

**HEALTH**  
**FOR CARE**

PLAN. REFORM. FUND. DELIVER.

**LET'S DO THIS**  
**THE PROMISE**  
**OF FIXING**  
**SOCIAL CARE**

<b>1.4</b>	<b>MILLION</b>	<b>PEOPLE</b>	<b>ARE</b>	<b>LEFT</b>
<b>TO</b>	<b>STRUGGLE</b>	<b>EACH</b>	<b>DAY</b>	<b>WITHOUT</b>
<b>THE</b>	<b>SUPPORT</b>	<b>OF</b>	<b>SOCIAL</b>	<b>CARE</b>



Academy of  
Medical Royal  
Colleges



healthwatch

Mental Health Network  
NHS CONFEDERATION



NHS Clinical  
Commissioners

The independent collective voice  
of clinical commissioners



Royal College  
of Physicians



The  
Richmond  
Group  
of Charities

the  
SHELFORD  
GROUP



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Health for Care is a coalition, led by the NHS Confederation, of 15 national health organisations. We're calling for the government to deliver a sustainable social care system in England, backed up by a long-term financial settlement.

Find out more at  
[nhsconfed.org/healthforcare](https://nhsconfed.org/healthforcare)

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# FOREWORD

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It has long been recognised that social care needs urgent reform to ensure it can provide the care and support that millions of vulnerable people up and down the country need. After years of delays by successive governments of all parties, Prime Minister Boris Johnson pledged to “fix social care once and for all” and committed to publishing reform proposals within his first 100 days in office. However, along with so many plans in 2020, this was derailed by COVID-19. One year on from the election, we are still awaiting the government’s proposals.

During the pandemic, thousands of people in need of social care support, as well as many staff that care for them, have paid the ultimate price. More than 21,500 residents\* have been lost to the virus. The pandemic has brutally exposed the underlying weaknesses in the social care system from a lack of funding, an unstable market for providers, an overly complex system for people to navigate, and a workforce that is underpaid and overstretched.

The roots of this crisis have been long in the making. Spending per person on social care fell by 12 per cent between 2010/11 and 2018/19; the average staff vacancy rate is 7.3 per cent, translating to 112,000 staff vacancies; pay is low particularly relative to the NHS; and care workers are excluded from the Shortage Occupation List which, post Brexit, will enable workers to come to the UK.

The impact of this on the people who rely on social care is stark: 1.4 million people are estimated to have unmet need for social care and unpaid carers bear the brunt, often at great cost to their own health and wellbeing. Access to free care is tightly restricted and the financial costs can be daunting for individual families. Financial is ad-hoc and dependant on local politics. The most recent Spending Review provided at most £1 billion in additional funding, though this will in part depend on what local authorities are able to raise in council tax rises.

While the outlook for social care may seem bleak, there are rays of hope rooted in the dedicated work of social care teams across the country. The public has never been so aware of the vital work that social care does and the severe challenges it faces. And despite the continued delays, the government has committed to bringing forward plans for reform. It is clear that we have to seize this opportunity to ensure social care reform goes from a priority in rhetoric to a priority in practice, backed up by a long-term and fully funded plan.

The leaders of the Health for Care coalition have long argued the case for extra funding, support and reform for social care. In many respects, it is unusual for one sector to campaign so forcefully for another. But our organisations are united in the view that this is not only the right thing to do for those in need of care and support and the staff that provide this care, but that it is also vital for the future sustainability

\*Deaths of care home residents in any setting reported to the Care Quality Commission by 20 November 2020.

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of the NHS. We are sister services that rely on each other – two sides of the same coin – but it is clear that one part of this equation is being badly let down.

In a series of contributions to this paper, health leaders make the case for fundamental investment and reform of social care. They do so from a variety of perspectives. But they all contain three common threads.

First, that social care funding must urgently be put on a sustainable footing. Underfunding risks the viability of the sector and undermines people's ability to plan for their future. This situation has been tolerated for too long.

Second, a sustainable funding model is necessary but not sufficient on its own. The aim of social care should be to help people to live as well as possible, having rich and fulfilling lives despite the challenges they face. Social care should be person-centred, accessible and available to all who need it, without pushing them into financial hardship. As the essays make clear, this is vital to people's wellbeing, and as a result, to the sustainability of the NHS.

The third is that a failure to reform social care puts in jeopardy the aims of the NHS Long Term Plan, making any meaningful integration of care impossible. Social care keeps people well and at home, preventing unnecessary hospital admissions and improving wellbeing. If the social care system does not have sufficient capacity, the NHS will experience greater demand for its services. This is not good for people in need of care, their carers and, ultimately, the taxpayer.

This leads us to the Health for Care Coalition's core message: if you want a functioning, effective NHS, you need a strong and sustainable social care sector.

In a year that could prove to be a turning point for social care, we hope the contributions to this paper will raise awareness of the interdependence between health and social care, and reinforce the clamour for the government's long-promised reforms of social care to finally come to fruition. Anything less will be a damning indictment on the government.

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## SEVEN KEY PRINCIPLES FOR SOCIAL CARE REFORM

The Health for Care coalition calls on the government to introduce their proposals for comprehensive reform of social care early this year, and to seek cross-party support for them. These should reflect the seven key principles adopted by the coalition:

- 1. Sharing costs:** A system providing the care people need should be funded by the introduction of a new financial contribution drawn from across the population. This may require differences in when, how, and how much people pay towards the care system.
- 2. Fair eligibility:** Eligibility should be based on need and must be widened to ensure that those of any age with unmet or under-met need have access to appropriate support. Eligibility must also guarantee parity of esteem across physical, mental and cognitive health.
- 3. Improving integration:** Social care services should work more effectively with other sectors, including with the NHS and the housing sector. Personalisation should be at the heart of greater integration, so that care recipients hold maximum possible control over the support they receive, enabling them to live healthy, independent and meaningful lives.
- 4. Sustainability:** Establishing a sustainable social care system will require closing the existing funding gap in the short-term, as well as establishing a permanent funding settlement that would enable both members of the public and care providers to plan for their long-term future. Levels of funding should also sustain a diverse and stable market of providers.
- 5. Valuing the workforce:** More workers should be recruited to, and retained within, the care sector. Furthermore, those who work within the care sector should be offered sufficient pay, higher quality training (along with the protected time away from work to undertake training), opportunities for career progression, and new career paths.
- 6. Supporting carers:** Unpaid carers should be eligible for increased support from the state. Additionally, offers of care should not be reduced on the basis that someone may be a recipient or possible recipient of informal care.
- 7. Accessibility:** The criteria and assessment process for receiving state-funded care should be simple enough for everyone to understand, with guidance on offers of care to be made widely available. In addition, assessments of individuals' care needs should be conducted by appropriately-trained assessors.

