

HOW TO SORT OUT SOCIAL CARE – ONCE AND FOR ALL

ADASS Statement
December 2019

This statement

Adult social care reform has been widely acknowledged as one of the great unanswered policy questions facing us today.

Successive Governments have promised to prioritise social care but have ultimately failed to deliver. The new Government, with its significant majority, has an opportunity to stabilise care today and set out its positive plans for adult social care for the future. It has an opportunity to shape care and support for those of us who need it today and the millions more of us who will need it in the future.

The Prime Minister has spoken of his ambition for a One Nation Government. It is important that this one nation vision includes those of us who are older, disabled or mentally unwell, whose lives are dependent on, enabled and enriched by social care.

In this statement we set out what ADASS would like to see the new Government do to prioritise adult social care. As a charity we are committed to promoting the interests of those of who use social care or care for those who do. Throughout this document we repeatedly and purposely refer to 'we' when setting out what the Government should do. By 'we' mean all of us who need social care, care for family members who do, or work in adult social care.

We are clear that social care matters to everyone and collectively we must all support the development of adult social care that works for all of us. That is why we are committed to working with the new Government and politicians from all parties to prioritise adult social care and to enable care fit for the twenty-first century.

Introduction

If we are fortunate, we will live to a good and active old age. If we are lucky, we are able to live the lives we want to live, whether we are disabled or not, and we are enabled 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 assistance 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 a reality for everyone.

Adult social care wasn't included in the NHS when it was set up after the war. Instead the National Assistance Act 1948 put in place parallel, but separate arrangements for what we now call adult social care. Then, fewer people needed support and, if they did, it was provided by the home help, 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 financial constraints that have made circumstances so much more difficult.

Successive Governments upon assuming office have listed reform of adult social care amongst their top domestic policy priorities yet have ultimately failed to deliver on this promise. Early commitments have repeatedly floundered as the complexity of the system or the finances required to deliver genuine reform overwhelmed their initial enthusiasm. The Prime Minister, the Rt. Hon. Boris Johnson, and his Government has an opportunity and the parliamentary numbers required to break this cycle.

The Conservative Party's General Election manifesto set out the ambition, as well as the scope of the challenge:

We need to have a system to give every person the dignity and security that they deserve. This is a significant and complex challenge and in order to lay the foundations, we must plan for the infrastructure, workforce growth and healthcare integration that is required for a care system fit for the 21st century.

The opportunity now is to turn this ambition into a reality. The positive news for the new Government is that all of the major think tanks, charities, people working in and leading the NHS, care providers, journalists, the House of Lords and, most of all, older and disabled people and their families are clear that reform is necessary. They are therefore pushing at an open door. The new Government has an opportunity to push that door and begin a new era in adult social care – an era which will enable all of us to live the best lives we can.

The new Government has the opportunity to make the choices that its predecessors of all political shades over the last two decades have not – the chance to resolve one of the biggest challenges facing the country today and to make a difference to millions of us who use social care, care for family and friends or work in the sector. The opportunity to put adult social care on a firm and sustainable footing for the next decade and beyond.

We are keen to support the Government to transform adult social care, so we thought it would be useful to set out the three things that adult social care needs from the new Government:

1. **Certainty about funding** - setting out at the earliest opportunity what money will be available over the course of the whole of the next Parliament to ensure that those of us who need social care get the support we need to live our lives as we want to live them.
2. **Long-term reform** - enabling us to build care and support for the millions of us who need it and create an enabling social care system that is truly fit for the twenty-first century
3. **A long-term plan for adult social care** – setting out how social care links with other public services and supports resilient individuals, families and communities, which complements and supports the NHS long-term plan.

These three measures will help underpin an adult social care system that is fit and equipped to meet our diverse needs over the course of the coming decades. This is an opportunity to implement decisive, long-term solutions, not more short-term adjustments.

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. There are more than a million people receiving social care funded by the state, with over 350,000 thought to pay for their care themselves. Age UK estimates that [1.5 million older people are not getting the help with daily living they need](#) and Carers UK calculate that around [1 in 6 of us - 7.3 million people are providing unpaid care for adult family members](#) in

England. Taken together this means we are talking about a group of people equivalent to the population of London today. Or, if you prefer, greater than the combined populations of Birmingham, Greater Manchester, Leeds, Newcastle, Liverpool, Bradford and Bristol. We also know that these groups are set to increase significantly in the future. These groups represent a significant proportion of the population and of the electorate.

