

Opposition Day Debate: Social Care

House of Commons

Tuesday 25 February 2020



Key messages:

- Adult social care and support is a vital service in its own right. It helps people of all ages to live the life they want to lead. It binds our communities, helps sustain the NHS and provides essential economic value to our country.
- Following the Government's delays to its green paper, we published our own, 'The lives we want to lead: The LGA green paper for adult social care and wellbeing', in the summer of 2018. This was a starting point for a public debate about how to fund care and how it can better support and improve people's wellbeing. Our response to this consultation was published in November 2018 and sets out key findings, implications and recommendations, including on how to fund social care. In July 2019, to mark one year on from the launch of our own green paper, we produced a further report to set out the consequences of another year of delay and inaction.
- We are pleased that in the recent Spending Round, the Government has responded to our calls and provided desperately needed new money, including £1 billion for social care (children's and adults), as well as confirming the continuation of existing grants. However, these one-off, piecemeal injections of funding are unlikely to be sufficient to deal with all pressures and hamper councils' ability to plan for anything beyond a short-term horizon. Social care needs to be given long-term funding certainty in the same way as the NHS, and we look forward to seeing the Government's plans for long-term adult social care reform.
- The issue of relatively low pay in the social care sector is highlighted regularly and the settlement in the Spending Round provides resources to begin to address this challenge. In the long-term, low pay needs to be addressed as part of the arrangements for the future funding of both adult and children's social care.
- With people living longer and demand growing, pressures will continue to rise as people live with more multiple and/or complex needs. The underfunding of adult social care and support sector is impacting on the quality of life of people who have care and support needs. It is also creating a fragile provider market, putting workforce and unpaid family carers under further strain, creating unmet and undermet need and impacting on social care's ability to help mitigate demand pressures on the NHS.
- There is a vital need to invest in primary and community health care, and wider community services, to reduce demand for adult social care. Local authorities' public health grant funding has reduced by over £700 million in real terms between 2015/16 and 2019/20. To match the growth in overall NHS funding as part of the Long-Term Plan, the public health grant should increase to at least £3.9 billion by 2024/25. We are continuing our calls for the public health grant to be restored and placed on a long-term sustainable footing for the future, with the additional money used by local authorities to help avert the onset of disease and reduce the burden on NHS and social care.
- More needs to be done to make our model of health and care proactive, person-centred, holistic and preventative.

Briefing

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Further information

Adult social care funding

Adult social care is a crucial service that can transform peoples' quality of life. Years of significant underfunding coupled with rising demand and costs for care and support, have combined to push adult social care services to breaking point. From 2010 to 2018/19, councils protected adult social care relative to other services. However, the ADASS budget survey demonstrates that the proportion of budgets spent on adult social care will decrease slightly in 2019/20 for the first time in a decade. The service continues to face significant pressures. These include core pressures of demography, inflation and National Living Wage pressures¹; and the provider market pressure (the difference between what providers say is the cost of provision and what councils pay). Latest figures show that councils in England receive 1.8 million new requests for adult social care each year – the equivalent of nearly 5,000 a day.

The significant pressure on councils' adult social care budgets means that funding is having to be prioritised on supporting people with the highest level of needs. Consequently, there is a lack of funding for more community-based preventative services. The 2019 Director of Adult Social Services (ADASS) Budget Survey notes that despite knowing that investing more in prevention and early intervention is one of the most important ways to make savings, 53 per cent of directors stated that they can only maintain existing levels of expenditure on these services, whilst 11 per cent are disinvesting.¹

The 2019 ADASS Budget Survey also notes that as well as the £7 billion funding reductions to social care, there are fewer GPs, a 45 per cent reduction in district nurses since 2010 and a 10 per cent reduction in the Government grant for public health since 2015/16. 71 per cent of Directors report that these pressures have been further exacerbated by insufficient capacity in primary care, community health care or mental health services².

The Health Foundation estimated that 41 per cent of emergency admissions from care homes were for potentially avoidable conditions such as chest infections, pressure sores and urinary tract infections that could be treated in the community or were a result of poor care or neglect.³

Government responses to the challenge of adult social care funding in recent years have been short-term and incremental in nature. One-off grants, the council tax precept for social care and increases in improved Better Care Fund funding have been helpful. But each mechanism has its limitations and they have not been enough to deal with all short-term pressures, let alone address the issue of longer-term sustainability.