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# FIXING SOCIAL CARE: THE USER PERSPECTIVE

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**Imelda Redmond CBE**

National Director  
Healthwatch England

## ENABLING PEOPLE TO LIVE THEIR BEST LIVES

Healthwatch is the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. Hundreds of thousands of people share their experiences with us every year, with social care one of the most important topic areas for the public.

There has been underinvestment in social care for many years and the COVID-19 pandemic has laid bare deep fault lines. We need to see significant reform.

### IMPROVE INFORMATION AND ADVICE SERVICES

People requiring care need to understand the range of care and support options available (and how to access them), while others must be enabled to plan and prepare for their future care needs. Yet our research suggests there remains a lack of understanding about the social care system and where people should go for reliable information and advice about social care.

What Do People Want From Social Care?<sup>1</sup> outlined that, due in part to not knowing where to go for information on social care, most people do not plan for their future care needs and expect the cost of care to be free at the point of use. What's It Like Being a Carer?<sup>2</sup> highlights that carers are unaware of their rights to assessments and find accessing reliable information and advice about local services to be challenging. Many carers only start looking for help when their need becomes urgent and they reach a 'crisis' point. Any delay in accessing support at this point has an adverse effect on their health and wellbeing.

Both reports were published in 2018, but the feedback to our network of 151 local Healthwatch organisations sadly suggests that little has changed since.

Social care reform must therefore address the clear but unmet demand for an accessible, trusted and independent source of social care information and advice, to guide people through the social care system and help services work out where there are genuine gaps in provision.

### ENGAGE THE PUBLIC IN HOW CARE SHOULD BE FUNDED

Our existing research<sup>3</sup> shows support for raising general taxation to pay for social care, with a relatively even level of support for this across all age groups. However, given public understanding of social care, it may be that some participants contributed with a focus on the issues affecting elderly people.

Moving forward, reform discussions must develop a new narrative that enables us to talk about care for the elderly as distinct from care provided to people of working age. Grouping them together has previously reduced the conversation into who should pay for elderly people's care in homes or at home. The needs of working-age people with physical or learning disabilities are very different from the general elderly population – which are in turn different again to those living with dementia.

Only 8 per cent of the feedback on dementia care in our 2019 report *Why It's Important to Review the Care of People with Dementia*<sup>4</sup> was positive. This research also found that people were not getting the care they were entitled to, with only 45 per cent of people with dementia receiving the annual care plan review they are entitled to (as a minimum) under the Care Act 2014. This follows a wider trend across the sector, with only half of those using long-term care services receiving a planned review in 2019.

Under the current system, needs are not being met and services remain underfunded. Social care reforms must therefore produce a funding settlement informed by the general public, which focuses not only on support for care workers and those using services, but on much-needed support for family carers.

### HEALTHWATCH ENGLAND'S FIVE TESTS FOR REFORM

Any proposals on reforms to social care must satisfy our five key questions:

1. [Is it understandable](#) to the public and people who work in social care?
2. [Will it support people](#) to plan and make decisions about their care?
3. [Does it facilitate a wide range of choice](#) in social care in a stable and varied provider market?
4. [Are the funding, charging and access thresholds fair](#), affordable and transparent?
5. [Will it support families and carers](#)?

These tests would ensure that any decisions on social care focus on what matters most to those who are currently using, or will need to use, services in the future – and that the priority of social care services moving forward is of enabling people to live their best lives.

**THE COVID-19 PANDEMIC  
HAS LAID BARE  
DEEP FAULT LINES.**



**Rachel Power**  
Chief Executive  
The Patients Association

## THE COST OF SILENCE

Implementing a solution to the social care crisis is, in the view of the Patients Association, a critical priority. At a glance this may seem curious: by definition aren't 'patients' users of healthcare services, not social care? While in some ways this question is a matter of semantics, in other ways it illuminates the reasons why the need to end the crisis is ever more pressing.

When the NHS was established, and the divide between healthcare and social care entrenched, today's expectations for a lengthy and happy retirement at the end of life were not in place: the average man retired at 65 and died at 66, while stereotypically women lived longer, often with one of their grown-up children and their family.

Equally, supporting working-age adults to live in, and contribute to, the community was not a widespread aspiration: disabled people were often obliged to live in institutional settings, and many lifelong conditions and disabilities that can now be effectively managed over the long term instead proved terminal earlier in life. Now, by contrast, overall increased life expectancy has given us an ageing population, with more people living for longer and with higher levels of health and care need.

## AN UNHEALTHY DIVIDE

So, although healthcare and social care are distinct disciplines and meet needs that can be distinguished from each other on a technical level, the traditional health and social care divide has become highly problematic for practical purposes. This underlies the growing perception of unfairness felt about the difference in statutory support that is available depending on the nature of a person's illness.

For treatable illnesses such as the traditional 'big killers' of cancer and circulatory disease, the NHS steps in with free treatment. For neurodegenerative diseases such as dementia, which profoundly affect a person's life, but for which few medical interventions are available, the poor level of provision of social care – and the charges for it – seem shockingly inappropriate.

The relevance of these shifts to our own use of the term 'patient' will be obvious. It is traditionally seen as a medical term and its use can seem to reduce people to their medical complaint in a way that many find objectionable. But distinguishing between technically medical needs and the needs met by social care jars with how people now encounter and experience long-term illness. And general terms have their uses: 'patient' remains well accepted and the key may be to adopt a broader understanding of it that reflects how people experience care needs. Certainly we have no hesitation in accepting that the future of social care is the business of the Patients Association.

## ADOPTING A DIFFERENT VIEW

Looking at the current system from the patient's perspective, it is immediately clear that its operation is not at all driven by patient need. Rather, its

behaviour is driven entirely by cash shortages, which generate perverse behaviours that are both harmful to patients and staggeringly inefficient.

