Social care, 2017

The NHS Confederation undertakes analysis to better understand the challenges facing its members. This briefing explores the key stats and facts around social care, which is under significant pressure.

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FUNDING

- Funding for adult social care has been a source of much concern in both local government and the NHS. In 2015/16, the gross expenditure of councils with adult social services responsibilities sat at £16.97bn, a slight decrease in cash terms from £17.04bn in 2014-15. Expenditure is 18 per cent higher in cash terms than ten years earlier, but 1.5 per cent lower in real terms.

- The government came to a gradual acceptance that more money was needed for adult social care. Measures announced in the 2015 Spending Review introduced a council tax precept for social care. This was originally limited to two per cent in 2016/17, but was subsequently raised to three per cent in 2017/18 and 2018/19, allowing a total of eight per cent to be added to budgets.

- The vast majority of councils (95 per cent) did choose to use the precept in 2016/17, but it cannot be assumed all will continue to raise it to its maximum level, particularly in view of upcoming local elections. Additional funding raised by the precept has been modest. In 2016/17, it raised only around £380m, failing to even cover the additional cost of the National Living Wage - around £520m.
• Many have also been critical of the disparities between the amounts councils can raise from the precept - The King’s Fund estimated that in 2016/17 the ten least deprived council areas raised almost two-and-a-half times as much from the precept as the ten most deprived⁴. The government has argued that the formula by which new Better Care Fund (BCF) funds will be distributed will rebalance these inequalities⁵.

• The ‘improved’ BCF, also announced in the 2015 Spending Review, provides additional non-NHS funding for social care. However, this much-needed funding was back-loaded, worth only £105m in 2017/18, rising to £825m in 2018/19 and £1.5bn in 2019/20. BCF money is allocated through a grant to local authorities, the methodology of which attempts to ensure each local authority gets a fair share of total funding available through both the BCF and social care precept, as measured by the Relative Needs Formula⁶.

• The 2017 Spring Budget confirmed that an additional £2bn would be made available for social care between 2017 and 2020, with £1bn available in the first year (2017/18)⁷. This more substantial settlement was widely welcomed, but it remains to be seen whether it will halt the decline of social care services after years of insufficient funding.
• Current OBR projections suggest the percentage of GDP spent on health and social care will need to rise rapidly over the coming decades.

![Chart 2: OBR forecast for health and care spending as a % of GDP](chart)

• The NHS Confederation has consistently argued that social care funding pressures are having a negative impact on the NHS and social care provider sector, and called for a sustainable funding settlement for both health and social care building on the findings of reports by Sir Andrew Dilnot and Dame Kate Barker.

• The 2017 Spring Budget confirmed that the government would publish a green paper looking at the long-term funding of social care, but the subsequent announcement of a General Election could interfere with these plans.

**ACCESS**

• In 2015/16, 873,000 people were receiving long-term support for their social care needs in England - this figure was 890,000 in the previous year. Unfortunately, due to changes in the collection of data, comparable figures are not available for earlier dates.

• In the same period local authorities received 1.8m requests for support from new clients, with the majority (72 per cent) from clients aged 65 and over. Fifty-seven per cent of these requests did not result in direct support from the council, with
524,000 of these resulting in universal services or signposting to other services and 515,000 requests resulting in ‘no identified needs’. Individuals may have been identified as having lower level needs which cannot be supported by the council.

**Chart 3: Requests for Adult Social Care support and their outcomes**

- Data is also gathered on routes of access to social care – which setting each request for care originated from. Twenty-four per cent of requests for support for new clients aged 65 and over came through discharge from hospital.
- Of the new clients, 209,000 received short-term support to maximise independence during 2015/16, over half following a discharge from hospital. Forty-one per cent had no further needs identified following this support.
- Of the 387,000 carers in contact with councils, 81 per cent were receiving direct support. Nine per cent of these carers were aged over 85.

**QUALITY**

- The CQC is responsible for assessing the quality of adult social care providers. In December 2016, 72 per cent of the adult social care services that had been inspected were rated good and 1 per cent had been rated outstanding. By contrast, 23 per cent of services were rated as requires improvement, with 3 per
cent rated inadequate. It is noted that this is an improvement on 2015, when 7 per cent had been rated inadequate.

**Chart 4: CQC ratings for adult social care providers, December 2016**

- According to the 2015 Adult Social Care Survey, 62 per cent of adults receiving local authority funded social care were extremely or very satisfied with their care and support.

- Delayed Transfers of Care (DTOCs) occur when patients occupy a hospital bed unnecessarily, often due to delays in putting in place care they need in the community. DTOCs are often used as a proxy measure, both for the performance of social care and how the NHS and social care are working together. Numbers of delayed days have been rising rapidly, with the total number breaching 200,000 for the first time in October 2016 (compared to 160,130 in October 2015 and 142,927 in October 2014).
• In January 2017, 35 per cent of these delayed days had social care defined as the ‘responsible organisation’, with an additional eight per cent attributable to both social care and the NHS\textsuperscript{iii}.
The proportion of delayed days attributable to social care organisations in the year 2015/16 was 31 per cent, a marked increase on 2013/14, when these accounted for 26 per cent of delayed days\textsuperscript{xiv}.

**Chart 7: Delayed days by organisation, 2013/14 vs. 2015/16**
NHS CONFEDERATION VIEWPOINT

Social care is an important part of our society and it will become increasingly vital as the population ages and develops more long-term conditions. We must ensure the social care system is fit for the future, yet all the evidence suggests it is struggling to cope with current pressures let alone those it can expect over the coming years.

Funding is an important factor in the ability of social care providers to cope and spending had gone down in real terms over the last ten years. Fortunately, this much has been acknowledged by the government and additional funding will finally find its way into local budgets to support social care. This will go some way to preventing the knock-on consequences for the NHS, which often finds that emergency admissions grow when social care gets cuts.

Short-term money will not though be enough to ensure the social care system is sustainable. Fundamental reform is needed to understand how services will be paid for in the future and all options need to be considered to get rid of the current reliance on quick fixes. This is a message we make to all political parties in the run up to the General Election.

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