

SOCIAL CARE

TIME TO GRASP

THE NETTLE

About NHS Reset

COVID-19 has changed the NHS and social care, precipitating rapid transformation at a time of immense pressure and personal and professional challenge. One message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course. NHS Reset is an NHS Confederation campaign to help shape what the health and care system should look like in the aftermath of the pandemic.

Recognising the sacrifices and achievements of the COVID-19 period, it brings together NHS Confederation members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care.

NHS Reset is part funded through sponsorship by Novartis Pharmaceuticals UK Limited.

Find out more at www.nhsconfed.org/NHSReset and join the conversation #NHSReset

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems.

To find out more, visit www.nhsconfed.org and follow us on Twitter [@NHSConfed](https://twitter.com/NHSConfed)

About Health for Care

The NHS Confederation leads the Health for Care, a coalition of 15 national health organisations which have joined forces to make the case for a sustainable social care system, backed up by a long-term funding settlement.

Visit www.nhsconfed.org/healthforcare to find out more.

Key points

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- Despite the importance of social care in enabling people's independence and maintaining dignity, successive governments have failed to adequately support the sector. At present, there are around 1.4 million older people who are not able to access the support they need – inevitably, this number will rise.
- The COVID-19 pandemic has highlighted the critical role that social care plays in the delivery of health and care services. But it has also exacerbated the underlying weaknesses in social care and demonstrated the need for fundamental reform. The Prime Minister came to power promising to 'fix social care' within his first 100 days in office and urgently needs to deliver on his commitment.
- Health and social care are intrinsically linked. A well-funded and good quality social care sector is fundamental to a well-performing NHS. Without social care reform leading to a sustainable system, backed up by a long-term funding settlement, the NHS will not be able to deliver high-quality care in the wake of the pandemic.
- There is a need for short-term funding for social care to deal with the aftermath of COVID-19 and the possibility of a second wave or localised outbreaks. But there is also a need for longer-term funding to address the imbalance that was already present in the social care service, as well as a fundamental review of the model of social care provided in England.
- A key area of focus is tackling the social care workforce. There are 122,000 vacancies in the adult social care sector and a 40 per cent staff turnover rate. A national, integrated health and care workforce strategy would go some way to tackle the crippling workforce issues facing social care. The NHS People Plan missed a golden opportunity to bring together health and social care workforce planning.

- More needs to be done to support the families who struggle to support themselves and their loved ones. There are at least 5.4 million unpaid carers and half of all homeowners are not confident of having enough money to fund their own care, even if they sell their home. The personal impact on individuals and families can be devastating.
- Stable funding, a long-term plan, a well-resourced and trained workforce recognised as a profession in the same way as the NHS, and a renewed focus on outcomes-based commissioning will be key to fixing social care. The government must grasp the nettle to honour its commitment to deliver a sustainable social care system.

Introduction

The NHS was set up to make sure that everyone has access to good healthcare, regardless of their ability to pay. While the NHS has taken constant steps towards delivering better care for patients, effective delivery is not always in the hands of the NHS alone.

Health and social care are intrinsically linked. When people's needs are not met by the social care system they turn to the NHS, where the impact manifests in the form of increased demand for primary, community and acute services – including A&E attendances – and delays in discharging people from hospital. When health and adult social care services are not well joined up locally, this can lead to duplication of services and service users not receiving the care they need in the most appropriate setting.

COVID-19 has tragically shown the shortcomings of the social care system, exposing the impact of staff shortages and vulnerabilities in funding, market stability, lack of data and access to personal protective equipment and testing. This has had a profound impact on social care users, care home residents and social care staff. Deep structural cracks, a desperate shortage of resources, and a lack of joined-up working between the health and social care sectors have exposed the need for urgent government action to fix social care.

For too long, social care has been a Cinderella service. As the NHS looks to restore services in the wake of the pandemic, prepare for winter and ready itself for a potential second wave of infections, its ability to do so is heavily dependent on a stable, well-funded social care sector. Social care reform will be vital to support the millions of people at all stages of life who rely on care and support, and the effective functioning of the NHS.

// In a post-coronavirus landscape, we will need our hospitals and medical facilities to recover and thrive. More crucially, we need a wider support system that enables people to live safely and well at home.

Alex Fox, Chief Executive, Shared Lives Plus

Much of the care provided in hospitals is for people with long-term conditions who have become acutely ill. While there is some inevitability that this will occur in some patients, effective management and support from primary, community and social care services, often joined up to secondary care support, can reduce admission rates and keep people healthier for longer in their own homes.