Difficulties getting care packages funded for people being discharged from hospital are an example. Local authorities have every incentive to delay decisions, as even saving a day's worth of funding is worthwhile; older people are stuck in hospital for longer than they need to be and become more frail; they may be discharged to a care home against their preference and which does not provide the best environment for them; and as a result, they are at greatly increased risk of readmission. An avoidably terrible experience for the patient and an avoidably costly outcome for the NHS.

Or, to take the example of someone who has moved into a care home in a planned manner: if the local authority cannot meet their fees once their private means have been run down below the financial threshold, the person will be obliged to move to a cheaper home, the disruption of which can and often does prove harmful.

For working-age people, the system's acute underfunding produces similarly perverse and unacceptable results. There is no incentive to save and therefore it is impossible to buy a home – any savings made would immediately be swallowed by social care fees. For some people, statutory provision is so scant that they must choose between, for instance, having a shower or leaving the house on a given day. Such affronts to basic human dignity and rights would not be tolerated if they were routinely inflicted on people who do not require care.

### **TIME TO BE AMBITIOUS**

These problems make the case for a solution plain: it is required, as much as anything, for the sake of basic decency. It must be recognised that social care is an inherent good in its own right – the consequences of its absence are clear. We must also be ambitious: simply maintaining levels of provision at their current level would be unacceptable. Indeed, health and care-focused charities first banded together, as the Care and Support Alliance (with whom Health for Care works closely), in 2009. Provision then had already reached an unacceptably poor level, so even restoration to late-2000s standards would be disappointing.

Given the scale of the suffering and misery inflicted on so many people over the last decade or more, and despite the long efforts of charities and other organisations to force change, the social care crisis has remained startlingly 'silent' and inaction has been a viable political strategy. But it is undeniably creeping into public consciousness as the understanding grows that, as things stand, people's reasonable expectations of support if they need it, including in retirement, will not be met.

**THE TRADITIONAL DIVIDE HAS  
BECOME HIGHLY PROBLEMATIC  
FOR PRACTICAL REASONS.**

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# FIXING SOCIAL CARE: THE CLINICAL PERSPECTIVE

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**Alastair Henderson**  
Chief Executive  
Academy of Medical  
Royal Colleges

## THE IMPORTANCE OF SOCIAL CARE REFORM

The Academy of Medical Royal Colleges is the membership body for medical royal colleges and faculties across the UK. As such we speak from a medical perspective representing the views of doctors across all specialties in the NHS.

But while our focus is very much on doctors and the NHS, the Academy and our constituent member colleges are absolutely clear about the overwhelming need to have a thriving, effective and equitable social care system. We do not, sadly, have that at present and achieving it requires major reform.

### REFORM FOR THE SAKE OF SOCIAL CARE

Colleges support major reform of social care for two reasons. Firstly, social care has been consistently underfunded. This has significantly worsened in recent years and thus is in dire need of change. High-quality, compassionate social care, whether in terms of care for the elderly or support for younger adults with particular needs, has a hugely important role to play in society and does a crucial – and often under-valued and under-recognised – job. The sector is notoriously low paid.

However, successive governments have failed to grasp the nettle of social care funding, with proposals rubbished by political opponents as a “Death Tax” or “Dementia Tax”. Consequently, social care reform has been kicked down the road for decades and the result is a fragmented system in danger of imminent collapse.

Social care needs reform because it is vital to individuals and the effective functioning of our country. But as it currently stands, it is in peril.

### THE NHS’S NEED FOR SOCIAL CARE REFORM

However, doctors also want to see social care reform from their own perspectives as healthcare practitioners. What doctors based in both community and the hospital sectors recognise is the interrelationship and complete interdependence between the NHS and social care.

The effectiveness of social care provision directly impacts on how, when or whether individuals need to enter the healthcare system. And, most obviously, the availability of the right social care provision impacts on how and when patients can leave hospitals.

Delayed discharge from inpatient settings take away NHS capacity which could be otherwise used and is usually harmful to optimum patient wellbeing and recovery.

GPs care directly for people receiving a wide range of social care in the community and a dysfunctional system makes it difficult for them to provide the consistent level of medical care they feel is required, and that their patients want. A large portion of clinical time is spent disentangling and assisting with social issues, much of which would be better done by others.

Put bluntly, if social care is not functioning effectively, neither can the NHS.

It is significant that in 2017 the Academy, which represents the views of medical organisations and doctors, clearly said that the priority for additional funding in health and social care should be directed to social care. We have also stated our view that the aspirations of the NHS Long Term Plan will not be realised unless social care is reformed.

The stakes are that high.

### **THE COVID-19 SPOTLIGHT**

COVID-19 has brought public attention on social care as never before. Obviously, this has been for all the wrong reasons with the appallingly high levels of mortality in the care sector and a spotlight on the social determinants of health. There was also a plethora of inaccurate reporting around about NHS/social care interaction during the first wave of the pandemic but the emphasis on the relationship and how it has to work effectively at local level will hopefully have been beneficial.

### **GOING FORWARD**

COVID-19 has raised the profile of social care and the public recognises this – there is an appetite for getting it right. There will be those who argue that with the economic and other challenges of emerging from the pandemic, we do not currently have the time or energy for a task as large as substantial social care reform. However, from the perspective of the medical profession, we believe precisely the opposite. Now is absolutely the time to act.

For the sake of ensuring that high-quality social care is available to those in need and also for the sake of the entire NHS, we must be brave enough to find a lasting and permanent solution right now.

No one pretends this will be easy. There will be difficult choices and it is going to cost. As royal colleges and the medical profession, we are up for this challenge – because the potential benefits to the public are huge.

**IF SOCIAL CARE IS NOT  
FUNCTIONING EFFECTIVELY  
NEITHER CAN THE NHS.**



**Jonathan Steel**

Social Care Fellow  
at the Royal College  
of Physicians

## **BEYOND FUNDING AND COVID-19: A MODEL OF INTEGRATED CARE**

Social care needs money. This is hardly controversial or news to anyone. The debate on underfunding has gone on for so long that even those with a rudimentary understanding of the complex and sprawling system know we need to fix funding to meet need.

COVID-19 has only exposed further the disconnect between the NHS and social care and it is welcome that the need to see social care as an equal partner to the NHS and fund it appropriately has become relatively common knowledge. The focus on funding is important because without a sustainable, long-term funding settlement we will never be able to provide the integrated, person-centred care our older people need and deserve.

