

# **SORTING OUT SOCIAL CARE FOR ALL, ONCE AND FOR ALL**

**ADASS Statement  
August 2019**

## About ADASS

The Association of Directors of Adults Social Services is a charity. 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 backgrounds and status and
- Promoting high standards of social care services

Our members are current and former directors of adult care or social services and their senior staff.

## Introduction

If we are fortunate, we live to a good and active old age. If we are lucky, we are able to live the lives we want to lead, whether we are disabled or not, and we are supported to care for our families and neighbours when they need care and support. Our communities are supported to be resilient and inclusive and people get support and safeguards when they are at their lowest ebb. Isn't that the mark of a civilised and caring society? But one of the burning injustices of our fortunate country is that successive governments haven't made this real for us. Social care wasn't included after the war when the NHS was set up. Then, fewer people needed support and, if they did, it was provided by the home help and district nurse or in a long stay hospital. Now we need a new deal to catch up with 71 years of social and medical advances and to counter the ten years of austerity that have made circumstances so much worse.

The new Prime Minister has made clear that the reform of adult social care is at the top of his domestic policy agenda. Think tanks, charities, people working in and leading the NHS, providers, journalists, the House of Lords and, most of all, older and disabled people and their families all know that this is necessary. He promises to sort out social care 'once and for all' and this provides an immediate window of opportunity to make a difference and address real human suffering by resolving one of the biggest policy and service challenges facing the country today.

This report sets out what needs to happen in the short and long term. Adult social care needs three things:

1. Firstly, short-term funding to prevent the further breakdown of essential care and support over the course of the next financial year.
2. Then we need long-term funding and reform which will enable us to build care and support for the millions of us who need it and create a social care system that is truly fit for the twenty-first century.
3. This will require a long-term plan for adult social care which means that we genuinely have a system that links with other public services and supports resilient individuals, families and communities.

These three measures will mean that we have an adult social care system that is fit and equipped for the twenty-first century.

## The issues

Social care provides care, support and safeguards for us during the most vulnerable times of our lives; it supports us when we are disabled or older; it supports us to live good lives and die good deaths. With over a million people receiving social care funded by the state, over 350,000 thought to pay for their care themselves, 1.4 million older people not getting the help with daily living they need and around 1 in 6 of us - 7.3 million people - providing unpaid care for adult family members in England, we are talking about a group of people much, much bigger than the population of London now, let alone in the future.

Need for adult social care has increased considerably in the last ten years. This is as a result of more older people needing support, more working age disabled people living longer, social and environmental issues linked to increased mental health crises, homelessness, drug related deaths, and poverty amongst people who are in work as well as those who are not. There has also been a recent levelling out of life expectancy.

Social care is a great connector between the NHS, local government and other public services, charities, communities and providers. Most of the discussion is about the integration of health and social care – and the two are interdependent – but it is much wider than that. Social workers know how to work with individuals and communities that are excluded, how to make the links between mental health and substance misuse at night shelters, how to link with housing and with the police. Many of these kinds of services and supports - preventative work - have been in significant decline, especially in communities where there is the greatest need for them and the greatest disaffection. But there is a real opportunity to look beyond the obvious, for the benefit of older and disabled people and their families, especially if we are bold enough to reconsider and debate the wider issues including in relation to benefits (for example Personal Independence Payments and Attendance Allowance) and the wider public sector.

During the years of austerity, Directors of Adult Social Services have reported making a total of £7.7 billion of savings. This has meant difficult choices for individuals, and families, often in emergencies when they are at their most vulnerable, for people who organise, people who provide care and the councillors who have to ensure that they live within budgets as well as representing their constituents. The breadth of services councils can provide and the numbers of people that they can support have significantly reduced. Care staff do essential, rewarding, challenging and skilled work, but workforce recruitment and retention has become more challenging as, despite the welcome living wage, pay remains low. And care providers are, in many instances, closing or handing back contracts with councils, resulting in what Age UK calls 'Care Deserts' – places where there are no decent or affordable services.