When thinking about adult social care, it is important that we focus on all of those who need care and support. Too often the focus is on the needs of those of us who are older, without thinking about those of us who are younger with a disability or mental health issues. Social care must be there for all of us, whenever we need it.

Need for adult social care has increased considerably in the last ten years. As more of us live longer thanks to positive advances in medicine, care and support, so more of us want and need support to live independent lives, for as long as possible. Increasing numbers of us are experiencing mental health crises, drug and alcohol misuse, homelessness and social isolation which means that more of us need support to live the lives we want to live.

Social care is a great connector between the NHS, local government and other public services, charities, communities and providers. Most of the recent discussion has been about health and social care integration and the two are interdependent, but it is much wider than that. People working in social care 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. Amidst sustained financial constraints, much of this preventative work has been in significant decline, especially in communities where there is the greatest need for them. As we emerge from austerity, there is a real opportunity to be bold and to reconsider and debate the wider issues including benefits (for example Personal Independence Payments and Attendance Allowance) and the wider role of public services in enabling us to live the lives we want to live.

During the last decade, [Directors of Adult Social Services have reported making a total of £7.7 billion of savings from their budgets](#), including having to find £700 million in savings during this financial year (2019-20). This has meant difficult choices for individuals and families, often in emergencies when we are at our vulnerable, for those of us who organise or provide care and the councillors who must 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 does not fairly remunerate people for the skilled work they do. And care providers are, in many instances, closing or handing back contracts to 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 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 will not work without addressing social care and properly resourcing what happens outside hospitals.

Adult social care delivers results. A relatively modest investment in funding from Government, for example, previously delivered a 43 per cent reduction in the number of days that people are delayed getting home from hospital for social care reasons. This is equivalent to helping the NHS avoid £47m in costs as a result of excess bed days. Re-investing in social care before people become malnourished, dehydrated, fall or become isolated and depressed would save many more and contribute to stemming the ever increasing numbers of people who attend A&E.

Social care is a major contributor to society and to the economy: locally and nationally. Increasing locally areas and regions are promoting social care as a driver of economic well-being and net contributor to the local economy. It is often overlooked that more people work in social care than do in the NHS. It is important that we collectively recognise and value their contribution.

There is much talk about a system that is broken, but the reality is that we have good legal framework (in the Care Act) which is based around the needs and wants of those of us who use social care. We also have many dedicated and committed people working in social care and providing care for family members. However, we have not had the financial resources required to deliver the ambitions of the Act and so this is unfinished business.

Step One: Certainty regarding funding

The immediate opportunity is to provide certainty regarding the funding available to social care over the course of the full five years of this parliament. Successive governments have relied on single year funding, which has proved inadequate against a backdrop of growing demand and increasing unmet need. This has effectively seen the sector staggering from budget to budget for short-term settlements that have ultimately left local authorities having to make difficult decisions about how to use these limited resources and not getting full value for money because of having to use short term contracts.

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 the adult social care system over the last decade, as a result of political choices, shows the strain that people and the system has been under. The impact of the reductions in funding is stark, but to give a few examples:

- Age UK figures show that there has been a 84 per cent increase since 2010 in the number of older people with an unmet need(s), with [1.5 million older people 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 between the ages of 45-64;
- The workforce crisis in which [vacancy rates stand at 7.8 per cent \(122,000 posts – an increase of 12,000 posts on the previous year\) and with staff turnover running at 30.8 per cent \(440,000 – up by 50,000 in a single year\)](#) 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 so many of us to live the lives that we 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 entry level 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 because of the level of fees paid and their inability to recruit staff. 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. 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 to 2018/19). This represents a risk for both the system and for those of us 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.

As we have seen over the last decade, short term funding creates uncertainty in the market preventing local authorities from planning for the longer term. In turn, there is less incentive for providers to innovate as the reliance on short term funding means that services are at risk of being decommissioned after a short period of time. It also impacts on our care workforce who face uncertain longer-term employment prospects and restricted development opportunities. Most importantly it has an impact upon those of us who rely upon these services to live our lives.