### **MORE THAN MONEY**

But the focus on funding can also obscure the other vital part of the picture: how to make the best use of resources. There are few new ideas in social care. As a practising GP and someone who has spent their career advising governments across the world on how to improve community care, my answer to ‘fixing social care’ remains the same – implement models of care that work for everyone.

‘Models of care’ can feel harder to understand than funding, but they are no more than a visual display of the full set of services that work together in a local system, from prevention and proactive care to urgent and long-term care. Creating a model of care is the first step in building a system that sets providing care as its ultimate goal and organises everything else around that.

### **MORE THAN WHAT HAPPENS AFTER HOSPITAL**

The interactions physicians have with social care are varied – although some will spend part of their week in a care setting, most will encounter it when discharging from acute care. Social care is more than ‘what happens after hospital discharge’: it can prevent admission in the first place and enables as much of an independent life as possible in the community. When an older person spends time in hospital, their functioning ability declines. We are actively reducing quality of life by keeping those patients on wards longer than their medical condition requires.

Now, with the pressures of the pandemic, physicians in NHS hospitals are focused on providing healthcare to their patients. The result of this head-down approach means that while we know what is immediately around us, we are less familiar with the wider local health and care system. There are so many teams involved in seamless integrated care, from mental health, volunteers, social workers and carers, to GPs, secondary care specialists and district nurses – all of which are underpinned by a shared electronic record and medicine management.

## THE GOLDEN THREAD TO CONTINUITY OF CARE

A model of care is like a map where physicians can look up from day-to-day processes and see the full extent of the health and care resources available to patients; where we can understand the whole system and our place in it; and begin to establish the relationships, that as we all know, are the golden thread to continuity of care.

Models of care allow us to map out a system that makes sense to those who use it and those who work in it. There is no one perfect model – it has to place-based, designed around local circumstances with local stakeholders including patients.

If we are serious about fixing social care then leaders in health and social care need to come together and create a map of their local care system as a shared endeavour: building consensus around what the local area needs to provide for its population and illustrating everyone's part in that.

These ideas are not new but translating them into reality has eluded government after government. The brilliance of the place-based, triple-integration approach of the NHS Long Term Plan is that it articulates things we have known for a really long time. The challenge is bringing it to life. I believe a visual representation of models of care is the best way to do this.

How we look after our older people defines our values as a nation – there is a moral imperative to get this right. We need political will to fix social care but we have a duty as a society to do it too. Funding is important – we've seen that during COVID-19. When £1.3 billion came from central government to enable quicker discharge, the flow through the system was hugely improved. But it is only one part of the solution. We need locally-created and locally-owned visual representations of the care system where we can see what is available to a patient and who we need to establish relationships with to make use of those community assets. That is the way to break down the barriers that divide health and social care and create a service that we can all be proud of.

**HOW WE LOOK AFTER  
OUR OLDER PEOPLE  
DEFINES OUR VALUES  
AS A NATION.**



**Dr Eileen Burns MBE**

Consultant Geriatrician,  
Leeds Teaching Hospitals  
NHS Trust; Past President,  
British Geriatrics Society

## **FOR OLDER PEOPLE LIVING WITH FRAILTY, SOCIAL CARE IS THEIR LIFELINE**

The British Geriatrics Society is an organisation of healthcare professionals, working both in hospital and in the community. Our core purpose is to work with older people with frailty to diagnose and treat acute and long-term health conditions; to offer rehabilitation to maximise their recovery; and to ensure that their health and care needs are met.

The need to ensure that older people can access the care and support they require from adult social care, and the need to provide equity and fairness in the way these services are funded and distributed, is obvious to all those aware of the flaws in the current system. It is especially clear, however, to those who see the impact of an underfunded system in their everyday work.

### **BETTER TOGETHER**

Doctors, nurses, physiotherapists, occupational therapists and others as needed (for example, speech and language therapists) work in multidisciplinary teams, along with the other essential professional group – social workers. Comprehensive Geriatric Assessment<sup>5</sup> (a title that perhaps seems outdated, but which has a robust evidence base) is a clear team-based process. Working together produces the best outcomes for older people – with clear evidence that the recipient is more likely to be at home (rather than in a care home or back in hospital) six months after this assessment. For an older person in crisis, social care, working with health partners, has a proven impact on their outcomes.

### **LIVING WITH FRAILTY**

As funding for older people's services from adult social care has fallen over the last decade, the number of older people has increased, as has the number of older people living with frailty. This group of older people is defined by reduced ability to perform 'activities of daily living' independently. These activities range from trouble managing finances or heavy housework in those defined as 'mildly frail', to those who are bedbound and need help to do any activity, such as washing and dressing, in the 'severely frail'.

It is clear that older people with frailty require social care. The Health Foundation<sup>6</sup> has estimated that most social care is provided by family or friends, and as restrictions on access to publicly provided social care become tighter, the burden on informal carers grows ever higher.

One might anticipate that inadequate funding for services to support older people with frailty with those activities which are difficult for them may impact on the likelihood of needing healthcare. The evidence bears this out: Spiers et al<sup>7</sup> examined the evidence regarding social care expenditure and use of

healthcare. They showed higher availability of nursing and residential care was associated with fewer hospital readmissions, fewer delayed transfers of care, shorter length of stay in hospital and lower expenditure on healthcare services.

Even more strikingly, Watkin et al<sup>8</sup> demonstrated that reduction in health and social care expenditure was associated with an increase in death rate in those over 60 years and those in care homes. Reductions in social care spending were particularly associated with an increase in deaths at home and in care homes, and they estimated that every £10 per capita reduction in public expenditure on social care was associated with an increase in care home deaths of 5.1 per 100,000 in England. These changes seemed to correlate with changes in nurse numbers in care homes.

### **PROFOUND EFFECTS**

Healthcare professionals working with older people with frailty see this academic evidence borne out before their eyes every day. Older people living with frailty are at risk of falls, delirium, continence issues and poor nutrition and hydration. Lack of sustainable funding for social care leaves such older people in a situation where a minor infection, or an attempt to get to the kitchen, the toilet or the door leaves them at risk of an unwanted event such as a fall, leading to hospital admission. Once admitted, the risks of the adverse effects of a hospital stay are greatest in an older person with frailty – delirium, falls, deconditioning, poorer nutrition. This risk becomes even higher in those older people living with dementia.

