

What the NHS needs to see from the social care green paper

Who should read this briefing?

- This briefing is aimed at policymakers in government and the civil service, parliamentarians, NHS arm's-length bodies and the broader health and social care community.

What this briefing is for

- Social care is in crisis and in need of urgent reform. This briefing lays out ten key issues the NHS Confederation and its members ask the government to consider in the social care green paper and when reshaping the care system.

Key points

- While additional investment in the care system over the past few years has been welcome, it remains fundamentally underfunded. The promised green paper on social care offers an opportunity for the government to set out proposals for how to address this crisis in the long term.
- NHS Confederation members are clear that challenges in social care have major impacts on the health service and its prospects for transformation and integration. Any attempt to reform social care must take into account the views of leaders from across health and care.
- The prospect of reform for social care has been raised many times over the last decade. The government must use this opportunity to set out a path for reform without further delay.
- The NHS Confederation is committed to working with government and all those with an interest in this area to make sure the adult social care system is sustainable and fit for the future.

Background: The state of social care, past present and future

Securing the future, the NHS Confederation-commissioned report by the Institute for Fiscal Studies (IFS) and Health Foundation, highlighted some of the key issues facing adult social care.

It found that UK public spending on social care rose by 56 per cent from £15.1 billion in 2001/02 to £23.5 billion in 2009/10, an average annual real increase of 5.7 per cent. The share of national income spent on adult social care also increased, rising from 0.9 per cent in 2001/02 to 1.3 per cent in 2009/10.

However, while the amount of public money spent on adult social care grew by an average rate of 5.7 per cent per year in the 2000s, this was not sustained and since 2009/10, it has fallen by 1.5 per cent a year. Between 2009/10 and 2016/17, spending fell by 9.9 per cent (or 1.5 per cent a year) to £21.2 billion. At the same time, public spending on health increased by 10.3 per cent after accounting for economy-wide inflation over the same period.

In the UK in 2015/16, £21.7 billion was spent on net public provision of adult social care (after accounting for private contributions). The report estimated that the budget for adult social care will be £23.5 billion in 2018/19.

Social care is facing high growth in demand pressures, which are projected to rise by around £18 billion by 2033/34, at an annual rate of 3.9 per cent. This is a combination of growing and ageing populations, rising numbers of people living longer with long-term conditions, and rising costs of providing care services. Spending on social care would therefore grow as a share of GDP from 1.1 per cent in 2018/19 to 1.5 per cent 15 years later.

This means that meeting the needs of an ageing population and a growing number of younger adults living with disabilities would amount to a considerable increase in social care funding. The IFS and Health Foundation have concluded that if the current funding system was maintained, to meet these increasing pressures, social care would need an estimated increase in funding of 0.4 per cent of GDP by 2033/34, equivalent to around £8 billion in today's terms, or £280 per year for each household in the UK. If the system is reformed to increase the generosity of the public offer, spending on social care would need to increase by even more.

The workforce challenge in social care is just as great, with almost half a million more staff required by 2033/34 (an increase of 2.2 per cent a year)

The challenges facing social care are unique, not least because it is a local responsibility without a national budget and because publicly funded social care is heavily means tested, with many people facing substantial costs for their care. This makes it even more important that the government properly examines all the different options for reforming social care and does not delay in coming forward with a clear direction for reform.

“Social care is facing high growth in demand pressures, which are projected to rise by around £18 billion by 2033/34.”

Ten points the NHS seeks in the social care green paper

- 1 A clear vision for the future of adult social care
- 2 Proposals to sustainably fund that vision
- 3 Address challenges for care users of all ages
- 4 Strengthen and clarify the role of local government and social care in emerging new models of care
- 5 Clear the practical obstacles that stop integration working locally
- 6 Tackle our common workforce challenges
- 7 Make prevention central to health and care planning
- 8 Help foster a culture of collaboration between health and social care
- 9 Raising the status of social care
- 10 Political honesty and courage

1 A clear vision for the future of adult social care

Social care has suffered from a lack of long-term national vision. Successive governments have made attempts to keep the system functioning in the short term, rather than addressing the fundamental issues of rising demand resulting from our ageing population and medical advances.

The NHS has signed up to an ambitious programme of service reconfiguration through the Five Year Forward View. Because of the close relationship between the NHS and adult social care, local government should be a central element of these local plans. But it has too often featured as an afterthought, with leaders not feeling a sense of ownership or partnership.