Long-term reform is needed, and we look forward to the Government setting out its thinking at the earliest opportunity. Proposals will need to be practical and workable so that adults of all ages are supported to live the lives they want to lead. This means ensuring that the current system is adequately funded, as well as introducing reforms which improve access to care and pool the financial risk, so individuals do not face catastrophic costs. After many years of failed attempts at reform, local government is eager to see - and support - meaningful and lasting change for the benefit of all people who use and work in adult social care and support.

¹ ADASS Budget Survey (2019) https://www.adass.org.uk/media/7295/adass-budget-survey-report-2019_final.pdf

² ADASS Budget Survey (2019) https://www.adass.org.uk/media/7295/adass-budget-survey-report-2019_final.pdf

³ Health Foundation (2019) 'Emergency admissions to hospital from care homes: how often and what for?' <https://www.health.org.uk/publications/reports/emergency-admissions-to-hospital-from-care-homes>

The lives we want to lead

Following the Government's repeated delays to its green paper, we published our own in the summer of 2018. 'The lives we want to lead: The LGA green paper for adult social care and wellbeing' was a starting point for a public debate about how to fund care and how the care and health system can better support and improve people's wellbeing.

The consultation considered adult social care provision in the context of the role councils' play in shaping people's lives and communities. It posed a series of 30 questions covering issues including: the importance of care and support and wellbeing, the consequences of underfunding, how to make the system better and the options for implementing those changes, the role of public health and the relationship between care and health. The consultation was a real success and we received over 500 responses from members of the public, professionals, voluntary organisations and charities. Our response to this consultation was published in November 2018 and sets out key findings, implications and recommendations, including on how to fund social care.

In July 2019, and to mark one year on from the launch of our own green paper, we produced a further report. Through a series of articles from people who use services, care workers, providers and other sector experts, the publication set out the consequences of another year of delay and inaction.

Impact on care providers

Providers of social care are an absolutely vital part of the social care landscape, delivering practical care services with an essential human touch both to self-funders who pay for their own care and those who are funded by their council. But the financial challenges facing providers is putting them under significant pressure. The latest Association of Directors of Adult Social Services (ADASS) budget survey shows that 75 per cent of councils (up from 66 per cent last year) reported that providers in their area had closed, ceased trading, or handed back contracts in the last six months, affecting nearly 12,000 people (including more than 10,000 in the home care sector).⁴

Social care workforce

It is essential that the high turnover and vacancy rates across the social care workforce are addressed as this can impact on the care and support that people receive. In 2016/17, the annual turnover of all care staff was 27.8 per cent. The proportion of vacancies in care rose from 5.5 per cent in 2012/13 to a peak of 7.0 per cent in 2015/16, falling slightly to 6.6 per cent in 2016/17. Two roles in particular – care workers and registered nurses – have high vacancy and turnover rates compared with other roles within social care. High vacancy rates and turnover can disrupt the continuity and quality of care for service users, and also mean providers incur regular recruitment and induction costs.

There is a national drive towards better integration of health and social care in the UK, and greater recognition of the interdependencies between the two systems. The NHS Long Term Plan rightly recognises the health and care workforce as a key part of this integration process. Councils are best-placed to understand the needs of their residents and local economies and the importance of skills training and employment support in their area.

As a country we face significant skills challenges, particularly to the adult social care workforce. Any future immigration reforms need to ensure the social care workforce can be maintained. Councils know their local communities and local economies best. Involving

⁴ LGA (2020) 'LGA March 2020 Budget submission' <https://www.local.gov.uk/sites/default/files/documents/LGA%202020%20Budget%20submission%20FINAL.pdf>

councils in the development of a new system would mean they can assess demand for skills locally, ensure it takes account of the varied needs of employers and help the Government achieve its ambition to level up all parts of the country. Salary thresholds should be variable across regions, to reflect the needs of different employers, alongside a reformed and devolved skills and employment system to tackle the existing national skills shortages.