A new framework for funding, commissioning and ensuring accountability for delivering care at system level is also desperately needed. This will require careful consideration about the relationship between health and social care and political courage to deliver a new vision. This vision must centre around the person and ensure that health and care services together are providing the right level of service, at the right time to an appropriate level. It is clear that health and care need to be brought closer together and this may include considering how funding can better follow service users between the NHS and social care.

The time has come to fix social care: the need to provide holistic personalised care, the tragic lessons from the COVID-19 pandemic and growing demand from an ageing population¹ make it clear that now is the time to grasp the nettle. In its 2019 manifesto, the Conservative Party committed to strengthening the NHS and social care. This report provides four key ways the government can honour its commitment.

A long-term settlement will be essential for the stability of the sector and the active involvement of local authorities in system working. In light of this, the NHS Confederation, which leads the Health for Care coalition, has adopted seven key principles upon which a new social care system in England should be based:

- Sharing costs
- Fair eligibility
- Improving integration

- Sustainability
- Valuing the workforce
- Supporting carers
- Accessibility

Building a social care sector on these foundations will make it fairer for all, but will come with a significant price tag. A cost we believe is worth every penny.

This report explores the opportunities and challenges ahead for health and social care and the four critical factors needed to reset social care.

Opportunities and challenges

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Two sectors intrinsically linked

Instability and lack of resources in the social care market have a knock-on effect on the health sector, and vice versa. In some places, the closure or reduction of social care services, such as a care home or domiciliary care services, has led to increased hospital transfers and placed added pressure on the NHS. Market instability can often result in vulnerable care home residents being forced to move out of their home into unfamiliar surroundings.

Following the COVID-19 outbreak, public confidence has waned in the care market², which is likely to result in reduced demand for care homes. This in turn will have a direct impact on demand for NHS services. As we look to winter, our members, organisations drawn from across the health sector, are clear that local plans such as COVID-19 recovery planning, care home resilience plans and winter plans must include a good representation of social care providers to understand demand and their offer, and how best to respond jointly.

// The current crisis has, more than ever, shown us that the NHS and social care are intrinsically linked. But it has also exposed the stark divide between the two in our failure to treat them as a single system and offer parity in the value we apply to social care and the NHS.

Professor Donna Hall CBE, Chair, Bolton NHS Foundation Trust

Integrated planning

Members have raised concerns over social care's conspicuous absence in some local plans, such as winter and COVID-19 recovery planning. This is concerning, especially as winter looms. The care home resilience plan, and support for community care and out-of-hospital services for working-age adults, will be more important than ever this year. Yet members report that planning is still disjointed in some places.

Some members have also highlighted that social care has not yet been part of regional recovery board planning. This, they say, shows that not all areas have learnt from COVID-19 and continue to see social care as a second-class service.

In other cases, we have seen examples of excellent partnership where planning has led to the creation of local hubs, rehabilitation and reablement centres, improved quality of care and the freeing up of resources in other areas. Members have reported increased satisfaction when they have been able to plan for these services in advance. They recognise that there will be a significant focus on rehabilitation and community support from the NHS and social care to deal with the medium and longer-term rehabilitation of COVID-19 patients back into the community. Members would like to see this planning being undertaken jointly across the country.

// When COVID-19 hit, one of the first things we did as a system was to work together on bed capacity. We didn't want to take a step backwards from the work we'd already done, so we agreed locally that we would put in additional social care staffing to ensure that integrated hospital discharge would continue to take account of wider considerations, such as proximity to family members.

Paul Burstow, Independent Chair, Hertfordshire and West Essex Integrated Care System, and Iain MacBeath, Director of Adult Social Services for Hertfordshire

Joint working and strengthened relationships

There are a number of examples³ of how local health and care systems are now discussing working with partners to look at how they can deliver services for the whole population, shaped by the service user voice.

In terms of relationships, trust chief executives have broadly felt that relationships with local authorities have been positive during this period, with the NHS and local authorities working well

together. In some areas they have worked collaboratively, sharing personal protective equipment, working on discharge and flow and supporting care home leads to offer support to their workforce.

Many felt that this was, in part, due to changes in the financial and legislative framework. The Coronavirus Act 2020 came into force on 25 March 2020, making extensive changes to the powers and duties of local authorities. Trust chief executives felt that these changes, and changes to the flow of funding, have removed some of the barriers to the way health and care work together and enabled greater joint working. They are keen that these changes are maintained so that there continues to be greater alignment between health and care.