It's equally clear that the impacts of social care underfunding on hospital discharge are profound for this group. The risk of deconditioning rises with the length of a hospital stay and cognitive decline is seen in some with dementia. Lack of timely access to social care, resulting in a longer stay in hospital, is associated with a higher risk of admission to long-term care.

### **TIMELY ACCESS TO CARE**

Those working with older people were only too aware of the crisis in social care before the COVID-19 pandemic. In spite of the heroism of many care home managers and their staff, the destabilisation of care homes and home care agencies caused by the pandemic has further magnified the situation.

2020 was to have been the year when we achieved integration of health and care in the UK, and it remains, logically, the best way to ensure older people with frailty can achieve reliable, consistent and timely access to the care they need when they need it. But the current anomalous and unfair differences in the way the two services are (under)funded and accessed is a significant barrier to achieving that desired aim.

**THE IMPACTS OF SOCIAL CARE  
UNDERFUNDING ON HOSPITAL  
DISCHARGE ARE PROFOUND.**

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# FIXING SOCIAL CARE: THE VOLUNTARY SECTOR PERSPECTIVE

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**Sarah Gregory**

Senior Policy Advisor  
at Macmillan Cancer  
Support on behalf  
of National Voices

## **BUILDING BACK BETTER SOCIAL CARE**

Well before COVID-19, we knew that many people were not getting what they needed from adult social care. Local authorities have responded to years of reduced funding by rationing, providing care only to those in greatest need.<sup>9</sup>

Quality of care is variable and the anxiety of not knowing how much money will be needed to cover care costs can mean that people delay getting help – potentially damaging their physical and mental health. As a coalition of health and care charities, National Voices engages with people living with a huge range of needs and hears time and again how these challenges for social care have a real impact on them.

### **FORGOTTEN, ABANDONED, DUMPED**

The pandemic made these problems worse and created some new ones. Mortality rates were catastrophic in care homes, but they also doubled in people with learning disabilities.<sup>10</sup> Many older and disabled people were understandably afraid to allow care workers without adequate personal protective equipment into their home and cancelled or reduced social care packages that they needed. There is no guarantee that they will be reinstated by local authorities under financial pressure without reassessment.

In local communities, day services were suspended with no warning as social distancing regulations were introduced, leaving people without the structure and basic support that they relied on and the cancellation of respite care often left carers with no help at all. There were high levels of loneliness and stress, particularly those who were shielding and who told National Voices that they felt forgotten, abandoned, or dumped. Many people reported losing skills, confidence and independence.<sup>11</sup>

### **TEMPORARY FIXES WON'T SUFFICE**

Money is now urgently needed to shore up the sector as it goes into winter. But temporary fixes will not be enough. We need a long-term settlement with investment to stabilise social care and allow it to grow. This will be the only way it is able to provide support so that people can live meaningful and fulfilling lives and do so with dignity, where dignity means that people don't have to worry about how they will clean or feed themselves.

Funding is part of the puzzle, but this cannot be separated from the key 'resource' in social care: staff. People working on the frontline in social care have had a traumatic and exhausting time<sup>12</sup> and need to be rewarded for their skill and compassion. The vacancy rate in social care may continue to fall as other sectors shrink, but that will be a temporary fix if fundamental issues on pay and conditions are not addressed. The average care worker is still paid less than a cleaner and someone who has worked in the sector for five years receives only 12p per hour more than someone starting out. Until this changes there will simply not be enough staff to provide good quality care.

## CAST A WIDER NET

Beyond right now the broader focus of reform must be much wider than care homes and the question of how to fund social care for older people. Holding social care as something separate and apart from the NHS makes no sense; we need integration in a meaningful person-centred way. Mental health needs are soaring, yet there are significant gaps in access to good quality care.<sup>13</sup> Community trusts providing reablement services will keep people well in the community for longer. Both are underfunded; both work in tandem with social care to support people.

Divisions between health and social care services make no sense to people who use these services and who experience them as part of the same system. When asked what they needed in the wake of COVID-19, people told National Voices<sup>14</sup> that they want to be listened to and to have their needs understood by health and social care professionals as individuals, not just to be lumped together as one group. They want information that enables them to make decisions about their care and to have those decisions respected. One person said: “We aren’t truly respected with our decisions if they are playing choices with our life.” This matters because the NHS and social care need active independent people to work with them to achieve the same goal: a population leading healthy, fulfilling lives.

What is important to people will only be reflected in the delivery and design of services if NHS and social care commissioners and providers work meaningfully with people to develop services. At its heart, those involved in our health and care must recognise the person at the centre of this. This will require money and it will require thought, but amid the trauma of this year, there is an opportunity to reset. ‘Building back better’ social care, with funding, staffing and person-centred integration is vital so that it genuinely supports people to live fulfilling lives as well and as healthily as possible.

**THE AVERAGE CARE  
WORKER IS STILL PAID  
LESS THAN A CLEANER.**



**Neil Tester**

Director  
The Richmond Group  
of Charities

## **SORTING OUT SOCIAL CARE: IF NOT NOW, WHEN?**

The Richmond Group of Charities brings together a range of major national charities which are all key players in England's health and care system. Together, we hear the concerns of and provide advice and information to millions of people. This aspect of our work has accelerated enormously during the pandemic.

We focus on the needs of people living with long-term conditions – especially multiple conditions. The many intersections between multiple conditions and inequalities have been brought into even sharper focus this year, and the social and economic consequences of COVID-19 mean they will be affecting people for years to come.

### **A SENSE OF URGENCY**

That's why decision-makers must avoid the understandable temptation to see social care reform as something that will just have to wait until after the pandemic. Without urgent action on social care, the impact on people's lives, on our communities and on other services will be exacerbated. It doesn't have to, and we mustn't let it.

Despite the understandable media focus on the huge challenges that this year has generated for people who live in care homes and their families, as well as people who work in them, we will fail if we focus only on the care home sector. Our work with our partners in the Taskforce on Multiple Conditions has highlighted time and again how social care support in the community is an intrinsic part of the network of services people need if they're to maintain their wellbeing, independence and social connections.