During those years, the NHS has also come under pressure and, especially recently, the main focus has been on keeping acute hospitals functioning. Hospitals are under pressure as a result of reductions in in District Nursing and social care and in an increase in the workload of GPs. The NHS Long Term Plan aims to address this but it won't work without addressing social care and how the NHS and Local Government make that happen.

Adult social care delivers results. A relatively modest invest in funding from Government, for example, delivered a 43 per cent reduction in the number of days that people are delayed getting home from hospital for social care reasons, equivalent to helping the NHS avoiding £47m in costs as a result of excess bed days.

There is much talk about a system that is broken, but the reality is that we have good law (in the Care Act) and many dedicated and committed people working in care and providing care for family members. Social care is a major contributor to the economy: some regions are picking it up as a key driver. More people work in social care than do in the NHS.

What we need is:

1. funding
2. a plan for the workforce
3. the ability to develop and use new technology and communications in ways that older and disabled people and their family find useful
4. a better framework for relationships between local people, councils and the NHS and
5. greater awareness in the public before they or their families need support.

## Step One: The short-term task

The short-term challenge is to guarantee that the social care system has the funding it needs over the next financial year to ensure that everyone, both older and working age disabled people, who need care and support can get it. Short-term funding is also needed to ensure that we start to recover some of the ground that has been lost through a decade of austerity and avoid any further deterioration in the care which can be provided locally. Most urgent is to confirm that the funding that is due to end in March next year continues for at least a year, otherwise notice will have to be given very shortly to providers of those services that they will have to end, so that they can also give notice to staff and people receiving those services can be informed.

The reality is that over last ten years, adult social care has fared worse than most other parts of the public sector. The £7.7 billion of savings that have been delivered by adult social care system over the last decade, as a result of government choices and austerity measures, shows the strain that people and the system has been under. The impact of the reductions in funding is stark but we give a few examples:

- Age UK figures show that there has been a 72 per cent increase since 2010 in the number of older people with an unmet need(s), with 1.4 million now not receiving all of the care and support they need.
- Carers UK report a significant increase in the numbers of people giving up work to provide care for family members, especially women in their fifties.
- The workforce crisis in which vacancy rates stand at eight per cent (110,000 posts) and with staff turnover running 30.7 per cent (390,000) means that the very viability of many services is threatened by the lack of care staff, and, for nursing homes, nurses. Social care staff are providing crucial services; enabling people to live the lives that they want to and avoiding social isolation, yet many are paid at, or just above the minimum wage, and substantially below their colleagues and peers in the NHS and often below rates in routine retail jobs. We can only start to address this inequity if we invest in adult social care and in our brilliant social care workforce.
- The other key challenge is the provider crisis in which providers are increasingly exiting the state funded market due to not being able to recruit staff and the level of fees paid.

The number of councils experiencing the closure of home care providers has increased by 50 per cent from 2017/8 to 2018/19. (48 in 2017/18 to 72 in 2018/19 (up 50 per cent). This has led to 113 per cent increase in the number of people impacted by home care closures over the same time period (3,290 in 2017/18 to 7,019 in 2018/19). This represents a risk for both the system and for the people who use and rely on residential and home care services. The bottom-line is that without providers of care we do not have a social care system.

The House of Lords' Economics Committee stated that the adult social care system would need around £8 billion a year in to "restore care quality and access to 2009/10 standards, addressing the increased pressure on unpaid carers and local authorities and the unmet need that has developed since then". It also cautions that more will be needed in future years to meet demographic and demand changes. ADASS supports the Committee's analysis and believes that this level of funding is needed to ensure that those that need care and support are able to access it. Urgent confirmation that funds that are due to end in six months' time is also essential as otherwise councils will have to start decommissioning services now.

Dealing with the short-term funding crisis is an essential first step which will help stabilise the adult social care system. It will also enable the government and politicians more widely to create the space to craft a new system which places the adult social care system on a sustainable footing for the future.