// The NHS cannot do it on its own. It has taken the combined efforts of many agencies to tackle COVID-19, and joint working, to face a common threat, has forced a new level of cooperation and trust. It has also exposed, both nationally and locally, the key importance of a more integrated approach to health and social care.

Michael Williams, Chair, Nottingham CityCare Partnership

Digital technology

Across health and social care, rapid steps have been taken to implement digital improvements during the pandemic. This includes:

- using MS Teams to share rotas/allocations, and broadcast hospital-based teaching sessions to community services
- moving to online multidisciplinary (MDT) meetings across all teams – community rehabilitation teams, multi-agency teams (integrated community network teams, care home MDTs)
- social care being able to access NHSmail
- using TechForce19, technologies to help support the vulnerable, elderly and self-isolating, which has brought in many benefits.

// Changing priorities, reduced face-to-face contact and availability of new digital technologies allowed the realisation of a long-held ambition to develop a care home MDT meeting comprising the small teams providing dedicated support to the large number of care homes and care home residents.

NHS Trust Chief Executive

Information sharing

Members have remarked on how sharing confidential patient information across health and social care during the crisis has broken down historical barriers. Emergency legislation enabled this to happen in a way that it had not previously. This has resulted in beneficial changes to the quality of care and being able to respond to medical needs quicker than in the past.

These changes have contributed to move social care and healthcare providers closer together in terms of locality-based delivery teams, focusing on social care users' needs rather than on services.

Workforce

The pandemic has further highlighted the disparity in conditions between the health and social care workforce, from access to PPE, to employer support such as mental health services and accommodation. Members have suggested that social care services have more vacancies now than before lockdown started. We have also heard of staff suffering from severe anxiety and fatigue, requiring them to take leave. This is leaving social care agencies unable to fill gaps in rotas and overall workforce numbers.

NHS leaders have also pointed to care home vacancies often being the reason behind delayed discharges in an acute trust. A vacancy in domiciliary care often translates into unwarranted attendances at acute and primary care services.

Resetting social care: what is needed?

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A stable, well-funded social care service

Despite the importance of social care in enabling people's independence and maintaining dignity, successive governments have failed to adequately support the sector. At present, there are around 1.4 million older people who are not able to access the support they need – inevitably, this number will rise.

In the UK, 850,000 people are living with dementia, which will rise to more than 1 million by 2025; and up to 58 per cent of people over 60 are living with at least one long-term condition, such as diabetes, arthritis or hypertension. The number with co-morbidities has been rising by 8 per cent a year. For the NHS and social care, the task is to support an ageing population with increasingly complex needs. Yet funding for home help services and other care funding has fallen by 11 per cent over the last five years.

More needs to be done to support the families who struggle to support themselves and their loved ones. There are at least 5.4 million unpaid carers and half of all homeowners are not confident of having enough money to fund their own care, even if they sell their home. The personal impact on individuals and families can be devastating.

// Recognition of the needs of unpaid carers within health and care services could help transform the support given to carers, enabling them to take better care of their own health and wellbeing as well as that of the person they care for. This would, in turn, relieve pressure on health services as carers receive the support they need earlier on and do not end up turning to the NHS in a crisis.

Helen Walker, Chief Executive, Carers UK

Government spending on adult social care in England fell from £345 per person in 2010/11 to £310 in 2016/17⁴. Our members believe that the social care sector lacks appropriate funding and that the COVID-19 crisis has made this worse. This has an impact on how efficient the NHS can be.

Social care needs to be well funded. There is an immediate need to fund services to respond to COVID-19 and associated demand, as well as to reassess the funding gap and provide long-term funding that leads to a stable social care market.

There is also a need for short-term funding to deal with the aftermath of COVID-19 and the possibility of a second wave or localised outbreaks. But longer-term funding is also vital to address the imbalance that was already present in the social care service, as well as a fundamental review of the model of social care provided in England.

Action

- Provide immediate funding to help social care respond to the COVID-19 crisis and its aftermath.
- Respond to the need for long-term stable funding for social care.
- Provide stability for the social care market as a whole.
- Ensure that the model of delivery for social care provides the right level of support at the right time for those that need it.

A long-term plan for social care

While the NHS has a long-term plan that clearly indicates its priorities and ambitions, social care does not. A longer-term plan would provide much needed certainty for the sector. The NHS People Plan was a missed opportunity in this sense as the sector was expecting it to be a longer-term vision.

While we do not advocate one particular model, we do believe that the NHS Long Term Plan is weakened without a long-term plan for social care. In this context, it would be helpful if the NHS People Plan were able to provide a framework for social care over the next three years, given the inextricable link between the health and social care workforce, as highlighted by the pandemic.

