sectors, and while the UK continues to strive for improvement, it does not currently rank first in either area.

It's important to recognise that health and social care are interconnected — robust healthcare systems support strong social care systems and vice versa – this is a synergy that is reflected in the implementation of ICSs (Integrated Care Systems).

Commonwealth Survey Rankings for Care Quality

In 2024, the Commonwealth Fund evaluated the healthcare systems of ten countries: Switzerland, Sweden, Germany, France, the Netherlands, Canada, USA, UK, Australia, and New Zealand. This evaluation was based on five core criteria; Care Processes, Access to Care, Equity, Administrative Efficiency, and Health Outcomes.

From this investigation, Australia came out on top, just ahead of the Netherlands and the UK.

- The UK ranked third, performing weakest in Health Outcomes and Care Process, but ranking highest in Administrative Efficiency and second in Access to Care.
- Australia performed lowest in Access to Care but ranked first in Equity and Health Outcomes.

The UK ranked eighth in Care Process, this criteria covers prevention, safety, coordination and patient engagement. Regarding Equity, Australia ranked first while the UK ranked fifth. Yet, when Equity was reassessed to include patient reported unfair treatment and professional perceptions of ethnic bias, the UK ranked second place.

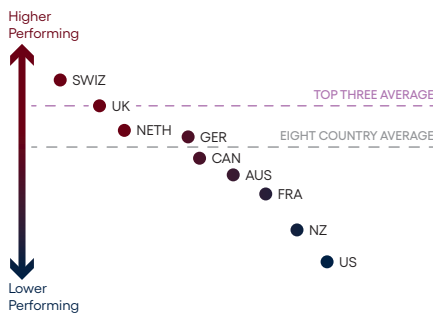


Fig 1. Overall performance ranking, (The Commonwealth Fund, 2024).

Australia ranked first in Health Outcomes, meanwhile the USA and UK ranked tenth and eighth respectively. This category measures the outcomes which are most responsive to interventions, including life expectancy at birth, deaths in excess due to COVID-19, deaths which had preventable and treatable causes and further avoidable fatalities.

The UK excels in Administrative Efficiency, which covers funding, insurance, and reporting requirements for providers to report clinical/ quality data to government bodies. The UK and

Australia are virtually tied in this category. The UK's publicly funded Health and Social Care sector minimises billing errors and insurance disputes.

Technological advancements can further enhance administrative performance across the world. Tools such as CareCubed enable local authorities and providers to benchmark care and optimise the use of the public purse, therefore increasing how well the UK performs in this category.

healthcare spending is proportionate to its performance reflecting a productive system.

Japan

Although not included in the Commonwealth Fund survey, Japan is recognised for high access to care and preventative services that reduce social care strain. Japan's most notable achievement is its innovative use of technology and AI in social care.

Faced with an ageing and shrinking population, Japan has embraced automation—not to replace workers, but to address labour shortages, enhance staff capabilities, and improve efficiency.

Japanese social care innovations include:

- IT systems for seamless information sharing across care providers, to enhance administrative efficiency and patient involvement.
- Robotic-assisted mobility for non-invasive support.
- Human-machine interaction tools for elderly care, including robots that reduce stress, promote socialisation, and support communication for individuals with neurocognitive disorders like dementia.

Global Health & Social Care Quality



Fig 2. Best countries for quality of care (Radar HealthCare).

Although the Commonwealth comparisons are useful, global analysis reveals broader opportunities for innovation. Radar HealthCare examined healthcare rankings across some of the most innovative countries globally. The latest rankings from their analysis placed South Korea and Japan at the top for quality of care.

- South Korea boasts outstanding hospital availability, with 4,133 hospitals service 52.3 million people (1 hospital per 13,082 people).
- Japan has 8,300 hospitals for 125.5 million people (1 hospital per 15,698 people).
- Australia ranks third, with 1 hospital per 26,069 people.
- The UK ranks tenth with 1,978 hospitals for 68.5 million people (1 hospital per 34,249 people).

These figures highlight the relatively high hospital capacity per facility in the UK, a contributing factor to longer waiting lists and impacting health outcomes and timely social care.

Overall Performance

Two countries stand out for their excellence in health and social care and innovation: Australia and Japan.

Australia

Australia is demonstrating high performance in Health outcomes and equity; and rank second to the UK in Administrative Efficiency. Australia's

The UK

The UK shows high levels of equity with equal treatment and access for racial and ethnic differences. However, when considering only income-based equity there is some room for improvement. It is entirely possible this could be linked to a requirement for more medical and care accessibility in more deprived areas.

The UK is also excelling in Administrative Efficiency and are looking to level-up our administrative ability further. With financial modelling that is equal and affordable, and the use of tools like CareCubed to assist Local authorities, ICBs, and practitioners to obtain transparency we are performing well in this field. However, with automation coming into play across the NHS and Social Care sectors for administrative takes, it is possible we will see even higher grading in this area in future years.

Finally, the UK is performing well in Access to Care, with low-cost barriers ensuring needs-based access for low-income individuals.

Each country has room for improvement, but there is much to be learned from one another. Equity and Administrative Efficiency is high ranking in the UK. Drawing inspiration from the technological innovations from Japan and the Australian success in Health Outcomes, the UK can further evolve and enhance its health and social care systems.



Phishing Attacks: An Evolving Threat in the Age of AI



Phishing is no longer a niche cybercrime targeting individuals, it has scaled dramatically with AI automation. Today's phishing campaigns resemble industrial trawling operations, casting wide nets that reach millions of inboxes daily. This shift means that every public sector organisation, regardless of size or digital maturity, is a potential target.

As stewards of services that support vulnerable populations, Directors of Adults and Children's Services must ensure their teams and systems are equipped to recognise and respond to phishing attempts. Below are some tips to help support you.

Always remember the following ...

Message Inspection

- Check the sender's email: Watch for misspellings or suspicious domains.
- Beware of urgency: Phishing often uses threats or time pressure.
- Spot grammatical errors: Though, this is much harder to detect now with the use of AI.

Website Verification

- Avoid clicking unknown links: Hover over links to preview the URL; ensure it matches the legitimate site.
- Verify the URL: Ensure it begins with "https://" and belongs to the correct domain.

Attachment Safety

- Don't open unexpected attachments: Especially from unknown senders or if the file types seem unusual (.exe, .scr, .js).
- Attachments are now being added to communication channels you may not expect, including Teams meeting requests.

Personal Information Requests

- Never provide personal data via email: Legitimate companies will not request this information via unsecured channels.
- Confirm requests independently: Contact the organisation directly using verified contact information.

Last of all, you need zero-trust cyber security



We strongly recommend deploying AppGuard, a zero-trust cybersecurity solution that complements Microsoft Defender and other Endpoint Detection and Response (EDR) systems.

Unlike traditional antivirus or EDR tools that rely on identifying known threats, AppGuard proactively contains unknown (zero-day) malware by default-denying trust. Even if a phishing link is clicked, AppGuard prevents malware from escalating privileges or moving laterally across your network, neutralising the threat before it causes harm.

The Cyber Centre of Excellence is committed to helping councils and public sector bodies strengthen their cyber resilience. If you'd like to explore how AppGuard can support your organisation's security posture, please contact: enquiries@ccoe.org.uk.