## Step Two: The longer-term challenge

The second and arguably more challenging task is to bring forward and agree meaningful reform of the social care funding system. This is the 'once and for all' part, which was recently referred to by the Prime Minister. Without this reform, adult social care will continue to struggle from budget to budget, crisis to crisis, and will be condemned to a cycle of decline, heaping further pressure on to individuals, families and carers, undermining the ability of councils to design with people the kind of care they want, threatening the viability of care providers and the NHS.

Reform requires choices to be made and agreements to be reached. The positive news for the Government and politicians is that they have a wealth of source material to draw on. This includes no fewer than five commissions and independent reviews and 12 green and white papers over the last two decades which have offered recommendations and proposed solutions. Most of these have stood the test of time and are arguably more relevant and needed more now than were when they were first published.

There are common themes and shared viewpoints about what is required. There is general consensus that:

- whatever system emerges should work for both older people and for working age disabled people
- the state must find a fairer way for funding social care removing much of the 'jeopardy' element for individuals and families by capping individual life liabilities
- a voluntary insurance-based system will not work in the UK context given the lottery of whether care will be needed or not and the insurance industry's absence of the

development of products. It would simply reinforce the divide between a fully funded NHS and an insurance based social care system

- the system should promote greater social justice
- the system must be built around individuals and families, not organisations and money flows – it has to be truly person centred.
- the system must set up arrangements whereby the adult social care system is on an equal footing with the NHS in terms of the workforce, engagement with local government and communities through Health and Wellbeing Boards (STPs are often far too distant from local communities, though important for major changes, integration within the NHS and for specialist services) the relationships locally between social care, GPs, District Nursing and community therapies and infrastructure locally, regionally and nationally.

We also need a care market that supports small and medium sized enterprises, recognises the significant contribution of social care to the economy, that requires big providers that are dependent upon hedge fund owners abroad to be more transparent and responsible (at the moment, unlike utilities like water and electricity suppliers that have to take account of people's vulnerabilities, social care providers can, in effect, just walk away) and we need more emphasis on social value on social care contracts.

To avoid further delay, the Government should use these points of consensus as their starting point. It must resist at all costs the temptation to go back to the drawing board, yet again. Politicians cannot use the excuse that their inboxes aren't full about social care in the way that they are about crime or the NHS. People needing or providing social care are too exhausted or excluded to write. They aren't aware enough about what social care is to say it that way. But they will weep in constituency surgeries about coping with what their parents need. At this stage, the emphasis should therefore be on producing a White paper rather than the previously promised, but repeatedly delayed Green Paper.

The Government will need to lead, engage with and build cross-party support for any vision for a reformed adult social care system, ensuring that parliamentary approval is reached avoiding political argument.

We need a system that provides certainty for those who rely on social care services, our staff, people who assess need and develop contracts for provision, providers and the wider public. We are keen to explore multiple issues and to look at adult social care in its broadest sense. This includes potentially exploring with disabled and older people the role of Attendance Allowance (AA) and Personal Independence Payments (PIP) and how the benefits system can be better harnessed to support people to live the lives they want to live alongside social care.

## Step Three: A long-term plan

Just as the Government's settlement for the NHS announced in July 2018 led to the development of the [NHS long-term plan](#), so we believe the agreement of a new, sustainable adult social care system should be accompanied by a social care long-term plan.

To truly develop an adult social care system that is fit for the twenty-first century, in addition to having funding guarantees, we also need certainty regarding the task before us.

We need a long-term plan which allows the vision for adult social care to happen and enables the system to deliver the principles of the Care Act. We need the things that make this happen: funding, staff, housing, technology, and an informed and engaged public. Many people needing care and support or caring for their families are too exhausted or excluded to talk to their MP.

The social care long-term plan should set out what is expected of the sector and serve as a three-way contract between the Government, the public and sector. It should, of course, mirror and complement the NHS long-term plan and fit with intentions in relation to engaging all of the public sector, individuals, families and communities. Symmetry with the NHS arrangements would mean that the adult social care system and the NHS will be genuinely seen as two halves of a single health and care system. But the relationship is much wider than the NHS and needs the relationship with wider local government, especially housing, with other public sector organisations, charities and communities to be effective.

