NHS CONFEDERATION ELECTION ASKS: A SUSTAINABLE AND FAIR SOLUTION TO THE SOCIAL CARE CRISIS

The NHS Confederation has outlined ten asks for the next government to support the NHS and enable it to deliver transformation on the scale needed. This document describes three of these asks and describes how the next government should look to address the need for social care reform.

For more information on the issues explored, please contact Paul Healy (paul.healy@nhsconfed.org).

PUBLISH A WHITE PAPER ON SOCIAL CARE REFORM

- The number of older people is set to rise sharply over the coming years and this will create a greater need in our society for sustainable social care services. There is expected to be a 50 per cent increase in people over 65 and a 114 per cent increase in people over 85 over the next two decades.¹

- Current care services however are struggling to cope with the reductions in spending in recent years. Funding for social care has fallen in real terms over the last ten years.² This has reduced the availability of state-funded social care and is a factor in the rapid rise of delayed days for patients in hospitals. The proportion of delayed days attributed to social care organisations rose to 31 per cent in 2015-16, from 26 per cent in the previous years.³

- There is a political consensus acknowledging the challenges facing our social care system and each of the three main parties have stood on a platform to address the need for reform, mostly focused on integrating health and care. The current government committed to publishing a green paper later this year, which would
have mapped out a long-term solution that would likely have been implemented in the next parliament.

- This election presents an opportunity to debate options for reform now and to decide how we should look to fund social care services in the future. As such, we believe the next government must look to publish concrete proposals, in the form of a white paper before the end of the year.

- There are numerous options it might consider which relate to ways to raise new public funding, routes to redirect current public spending, alternative methods to increase private spending and means of changing how care is delivered. Each will no doubt include previously unpalatable proposals, yet the broadest possible debate is needed.

- With a public mandate behind their proposals, the next government could then plan to implement and explore in a white paper what specific changes are. This enables change to be guaranteed before 2022 at the latest. The alternative is to delay this debate further and push reform until the end of the next decade, which would be unacceptable.

<table>
<thead>
<tr>
<th>Costs</th>
<th>A white paper on social care reform needs to address under-funding, which is estimated to be at least £2 billion. It would however be for the next government to decide how this would be raised.</th>
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<tbody>
<tr>
<td>Benefits</td>
<td>A sustainable social care system provides reassurance to people about how they will be protected in old age, as well as reducing the impact of under-funded social care services on the NHS.</td>
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**IMPLEMENT THE CAP ON SOCIAL CARE COSTS**

- A cap on social care costs was first proposed by Sir Andrew Dilnot in his commission on care funding in 2011. It would allow lifetime contributions for care to be limited to a level, above which public funding covers the costs. Through this arrangement, people have greater certainty about the highest cost they would likely incur for social care services and can therefore prepare accordingly. The Dilnot Commission
suggested a cap at an “appropriate and fair” level, specifically recommending £35,000.

- The concept of a social care cap has received cross-party support and was promised in all three of the main parties’ manifests at the last election. Despite this support, a cap is yet to be implemented and while a £72,000 cap has been legislated, it is delayed until at least 2020.

- The next parliament will likely end beyond this period and certainty is needed about the future of this proposal. While a cap doesn’t solve every problem, it would protect people from exorbitant care costs in their old age. We therefore believe it should be implemented without delay and that further consideration be given as to whether the current level is “appropriate and fair”.

- There is also a point of principle about restoring faith in our political system to deliver on proposals to reform social care. The next government will need to put forward broader proposals on the care system, yet it is troubling that previous promises have not been implemented. Movement to see the Dilnot proposals through would send a message about the commitment of the next government to make real change.

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<tr>
<th>Costs</th>
<th>It has been suggested that implementing the £72,000 cap would cost £2 billion a year. A lower cap would naturally cost more.</th>
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<tbody>
<tr>
<td>Benefits</td>
<td>Greater certainty on care costs and the ability for people to better plan their social care needs.</td>
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**ESTABLISH A DEPARTMENT OF HEALTH AND CARE**

- Health and social care are managed by different departments of government and through different budgets, which has limited efforts towards greater integration. Initiatives, such as the Better Care Fund, have attempted to bring budgets together locally and these have been described as complicated workarounds. They have also demonstrated the complex and bureaucratic nature of shared responsibility across two departments.
• The Lord Sustainability Committee recently argued that volatile and poorly coordinated funding between health and social care has resulted in poor value for money. We support their proposal to transfer the budgetary responsibility for adult social care at a national level to the Department of Health to establish a new Department for Health and Care.

• This would unify the leadership for the health and care system, creating greater clarity as local systems become more integrated. It would also help to deal with legal issues and concern about risk sharing across the NHS and local authorities, which are emerging from local plans for these organisations to work closer together.

• We believe this would determine a larger role for social care within a Department of Health and Care, including greater influence on funding. It would also send a strong signal about the interconnected nature of health and social care, while reducing unnecessary duplication from keeping these two areas separated.

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<th>Costs</th>
<th>Benefits</th>
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<td>There are few costs in establishing these new arrangements.</td>
<td>Greater clarity and purpose for health and social care to be considered as part of the same strategy and under the same leadership.</td>
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¹Age UK, Health and Care of Older People in England 2017
²NHS Digital, Personal social services: expenditure and unit costs 2015-16
³NHS England, Delayed Transfers of Care Data