

## The ADASS position on the NHS Plan

October 2018

1. Social care provides care, support, and safeguards for those people in our communities who have the highest level of need and for their carers. Social care has value in its own right in transforming lives as well as being critical for the sustainability of the NHS. The inter-dependency of health and social care is now well recognised
2. Nearly two million people rely on these essential services and around 6.5 million carers support people alongside and beyond the formal social care sector. However, it should be noted that the number of people in receipt of state-funded care has fallen significantly since the beginning of the decade as a result of reductions in government funding, the need to try to stabilise a very fragile care market and a requirement to increase wages in line with the National Minimum and Living Wages. This has left approximately 1.4m people with unmet care needs and many more with under-met care needs,<sup>1</sup> in spite of demographic pressures and increasing complexity of need. This causes both distress, and in many instances, precipitation into crisis. Hospital attendances and admissions significantly increased last year.
3. The value of adult social care to the economy should not be underestimated. The total direct, indirect and induced value of the adult social care sector in the UK is estimated to be a £46.2 billion contribution to the national economy and 2.6m jobs.<sup>2</sup> It is detrimental to both the economy and to the health and wellbeing of individuals to have to give up employment to provide care because it cannot be provided otherwise.
4. ADASS has consistently demonstrated its commitment to work collaboratively with the NHS at local, regional, and national levels for the benefit of local people, particularly older and disabled people. The new financial settlement for the NHS is the largest single increase for any public service in recent times outside of the spending review. How the NHS uses this money has profound implications for the wellbeing of our populations and for adult social care, offering potential opportunities but also the risk of exacerbating existing local authority budget pressures. What the Plan says about the integration of health and social care is also a vital concern. So the importance of full and effective engagement by ADASS in the process cannot be over-stated.
5. Drawing on previous ADASS lines and positions on a variety of issues to do with the NHS, including the '[Distinctive, Valued, Personal](#)' document and the [Green Paper statement](#), the following elements are the basis for ADASS's 'asks' of the Plan's contents, and our 'offer' of support:
  - the founding principle is the inter-dependency of the NHS system – the NHS will never work properly without strong collaboration and adequate investment across the whole system of acute, primary, community, public health and social care provision;
  - recognition that the same forces are driving pressures on health and social care – demographic change, increasing complexity and acuity of needs, rising costs and workforce constraints;
  - the focus on enabling people to live as independently as possible in their own homes & communities through the right mixture of personalised joined-up services – thus reducing the need for admission to hospital for mental or physical health reasons and for long term care; and so reducing both avoidable admissions and delayed transfers from hospitals. This has been a driving force behind our work in ADASS, and will require a major and protected shift of resources from acute to community and primary care;
  - the value of the social model – personalisation - in supporting people to exercise greater choice and control over their own care and health needs and the importance of this to NHS aspirations for self-care and self-management. ADASS brings considerable experience from successful implementation of personalisation;

<sup>1</sup> [New analysis shows number of older people with unmet care needs soars to record high, Age UK, July 2018](#)

<sup>2</sup> [The economic value of the adult social care sector – UK, ICF, June 2018](#)

- drawing on the experience of the social care sector in safeguarding the rights of people often excluded from society, for example those with needs arising from learning disability, mental health and substance misuse, and supporting them to access core NHS services.
  - A focus on addressing the workforce challenges across the health and social care sector as a whole.
  - the distinctive contribution of ADASS as a professional association whose members are often responsible for other local authority functions that contribute to population health;
  - the importance of wider public services, such as housing, leisure & the benefits system in shaping the health and wellbeing of individuals and local populations.
6. It is absolutely necessary to have a co-produced approach to responding to these shared challenges – especially funding, workforce and system design across the NHS Plan and the Social Care Green Paper. The 40% reduction in delayed transfers attributable to social care offers demonstrable evidence that social care delivers. But there are growing indications that because social care resources are limited, shifting them to support discharge AFTER people have become ill is resulting in potentially more people waiting in the community for services, more emergency admissions, more emergency re-admissions and the risk that rapid discharge to short-term residential and nursing care without sufficient community therapies results in more people in long term nursing care. In the short term, we would welcome working with NHSE and with NHSI to see how we can focus on keeping people physically and mentally well at home and exploring aspirations to remove the need for hospital admissions. In the longer term, we need a plan that is absolutely focussed on wellness.
7. ADASS support the local pooling of budgets with the NHS to support person-centred, co-ordinated care and support and to develop sustainable health and care systems. But we also seek an uncoupling of the part of the Better Care Fund that is intended to protect social care funding, so that the focus can be maintained on people at home rather than on the crisis in acute services.
8. ADASS will seek not only active engagement in NHS planning groups but in strategic discussions at a higher level that will decide the final shape and content of the plan, especially on key shared concerns such as money, workforce and integration.
9. That funding for the NHS has been identified and a plan is being developed whilst there is no certainty of funding levels for next year for Social Care, and no Green Paper, is deeply regrettable. The two should be being produced and delivered in parallel. Any funding or plan for the NHS is otherwise at risk.

**10. About us - The Association of Directors of Adults Social Services (ADASS)**

The Association of Directors of Adults Social Services (ADASS) is a registered charity which aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy. The membership is drawn from all the serving directors of adult social care employed by local authorities in England. Our objectives include:

- furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time.
- furthering the interests of those who need social care services regardless of their background and status
- promoting high standards of social care services