Just as the NHS Long Term Plan seeks to reduce the need for hospitals and the use of A&E as first point of call in the absence of GPs and District Nurses, so social care needs a funded transformation to invest in exactly the kinds of social care that reduce social and health crises, or, when they have occurred, to help people back to resilient lives in resilient communities.

One of the lessons from the last decade is that the solution cannot be developed in isolation within Government. It needs to draw on the expertise of numerous reports on the topic, the experience of those who use services, their families and carers, commissioners and providers of services.

There will be no shortage of stakeholders willing to support politicians in their endeavours to 'sort social care' but they will need to be convinced that this is a meaningful exercise which will deliver real change and not simply another false dawn.

ADASS believes that the Government and those across politics more widely need to bring forward and agree a set of proposals which deliver for the people who are supported by social care and those who are excluded or pay for their own care; place adult social care on a sustainable footing; places social care within the context of wider public services and demonstrates that those of us needing, organising or providing social care are recognised, valued and respected.

We believe that these proposals should meet a number of key criteria. These are set out in the checklist at the end of this report.

With certainty on both funding and the task ahead, the adult social care sector can move forward with what it does best – being a great connector with people and organisations, safeguarding people's rights if they are being abused, neglected or where they cannot make decisions and compulsory admission to psychiatric hospital or a deprivation of liberty is considered, helping people who are in the most difficult circumstances to re-engage with life and communities and organising funding or providing the care and support that enables individuals to live the lives they want to live and die the deaths they want to die.

## Conclusion

The three tasks facing the Government are inevitably interlinked, but the reality is that without short-term investment and certainty, it will be so much more difficult to agree long-term reform, and without reform there can be no long-term plan.

The Government should use the short-term funding settlement as an opportunity to create the space in which to develop and agree a new funding system which works for both older and working age disabled people; from this should then flow a long-term plan.

The people who are supported by the adult social care system, families and carers cannot afford another false dawn. We need to work together to ensure that we have an adult social care system that is fit for the twenty-first century. We need to work together so that people can live good lives.

## Adult Social Care Reform – Checklist

A reformed social care system must be built on a set of principles which put people at the centre and which are congruent with the spirit and letter of the Care Act. The system must:

1. **Be developed with and for people needing services** and their families and communities.
2. Promote the Care Act principles of wellbeing, information, prevention, personalisation and choice, partnerships, vibrant care markets, safeguards and support for families and communities. **Prevention** should be broad prevention and support for people to gain or regain employment, be involved in supportive relationships and their communities and set up or remain in their own homes wherever possible.
3. **Work for all ages** and for those with physical, practical, social, psychological, safety and mental health and substance misuse social care needs
4. Be built upon the principle of **universal support for everyone** – it is about all of us, not just those who need it right now.
5. **Be equitable** – working for all geographical regions and communities and providing **equality** that is not determined by where you live or your ability to pay or your community's ability to raise council tax
6. Set out a **clear set of rights and responsibilities** for the state and for the individual, guaranteeing certainty. The core funding for social care now must be addressed first. Then funding to prevent people needing to sell their homes can be sorted out.
7. **Ensure stability and continuity of care** in both residential care home and community-based care services
8. Encapsulate **social care in its broadest sense** and look to reclaim some of the activity which has been lost recently, including work to promote social inclusion and to counter social exclusion
9. Place social care within the **wider context of all public services** with a strong emphasis on connectivity and addressing needs before they are crises. **Support integration** with housing, criminal justice, education, the NHS and all key public services
10. Be measured on the basis of **more than its ability to ease pressures on the NHS**.
11. Ensure **fair pay, conditions, training and support for care staff**, whether employed or self-employed so that the workforce is resourced and stabilised
12. Enable local authorities to **support the provider market** and ensure continuity of care
13. Be underpinned by a **Long Term Plan for adult social care**
14. Be **fit for the next 30 years**.