The government must set a vision and clear direction of travel for social care. It should align with and feed into the plans in the NHS, as well as addressing the unique characteristics of the social care system. While protecting the rights of patients and users of service to access and to standards of care and treatment, local areas should have the ability to shape the way in which health and social care services are delivered in their area to suit their populations.

There are issues around the means of funding social care that need to be dealt with in their own right, but the vision for health and care need to be brought together and set out in a plan for the next decade, which should put forward a new and confident future for these vital services.

2 Proposals to sustainably fund that vision

For the adult social care system to continue providing an acceptable level of support, it urgently requires a sustainable funding solution. The government must not delay this difficult conversation any further. It must clarify exactly who will qualify for what level of financial support with their care needs and how this will be paid for.

Projections of need over the next few decades, such as those produced by the Office for Budget Responsibility, and the study by the Institute for Fiscal Studies and the Health Foundation¹ should inform this settlement to make sure that any longer-term agreement is based on evidence and has the prospect of delivering a high-quality service for all who require it. The changes considered in the process should be wide-ranging and include looking at new ideas around revenue and taxation.

Consideration must also be given to the different ways that health and social care are funded, a source of some dissonance now, since one is publicly and the other predominantly privately funded. In any solution, social care and the NHS must be allowed to pool and plan their resources together.

3 Address challenges for care users of all ages

The initial announcement of an engagement process on the reform of care and support focused only on care for older people. But the pressures on the social care system do not come entirely from this population.

A large proportion (49 per cent) of social care spend is allocated to people of working age. Although there are fewer working-age people receiving care, fulfilling their needs tends to be more expensive. Medical advances have meant that more people survive into adulthood with what would previously have been fatal conditions, so the population of people requiring support is growing for working-age people too.

We note that DHSC is also drafting a working paper, which will look to highlight the options for reforming social care for working-age people, separately to the green paper which focuses on

older peoples care. It is vital that the two papers are properly aligned and that any reform of the adult social care system addresses the needs of people of working age, including the rises in the numbers and complexity of needs of those receiving this support.

4 Strengthen and clarify the role of local government and social care in emerging new models of care

Planning for new models of care is now in full swing; most local sustainability and transformation partnerships have developed and refined their plans; many are making the changes needed to put these plans into place; and several advanced areas are putting together their own integrated care systems with a view to changing their local health and care economies in fundamental ways.

For these changes to be successful, social care must be an integral part of the process and the green paper must reflect the need for much greater integration of health and care services.

Local government and social care departments are working closely with colleagues in the health service in some areas, but feedback we have received suggests that in many areas local authorities, and in particular elected officials, do not feel sufficiently engaged and empowered in the process. This needs to change if new models of care are to deliver truly integrated care. The government needs to encourage and facilitate this engagement, even if it necessitates a longer period of time for relationships to develop and change to happen.

5 Clear the practical obstacles that stop integration working locally

Nearly five years on from the introduction of the Better Care Fund, many of the fundamental barriers to health and care integration remain. Complex workarounds to practical problems are consuming too much time and limiting our ability to move forward.

Local areas need to be provided with governance, contracting and funding frameworks that facilitate, rather than limit, joint working between health and social care. More attention also needs to be given to issues like data sharing which make joint working more difficult at an individual level.

6

Tackle our common workforce challenges

Workforce remains one of the most fundamental challenges facing both the health and care. Both sectors rely on the same pool of professionals (such as nurses and allied health professionals), and competing for the same scarce staff undermines local relationships and is ultimately a zero-sum game. The tensions could well become greater as the UK leaves the EU.

However, this common interest should mean that the health and care sectors are able to come together to put pressure on the centre to make sure that enough staff are trained and that much more is done to retain this vital workforce. The government must work with both health and social care to make sure that the nursing workforce is sustainable in the long term.

With increasingly integrated health and care systems, we will also need to be more creative about staffing, exploring joint roles and training individuals to work in multidisciplinary teams. There must also be flexibility to allow co-location of staff.

The current draft workforce strategy prepared by Health Education England fails to give nearly enough attention to the social care workforce or the interdependence of the two sectors. A joint strategy covering both health and social care is required.