Longer term funding will also help ensure that we can start to recover some of the ground that has been lost over the last decade and avoid any further deterioration in the care which can be provided locally. As a signal of its wider intent, the new Government can immediately fund additional winter pressures and confirm that the funding that is due to end in March next year (2020) continues otherwise councils will have to start decommissioning services immediately.

Most importantly, long-term funding provides certainty and ensures that everyone, both older and working age disabled people, who needs it gets the best possible care and support.

The new Government can use the upcoming Spending Review to ensure that the social care system has the funding it needs across the full five years of the parliament. This settlement should be based on a credible assessment of what would stabilise the system and prevent further deterioration.

The [House of Lords' Economics Committee](#) stated that the adult social care system would need around £8 billion a year 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 of us that need care and support are able to access it.

Dealing with the immediate funding crisis and providing certainty is an essential first step to stabilise the adult social care system. Without it, it may prove impossible for the Government to create the space to craft a new system which places adult social care on a sustainable footing for the future.

Step Two: Reform

The second and arguably more challenging task is to bring forward and agree meaningful reform of the social care funding system. It is this that successive Governments have committed to doing, but ultimately failed to deliver. Without this reform, adult social care will continue to struggle from crisis to crisis. It will be condemned to a cycle of decline, loading further pressure on to individuals, families and carers and the economy, undermining the ability of councils to design with people the kind of care we all want, and threatening the viability of care providers and the NHS.

The new Government has one advantage that none of its immediate predecessors had – a significant parliamentary majority. This should give it the space to develop innovative ideas and to be bold.

Reform requires choices to be made and agreements to be reached. The positive news for the new Government and politicians more generally 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 a general consensus that:

- Whatever system emerges must work for both older people and for working age disabled people;
- the system must be built around individuals and families, not organisations and money flows – it must be truly person centred;
- 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;
- the system should promote greater social justice;
- 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;
- funding free personal care could only ever represent one part of a reformed social care system. Removing the requirement to sell your home to pay for care will do little to help those people who don’t have homes to sell or many working age disabled people who have not built up assets over time like many older people have. Free personal care will also make it sound to the public like care is free, however this does not cover accommodation/hotel costs which could still be very substantial and would need to be paid for. It also risks creating a hierarchy within disability, whereby physical care needs are prioritised above social, psychological, employment and mental health needs;

- the system must be built around arrangements that place the adult social care system 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 integration within the NHS and for specialist services) and through the relationships locally between social care, GPs, District Nursing and community therapies and infrastructure locally, regionally and nationally.

To speed up the process, the new Government can simply adopt these points of agreement as the starting point for their reform proposals. It must resist at all costs the temptation to go back to the drawing board, yet again. Every politician will know from their inboxes and constituency surgeries many of the challenges facing those of us who use social care. However, many of those of us needing or providing social care are too exhausted or excluded to write. Many are not aware enough about what social care is to respond in that way. But they will weep in constituency surgeries about their inability to secure the care and support that their family members need. The priority for the Government should therefore be on producing a White paper rather than the previously promised, but repeatedly delayed Green Paper.

We also need a care market that supports small and medium sized enterprises and recognises the significant contribution of social care to the economy. It must require 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). We also need more emphasis on social value in social care contracts. We need to review the current model of market regulation so that it promotes sustainable models that are not just about fee levels but about quality, the contribution to local economies and the legal structure of organisations and how they are funded.

We need a system that provides certainty for those of us who use social care services, work in social care, 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 how the benefits system can be better harnessed to support people to live the lives they want to lead alongside providing social care.

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

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 from 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 the new Government and politicians more widely in their endeavours to reform social care, but they will need to be convinced that this is a meaningful exercise which will deliver real change.

ADASS believes that the new Government has an excellent opportunity to bring forward and agree a set of proposals which deliver for those of us who are supported by social care and those who are excluded or pay for their own care. This must place adult social care on a sustainable footing; position social care within the context of wider public services and

demonstrate that those of us needing, organising or providing social care are recognised, valued and respected.