Action

- Publish a longer-term road map for social care that runs parallel to the NHS Long Term Plan.

A well-resourced and trained workforce

With around 1.1 million people working in the adult social care sector⁵ and demand for services constantly rising, there is a pressing need to address the workforce issues crippling social care. It is estimated that there are 122,000 vacancies in the adult social care sector and a staff turnover rate of 40 per cent⁶. Worryingly, Office for National Statistics (ONS) data has highlighted higher rates of deaths from COVID-19 for those working in social care services⁷.

To address some of these issues, one of the main things that needs to be tackled is the low pay for people working in the sector. It is reported that the average pay for social workers is £9.14 and often on insecure contracts. For overseas workers, this could often be linked to their immigration status. There is a lack of parity when benchmarked with the pay structures available to those working in the NHS.

Social care workers are a highly valuable workforce. Skills for Care estimates the GVA (value of goods and services) produced by the social care workforce in the West Midlands alone to be £4.7 billion against an annual wage bill of £2.2 billion. In addition, the Royal College of GPs considers that: 'Carers are estimated to save the UK economy £119 billion a year in care costs, more than the entire NHS budget and equivalent to £18,473 per year for every carer in the UK⁸.' Yet the social care workforce and unpaid carers are often undervalued.

// We should not allow the different shape and structure that is the social care sector to get in the way of recognising and rewarding our social care heroes, who have demonstrated their value to society. Our social care workers have appreciated recognition, but it doesn't address the larger issue of parity of esteem, when we compare salary levels for comparable roles in the NHS or the guaranteed and funded learning and development support enjoyed by NHS colleagues.

Sue Evans, Chief Executive, Social Care Wales

The pandemic has also highlighted problems with other differences, such as terms and conditions, access to PPE, employer support such as mental health services and accommodation and eligibility for sick pay or time off work due to care commitments, such as childcare or to support those who are shielding. There is also disparity in how social care staff are paid for travelling time, adding to the challenges of attracting new staff and retaining the current workforce.

Our members have been clear on the need for a national, integrated health and care workforce strategy to address a workforce that is under-trained, underpaid and overly reliant on agency staff.

Any future strategy addressing the social care workforce should also consider how to improve the narrative over the way the skills of those working in this sector are perceived and used jointly with the NHS workforce.

Action

- Address the vacancy and turnaround rates in social care.
- Address the imbalance in terms and conditions between health and social care workers.

Outcome-based commissioning

Provision of services in a coordinated, person-centred way is at the heart of the NHS Long Term Plan. For that, the NHS needs a joined-up approach to commissioning, with people at the forefront of local decisions. Too often, commissioning is based around services and done in silos. Members welcome the move towards more placed-based commissioning but need social care and other non-NHS services to be at the planning table early on. This is not always happening.

Action

- Move towards person-focused outcomes-based commissioning.
- Ensure health and social care (as a minimum) are present at early commissioning meetings.

Recommendations

Our members are clear that social care needs to be fixed and that the government must grasp the nettle. This is important for social care users but also to strengthen the health and care system, which will be able to deliver better, higher quality and more efficient care.

There are four key pillars to reset social care:

A stable, well-funded social care service	Provide immediate funding to help social care respond to the COVID-19 crisis and its aftermath
	Respond to the need for long-term stable funding for social care
	Provide stability for the social care market as a whole
	Ensure that the model of delivery for social care provides the right level of support at the right time for those that need it
A long-term plan	Publish a longer-term road map for social care that runs parallel to the NHS Long Term Plan
A well-resourced and trained workforce	Address the vacancy and turnaround rates in social care
	Address the imbalance in terms and conditions between health and social care workers
Outcomes-based commissioning	Move towards person-focused outcomes-based commissioning
	Ensure health and social care (as a minimum) are present at the early commissioning meeting

We are calling for rapid implementation of these recommendations. A well-funded and good quality social care sector is fundamental to a well-performing NHS. Without social care reform leading to a sustainable system, backed up by a long-term funding settlement, the NHS will not be able to deliver high-quality care in the wake of the pandemic. The Prime Minister came to power promising to 'fix social care' within his first 100 days in office and urgently needs to deliver on his commitment.

For more information, please contact
gemma.whysall@nhsconfed.org

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18 Smith Square, Westminster, London SW1P 3HZ

Tel 020 7799 6666
www.nhsconfed.org

Email enquiries@nhsconfed.org
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