7

Make prevention central to health and care planning

Rises in demand for both health and social care are inevitable over both the short and longer term, due to an ageing population with growing numbers of long-term conditions. However, it is widely accepted that more can be done to control the sharp rise in demand by keeping people healthier for longer, ensuring that, as much as possible, demand for care is concentrated later in life.

The tail of morbidity has grown, increasing the number of 'unhealthy' life years, but even within those years better management of long-term conditions and more effective social and other support will reduce their call on acute care and enable them to stay independent for as long as

possible. This should include more support for unpaid carers who remain an abused resource.

While many public interventions will not have an immediate impact on demand, everyone involved in this area needs to start taking a longer-term view. NHS England's Five Year Forward View was explicit on the need for a 'radical upgrade' in these services. Instead, we have seen dramatic cuts to public health budgets which may have allowed short-term budget savings, but are likely to do damage in the long-run.

Any funding settlement will need transformation funds to change the way services are delivered – it will also require significant resources to be channelled into proven preventative measures which may take some time to pay back the investment. A longer-term view from the political class is now urgently required.

8

Help foster a culture of collaboration between health and social care

Many of the barriers to integration that remain are related to culture. In the current climate, where funding is limited and decisions about how to spend it are fraught, there are inevitable tensions within the system. We should be looking to national leaders to come together more often and more visibly in a united drive to take forward reform. Mutual recrimination is helpful to no one.

Effective, collaborative leadership across health and social care will be essential if we are to transform both health and social care. Local leaders have a massive task and will need support to make sure that organisations in a local area start to pull in the same direction. This means helping to build strong relationships at board level, with shared objectives and a sense of common purpose. These relationships and the trust that underpins them cannot be developed overnight.

It is vital that the urgency of this task is understood and that there is a real sense of pace – on the other hand everyone also needs to recognise that where this has succeeded in other jurisdictions, it has taken many years to build trust and prove the worth of new models of care. Often continuity of leadership has also been a feature of successful endeavours.

9 Raising the status of social care

The levels of pay, the absence of training and the limited career progression in adult social care is a major impediment to recruitment, retention and to the quality of care the service can provide. The poor levels of funding are central to this, but there is also a need to do more to require and support independent sector employers, some of them very small, to pool efforts to improve staff experience and make these challenging roles more rewarding.

There also has to be more government and central bodies can do to promote social care, to support and value those who work in the sector and to encourage more young people to come and work in helping some of the most vulnerable members of our community.

References

1. The Institute for Fiscal Studies and the Health Foundation. (2018). *Securing the future: Funding health and social care to the 2030s*.

The NHS Confederation

The NHS Confederation is an independent membership body which brings together the full range of organisations that make up the NHS in England. It also includes the Welsh and Northern Ireland Confederations. We therefore represent all types of providers and commissioners of NHS services including hospitals, community and mental health providers, ambulance trusts and independent sector organisations.

For more information, visit www.nhsconfed.org

10 Political honesty and courage

We opened this paper by observing the previous attempts at reform. These have ranged from the *Royal Commission on Long-Term Care for the Elderly* in 1998, the King's Fund Wanless enquiry, *Securing Good Care for Older People - Taking a long-term view*, in 2006, and the Dilnot Commission, *the Commission on Funding of Care and Support* in 2010.

Through no fault of theirs, each of them has raised hopes and delivered little. The reasons are complex and the vagaries of the economy have not helped, but behind much of this lies the inability of politicians to set aside party advantage, recognise there are difficult choices that have to be made and acknowledge that the best chance of a long-term solution must lie in some form of cross party agreement.

We must not allow another generation of older and vulnerable people to be failed by inertia and political cowardice.



If you require this publication in an alternative format, please contact publications@nhsconfed.org. We consider requests on an individual basis.

Further copies can be requested from:

Tel 0844 334 5249

Email publications@nhsconfed.org

or visit www.nhsconfed.org/publications

© The NHS Confederation 2018. You may copy or distribute this work, but you must give the author credit, you may not use it for commercial purposes, and you may not alter, transform or build upon this work. Registered Charity no: 1090329

NHS Confederation

Floor 15 Portland House Bressenden Place

London SW1E 5BH

Tel 020 7799 6666

Email enquiries@nhsconfed.org

www.nhsconfed.org

Follow the NHS Confederation on Twitter [@nhsconfed](https://twitter.com/nhsconfed)