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

Step Three: A long-term plan

Just as the previous Government's settlement for the NHS announced in July 2018 led to the development of the [NHS long-term plan](#), so we believe that securing a multi-year funding settlement and 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 can make this happen: funding, staff, housing, technology, and an informed and engaged public.

The adult 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 the sector. It should, of course, mirror and complement the NHS long-term plan and reflect relationships with all parts of the public sector, individuals, families and communities. Symmetry with 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 with the NHS and needs to emphasise the connections across local government, especially housing, with other public sector organisations, charities and communities to be effective.

We need a social care workforce plan that compliments and mirrors the NHS workforce plan that is currently under development. This should then encourage local areas to develop their own joint local health and social care workforce strategies. We also need to emphasise the kinds of work that attract younger people to work in social care: personal assistance, supporting people to engage in their communities and in employment, developing community resilience and inclusion, working with those of us with mental health or substance misuse issues before we reach crisis, supporting older and disabled people who have been abused or exploited.

We similarly need increased capital funding so that we can enhance the services available to all of us. Specifically, we need to invest in technology and innovation so that we are harnessing the latest developments to provide better, more personalised support. At the same time, we must balance our approach to ensure that technology does not replace human contact and that everyone feels part of their local community.

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 us get back to living resilient lives in resilient communities.

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 that we all want to live and die the deaths we want to die.

Conclusion

The three tasks facing the new Government are inevitably interlinked, but the reality is that without significant 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 new Government can use the medium-term certainty of the Spending Review settlement to create the space in which, bolstered by its parliamentary majority to be bold and 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.

Those of us who are supported by the adult social care system, our families and our carers are looking to the new Government to deliver where previous Governments have failed. We need to work together to ensure that we have adult social care that is fit for the twenty-first century. We need to work together so that we can all live good lives and die good deaths. The new Government is arguably uniquely placed to make this happen. It is therefore important that it quickly sets out its innovative plans for adult social care. This will allow those of us who use adult social care, or care for family members who do to see that it can deliver on its manifesto promises and commitments and to break with the recent cycle of broken political promises. This will enable all of us to live the lives we want to live.

The Future Shape of Adult Social Care

A reformed social care system and the social care long-term 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 future of adult social care must:

1. Be **developed with and for those of us needing services and our families and communities**. Promote the Care Act principles of wellbeing, information, prevention, personalisation and choice, partnerships, vibrant care markets, safeguards and support for families and communities. This should be underpinned by a **community development and prevention** approach. **Prevention** should be broad prevention and support for people to gain or regain employment, be involved in supportive relationships in their communities and set up or remain in their own homes, wherever possible.
2. Be **built around a commitment that social care is for everyone – it is about all of us**, not just those who need it now. It must work for everyone – for people of all ages and for those with physical, practical, social, psychological, safety and mental health and substance misuse social care needs.
3. **Be equitable** – working for all geographical regions and communities and providing **equality** that is not determined by where you live, your ability to pay or your community's ability to raise council tax.
4. 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.
5. Definitively **resolve the funding issue**
6. 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 provide locally run advice services to support choice and self-direction
7. **Ensure stability and continuity of care** in both residential care home and community based care services.
8. 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. This should result in the development of integrated housing and care plans locally and DASSs sitting at the heart of ICS systems, with a statutory seat on ICS boards.
9. Be measured on the basis of **more than its ability to ease pressures on the NHS**.
10. Ensure **fair pay, conditions, training and support for care staff**, whether employed or self-employed so that the workforce is resourced and stabilised.
11. Be built around a **new model of regulation** with stronger support for market support, locally agreed quality plans agreed between CQC, local authorities and care providers to ensure continuity of care and a national agreement on 'provider of last resort' arrangement.
12. Be **fit for the next 30 years**.











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;
- Promoting high standards of social care services.

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

Who we are

<p>PRESIDENT</p>  <p>Julie Ogley Central Bedfordshire Council</p>		
<p>VICE PRESIDENT</p>  <p>James Bullion Norfolk County Council</p>	<p>HONORARY SECRETARY</p>  <p>Richard Webb North Yorkshire County Council</p>	<p>HONORARY TREASURER</p>  <p>Iain MacBeath Hertfordshire County Council</p>
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