Delayed transfers of care (DTC)

Government focus and investment, such as the £2 billion Improved Better Care Fund, has supported improvements in delayed discharges.

Our analysis shows there was a reduction of 513,773 in delayed days attributable to social care over the period from July 2017 to June 2019, freeing up essential beds and improving people's lives for the better by making sure they do not stay stuck on wards for longer than necessary. We estimate this has saved the NHS an estimated £177 million.⁵

Whilst the reduction in delayed transfers is important, many commentators, including ADASS, have warned that more preventative and community-based services have suffered from funding being sucked into supporting discharge rather than preventing hospital admissions in the first place. We have long argued for funding to focus on community investment and preventing hospital admissions.

Solutions and good practice

The LGA, along with other national health and care partners, advocates for preventative, person-centred integrated care, with investment in community provision which maximises people's independence, wellbeing and the resilience of communities. This means investing in services such as reablement, which helps people regain their independence after time in hospital and helps reduce the likelihood of returning to hospital.

Councils are demonstrating best practice in this area. For example:

- **Wirral care home triage:** Wirral has a large number of care homes and had a significant number of non-elective admissions from care home residents. They therefore introduced a tele-triage service across 76 care homes, which gave an iPad and basic monitoring equipment to staff, who could use this to call on the advice from a nurse practitioner or GP when a resident become unwell. The service receives around 300 calls a month and only 15 per cent of patients require hospital treatment following the consultation. In terms of impact, there has been a 68 per cent reduction in NHS 111 calls from Wirral Care Homes, and a 10 per cent reduction in ambulance conveyances to A&E from care homes for 2018/19 compared to 2017/18⁶.
- **Mid Nottinghamshire Better Together** has a multi-agency model has seen 22 per cent fewer breaches of the national four-hour emergency target in 2015/16, compared to the previous year. As a result of the proactive work, Sherwood Forest Hospitals has been able to reduce bed stock by over 100 adult medical beds. The number of patients staying in hospital for more than 14 days has halved. They are introducing a commissioning model using personal health budgets. Initial pilots have shown average cost reductions per budget of around 17 per cent.

As part of the LGA's sector-led improvement offer, we regularly hold events and produce

⁵ LGA (2019) 'Adult social care services help cut half a million unnecessary hospital bed stays'.

<https://www.local.gov.uk/lga-adult-social-care-services-help-cut-half-million-unnecessary-hospital-bed-days>

⁶ LGA (2019) 'Wirral: care home tele-triage service'. <https://www.local.gov.uk/wirral-care-home-teletriage-service>

resources to share best practice and support leaders in adult social care and wellbeing.

Public Health

Councils have statutory responsibilities around public health, and as such have a stake in the future arrangements around these areas. There needs to be a greater shift away from health and care investment in treatment and towards prevention. We are pleased that the recent NHS Long Term Plan recognises this. By joining up care, health, planning, housing, transport, welfare and education, councils have made positive strides in tackling the social determinants of health and wellbeing from early childhood and throughout life.

We must place an emphasis on prevention, rather than cure, as this is better for people and the public purse. Prevention involves tackling the wide range of determinants that contribute to poor health amongst individuals and populations, with the aim of promoting health and wellbeing, and reducing health inequalities. Prevention has become increasingly important in recent years as the cornerstone of the drive to reduce people's need for high cost health treatments and care services.

Good public health has the potential to make a real and large-scale difference to our society. As well as improving people's quality of life, early interventions can also help save money further down the line. For example, a recent Public Health England report on falls prevention programmes shows that every £1 spent on home assessment and modification schemes for older people has generated savings of £2.17 on primary and secondary care spending. It has also been shown that this investment reduced the number of falls requiring admission to hospital over two years by an estimated 23 per cent, and that the societal (quality of life) return on investment was £7.34 for every £1 spent.

Since the transfer of public health to local government, councils across England have seized new opportunities to make health everybody's business. They have done this despite reductions to their grants. The ability for local authorities to innovate and increase efficiency is nearing its end. Investment in public health must be increased. Reductions to public health budgets must be reversed and public health needs to be put on a sustainable footing.