The pandemic has also, of course, highlighted how the NHS is crucially dependent on social care. We need a fully funded social care system that meets need effectively and enables integration with health services. This will also require a new approach to workforce, with a multi-year, whole health and care system workforce plan and the resources to deliver it.

### **FALLING SHORT**

Lack of reform of the social care system is undermining the ability of millions of people living with long-term conditions to access effective social care services. Even before the pandemic, The Richmond Group estimated that around 2.2 million people aged 50-plus in England, with a long-standing health condition, did not receive all the care and support they needed to maintain their health and wellbeing. Of these people:

- 1.5 million people live with severe difficulties with mobility
- 1.8 million people live with severe pain
- 650,000 people live with severe depression/anxiety
- 410,000 people experience severe difficulties with self-care
- 1.2 million people experience severe difficulties undertaking their usual day-to-day activities.

The national and local lockdowns, restricting mobility and access to support, will only have increased these needs, for people of all ages.

Reform to and funding of the social care system must deliver a secure and sustainable model of social care, capable of meeting the needs of a population of working-age and older people living with long-term, often multiple conditions, with more complex needs than ever.

We know we are also going to see a long-term increase in mental health needs as a result of the pandemic and its economic fallout. Social care has a vital role to play in tackling that challenge.

It needs to take its rightful place alongside the National Health Service as a core public service. It must be enabled to address the serious challenges that have faced the sector for many years and work in renewed partnership with individuals, their families and carers to meet people's needs effectively.

Failure to deliver this much-needed, long-term reform will mean asking the social care sector to do that with both hands tied behind its back.

### **TIME TO ACT**

Our recent research with Britain Thinks indicates that the public has really noticed the situation social care<sup>15</sup> is in and the challenges faced by social care workers as they struggle to meet people's needs. It's time now for decision-makers to show they understand this and will act.

As the government prepares to legislate for a new statutory approach to accelerating integrated care, if ministers are tempted to tackle the NHS first and fix social care later they would do well to reflect upon how that would drive a coach and horses through meaningful integration, trampling people's needs and scattering public money as it went.

The pandemic has finally shifted the social care debate away from a reductionist focus on people selling their houses to pay for care. As a nation, at last, we're seeing the consequences of an unreformed and under-funded system on real people with needs that everyone can relate to. That means forthcoming political decisions about the future of social care, or the lack of them, will be seen and felt by a wider section of the electorate than ever before.

There's no longer any question about the right time to act. The only answer is: now.

**WE'RE SEEING THE CONSEQUENCES  
OF AN UNREFORMED AND  
UNDER-FUNDED SYSTEM  
ON REAL PEOPLE.**

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# FIXING SOCIAL CARE: THE HEALTHCARE LEADER PERSPECTIVE

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**Miriam Deakin**

Director of Policy  
and Strategy  
NHS Providers

## **IF WE MISS THE BOAT ON SOCIAL CARE REFORM, WE RISK SINKING THE NHS SHIP TOO**

The challenges facing the social care system are rooted in years of underfunding and delayed reform, which the government has committed to addressing. But continued delays are leaving more people without the care they need and adding pressure across the health and care system, including NHS services.

Over the past decade demand for health and care services has increased, largely driven by an ageing population, people living longer with co-morbidities and long-term conditions, and a rise in the number of working-age adults with care needs. The pandemic has heightened the pressures both the NHS and social care faced previously with demand rising sharply in the context of constrained finances and workforce shortages.

### **TWO SIDES OF THE SAME COIN**

It is well known that NHS services rely on a stable, sustainable social care system to support people to remain well and independent in the community. This prevents unnecessary hospital admissions prompted by social isolation and falls. If the social care system does not have sufficient capacity, there is a direct impact on demand for NHS services and patient care.

Yet cuts to local government budgets\* have forced local authorities to tighten the access criteria for publicly funded social care services, resulting in high levels of unmet or under-met need and further increases in demand for NHS care often when people reach the point of crisis. Eighty-three per cent of trust leaders are worried or very worried that sufficient investment is not being made in social care in their local area.<sup>16</sup>

Social care also plays a key role in ensuring people can return home with a care package or to a care setting as soon as it is appropriate after a stay in hospital. Timely discharge and a 'home first' approach are not only better for individuals – as unnecessary hospitalisation or delayed discharge can lead to deconditioning and deterioration physically and in terms of people's mental wellbeing and independence – they also support patient flow through the health and care system, which proved critical during the COVID-19 response creating hospital bed space for those patients who really needed it.

Both health and social care colleagues welcomed the suspension of NHS Continuing Healthcare assessments and the introduction of 'discharge to assess' processes during the pandemic. The experience of the first wave shows both were effective in removing bureaucratic barriers to getting people home safely.

\*The Local Government Association's 2020 Comprehensive Spending Review submission states a £15 billion reduction to core government funding between 2010 and 2020. <https://www.local.gov.uk/publications/re-thinking-public-finances> [Accessed 30 November 2020].

## THE IMPACT OF COVID-19

COVID-19 shone a piercing spotlight on the vulnerabilities in a system beset by years of funding cuts, delayed reform and inequity. While trusts did everything they could to support the care sector locally by providing infection prevention and control training, personal protective equipment and staff to care homes, and discharging patients safely within national guidance, care homes and their staff and residents felt abandoned by the government. This must never happen again.

But the COVID-19 response also highlighted the importance of delivering joined-up care to meet people's needs in their own homes. Community, primary and social care providers worked effectively together to support clinically vulnerable people, including those shielding at home. Both NHS and social care providers want to lock in this improved integration and coordination across services.

The pandemic also exposed the inequalities that are deep rooted in society and often reflected within our health and care system. Trust leaders are more motivated than ever to tackle this injustice alongside key partners. The government must play a key role here in placing social care on a sustainable footing to support the most vulnerable.

## ACT NOW TO HELP THE SYSTEM WEATHER THE STORM

We understand that the government has been balancing a number of competing priorities over the last 12 months, prioritising an immediate response to the pandemic and seeking to balance protections for livelihood and liberties alongside safeguarding lives. However, we must shift the political debate to seeing social care reform as central to our aspirations for a sustainable health and care system which works for local populations, moving forwards.

Given that the NHS Long Term Plan was predicated on parallel political attention to reform social care, failure to do so could risk the delivery of key commitments. It may also stymie progress made in integrated care systems to bring together health and care services to provide better joined-up care for patients and service users. Without social care reform, we will see more avoidable pressure on NHS services, including growing emergency admissions and longer lengths of stay. The lack of social care capacity and workforce shortages will continue to slow down discharges and make future waves of COVID-19 all the more challenging.

In the 2020 Spending Review, the government rolled forward the non-recurrent £1 billion social care grant for a second year but failed to take decisive action on a long-term sustainable funding settlement for social care. The government must address immediate gaps in local authority finances created by income losses during the pandemic. It must work cross party to agree reforms which create fair pay and recognition for the social care workforce, improved access to publicly funded services, protection for individuals against care costs and the conditions to create a more stable provider market.

Prior to COVID-19, the Prime Minister committed to “fix social care once and for all”. Reform is now long overdue and is more urgent than ever in the context of the COVID-19 pandemic as the human cost of our failure to prioritise investment in care weighs heavily on our society. A ‘home first’ model for people and their care should sit at the heart of this reform. The government must fix social care once and for all or risk breaking the NHS too.

**THE GOVERNMENT MUST  
FIX SOCIAL CARE OR  
RISK BREAKING THE  
NHS TOO.**



**Nick Kirby**

Managing Director  
The Shelford Group

## **AN OVERWHELMING CASE FOR REFORM AND INVESTMENT**

The NHS is at its best when we orientate our collective efforts and diverse expertise to affect a common goal: patient and population outcomes. Too often throughout our history key levers have undermined this effort, or at least failed to sufficiently enable it.

Regulation, performance management, financial architecture, workforce planning, provider and wider system governance – rarely are these aligned and directed to affect this common goal. Furthermore, the overall quantum of investment has not reflected population needs.

A similar experience is evident across the spectrum of services that exist under the social care umbrella. The failure of subsequent governments to address this has had a profound and direct impact on the lives of millions. There is an overwhelming case for reform and investment. Political leaders – the Prime Minister, Secretary of State, Select Committee chair, opposition parties and many others – have committed to address this urgent priority.

Constraints in social care provision have a major impact on the physical and mental health of recipients of care and carers. We are at a crisis point, accentuated by the effects of the pandemic. For many people, this manifests in the need to access services provided in primary care and by mental health trusts. It also generates increased demand for services in the acute sector. Too often the NHS is poorly placed to address individual needs holistically, with services funded, regulate and designed to address the acute health need rather than the root causes. This makes a reoccurrence of an acute episode far more likely. Bluntly, this is a public service failure.

### **A FIVE-POINT PLAN**

So what are the solutions?

First, social care needs a significant increase in funding in order to meet needs of the UK population. Independent commissions, think tanks, professional bodies, trade organisations, local authorities and governments departments have all addressed this issue in depth; over many years the conclusions are consistent.

Second, workforce policy – in particular the UK's approach to immigration after the Brexit transition period – needs to reflect the current realities of the social care labour market. Imposing thresholds which exclude large volumes of overseas workers from the care sector will prove damaging and risk accentuating market fragilities in care provision.

Third, there is a shared opportunity between health and social care providers to transform delivery models to offer a more integrated service for the people we serve. Even better if this offer can be integrated across the full spectrum of public services at local level to reflect the significance of housing, policing, welfare, probation and education services on social determinants of health and health inequalities. It will be

important for upcoming reforms in health and social care to enable frontline provision to span sectoral boundaries.

Adopting the perspective of service users and the insights of frontline staff will prove essential to achieving a policy agenda in 2021 which provides a platform for positive change driven at local level, by local people, over the coming decade. For example, NHS reform over coming weeks and months needs to set out how integrated care systems and provider governance will strengthen delivery in partnership with social care.

Fourth, is to strike a compelling vision for how addressing social care as an urgent priority stands to generate a breadth of socio-economic benefits for the UK. Drawing on academic expertise to provide robust evidence concerning the positive impact a thriving social care sector will have on UK plc, will be important. Social care has much to offer in reducing economic and health inequalities that have become a defining national characteristic. The positive economic multipliers which can result from a vibrant care sector will be a critical component of any successful UK strategy for levelling up.

A fifth area, building on themes regarding ambition and transformation, is research. The National Institute for Health Research (NIHR) has set out to cultivate a thriving research ecosystem in social care. Since its inception, the NIHR has provided a strategic infrastructure for world-class research in the NHS, forging partnerships with academia, industry and the charitable sector. Replicating this model in social care stands to improve outcomes for service users by strengthening the evidence base for what works, by generating novel service interventions and facilitating a culture to embrace innovation. Importantly, this also stands to provide benefits for the social care workforce, empowering practitioner-led enquiry and the evolution of new career pathways to inspire the workforce.

### **A STRATEGIC PLATFORM**

As the UK emerges from this pandemic, there have to be a number of well-established strategic platforms from which our recovery as a country can be launched. Recognising the value of health and care as a strategic platform will prove pivotal. If national decisions on investment and sectoral reform align and reflect the need for a thriving health and care ecosystem, then we will stand stronger and better able to address social determinants which drive extreme health inequalities and undermine long term economic development in so many of our regions.

More than this, we can create a dynamic where the benefits of integrated public service delivery positively reinforce population health and economic growth. If we as a country wait – for a more stable macroeconomic position, clarity over the effects of Brexit, a conclusive end to the pandemic – and delay action, the starting baseline will be all the more challenging and the timeframes for improvement longer. This is a time for ambition, and the time is now.

**SOCIAL CARE HAS MUCH TO  
OFFER IN REDUCING HEALTH  
AND ECONOMIC INEQUALITIES.**



**Victor Adebowle**  
Chair  
NHS Confederation



**Sean Duggan**  
Chief Executive  
Mental Health Network

## THE UNTOLD TOLL OF THE SOCIAL CARE CRISIS

This essay focuses on the largely overlooked aspect of social care – support for those with a mental illness and/or a learning disability. To most people, social care conjures up images of elderly people in care homes or receiving support so they can remain in their own homes.

However, social services also have statutory duties to provide care for some working-age people with mental health issues, for those with learning disabilities and individuals of all ages with other care needs. In fact, the majority of social care funding is spent on working-age adults and the proportion of the budget spent on this group is increasing.

The role and wider benefits of social services supporting people with mental health issues and learning disabilities, and the complexity and variety of support that is provided, is not always well understood. The level and quality of provision also varies across the country.<sup>17</sup>

The social determinants of mental health, such as relationships, community inclusion, housing and employment opportunities, play a huge role in both supporting recovery and keeping people well. If these needs are supported, demand on physical and mental health NHS services at both primary and secondary level is reduced and patient outcomes are improved.

### THE FORGOTTEN ARMY

Mental health social workers, approved mental health professionals and domiciliary care workers are integral parts of the health and care system, supporting people with social and practical needs and providing necessary safeguards. However, this part of the social care workforce is often forgotten in conversations about social care, despite the positive impact they have on supporting people to stay well and out of hospital.

Most people will know what a social worker is – but are they aware of mental health social workers and the important work they do? Think Ahead is working to change this. Think Ahead provides fast-track training for graduates to become mental health social workers and, as a reflection on the success of the programme, has received additional government funding to increase the number of trainees.

### SUPPORT FOR PEOPLE WITH A LEARNING DISABILITY

Social care can be a lifeline for people with a learning disability and their carers, supporting them to live as independently as possible in their communities. Services include supported housing, day services, respite care and a support with day-to-day tasks such as money management, help with benefits, finding a job or educational opportunities, leisure activities and personal hygiene. Personal budgets can also help people with learning disabilities and their carers to buy in care to meet their specific needs.

Households can become a Shared Lives carer, where a person with learning disabilities lives with them, often as part of their family, providing a range of support.

Good quality services reduce the chance of people reaching crisis and needing inpatient care. Look Ahead Care and Support provide 20 learning disability services,<sup>18</sup> including specialist visiting and community-based day support, that are shown to reduce reliance on inpatient and out-of-area services.

## **A VITAL PART OF THE EQUATION**

Local authorities have historically played a role in funding supported housing for those with mental health issues and learning disabilities. Supported housing is an effective way of spending public funds – it reduces the demand for secondary and long-term inpatient services and frees up beds for those who really need them. The Mental Health Network's recent briefing on supported housing provides more examples of the benefits supporting housing can bring to patients and services.<sup>19</sup>

Spending on the Supporting People Programme, which funded housing-related support services for vulnerable people, including those with mental health problem or learning disability, fell by 69 per cent between 2010/11 and 2017/18.<sup>20</sup> Supported housing funding must be addressed in any future social care settlement.

## **A SIGNIFICANT TOLL**

The impact of COVID-19 on social care support for those with a mental illness or a learning disability has been significant. A Rethink survey<sup>21</sup> of people with mental illness who receive social care found that 45 per cent of respondents reported their care had got worse or much worse. Mencap found<sup>22</sup> that 69 per cent of people with a learning disability had their social care cut or reduced.

While it is understandable that infection control measures and staffing capacity issues meant that services had to adapt, it is important that these vulnerable groups are still provided with a form of support and that services resume as quickly and safely as possible.

The voluntary sector plays an important role in supporting people with their social needs, and many of these organisations have seen significant reductions to their income due to the pandemic.

Good quality social care provision helps avoid service users going into crisis. Referrals to urgent and emergency mental health teams have increased by 15 per cent increase between March and July 2020.<sup>23</sup> While it is difficult to measure the direct impact of altered social care provision on demand for crisis care, quotes from service users in Rethink's survey show that people felt their conditions were deteriorating, that people felt forgotten and carers were anxious and exhausted due to the lack of support.

## **FUNDING AND THE FUTURE**

Any new social care settlement must meet the needs of working-age people with a mental illness or learning disability. A system that expects individuals to save or insure themselves will not be appropriate for this group, as mental health conditions usually emerge during childhood or early adulthood and learning disabilities are lifelong conditions and often have mental health issues as well.

The new settlement also needs to recognise the important role of supported housing providers and voluntary, community and social enterprise sector organisations, the mental health social care workforce and the benefits they bring to individuals and the wider health system.

**ANY NEW SETTLEMENT  
MUST MEET THE NEEDS  
OF WORKING-AGE PEOPLE  
WITH A MENTAL ILLNESS  
OR LEARNING DISABILITY.**

# CONCLUSION

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Social care reform can no longer wait. The benefits of fixing social care once and for all are overwhelming: ensuring people can access the support they need to stay well and as independent as possible is a moral imperative.

Social care also has a vital role to play in preventing ill health. Clinicians are clear that accessible person-centred social care can keep people well and avoid hospital care that is costly, both in financial terms but also to health. It also frees up the time of primary care clinicians who currently support people who are at their most vulnerable to battle a rigid and complex system to access basic care. It will help people leave hospital when they are ready, rather than make them wait unnecessarily for care packages or residential beds, putting their recovery at risk.

COVID-19 has revealed the deep cracks in the social care system that is meant to protect us. It has shown that the status quo is simply not good enough. Significant investment and ambitious reform are necessary to ensure that those who need support can access it in a fair and affordable way. The case for additional, ongoing funding for social care is indisputable.

Now is the time for politicians across the political spectrum to grasp the nettle and decide how to fund it. Political debate needs to reflect the national consensus that reform is a priority. MPs must put the national interest above partisan politics, working together to find a way forward.

The Health for Care coalition does not back a specific funding mechanism – this is a political decision that requires cross-party consensus and an informed conversation with the public. We recognise the pressures faced by the government caused by the pandemic, but the decision to fix social care can be delayed no longer.

As these essays have made clear, however, it is not just about funding. A social care system that works for people who use it, the sector and the NHS cannot wait. Proposals must be brought forward at the earliest opportunity this year, setting out how social care will be reformed so that it:

- ensures that eligibility is based on need, ensuring those who currently have unmet needs have access to appropriate care and support
- provides secure, long-term, funding at a level to enable the social care system to operate effectively and deliver the outcomes that people want and need – this has to address both immediate financial needs and provide for a sustainable future that addresses not only funding but workforce; a diverse and stable market of providers
- provides trusted information about social care to help navigate the system
- improves service delivery to support people to live a life that is meaningful to them.

A vast amount of work is being done at a local level to ensure that health and social care can work effectively to support people's needs. But while social care is under so much strain, there is only so much services can do. We cannot afford to wait any longer: it's time to fix social care.

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