Consultation Response – 10-Year Health Plan for England (to fix the NHS)

1. **What does your organisation want to see included in the 10 year health plan and why?**

Big changes to the way health and care services work. Indicate how we would prioritise these and at what level you would recommend addressing this – central approach or local.

Normal Body Social care must be at the heart of the 10 year plan in order to make this vision a reality. The interface between the NHS and social care can often be tense, fraught with conflict, and has a sense of two opposing systems clashing. Every day however, there are thousands of times that our health and social care colleagues work together to support people in varied and creative ways, working to improve their health at home or to find a way home. It is this support that we need to nurture and grow to support a move away from an NHS overwhelmed by crisis.

People's care and support needs have become more complex. Demographic changes show more people are living with multiple long term conditions and poor health which leads to the need for social care or access to health services. The last ADASS annual survey showing 'double handed' care is increasing, requiring more staff caring for fewer people, putting further pressure on scarce resources. Our last survey showed councils overspent on adult social care last year by £586m, while making £903m savings. In this context reform of the NHS will not work unless it goes hand in hand with reform of ASC. Fixing one part of the system without the other ultimately means both sides will continue to lurch between crises.

Short term funding has been a feature over many years to try to solve issues in social care, from grants to support hospital discharge in the winter to ringfenced funding for innovative projects. This funding does not allow for long term, sustainable planning and can result in additional administrative burdens and distorted priorities. The new government has indicated that there will be fewer earmarked grants to local authorities, and we would welcome that alongside legislation and policies with flexibilities that allows us to fulfil our statutory responsibilities and not overspend.

We need focus on a model where health and social care work together to prevent people's needs escalating in the first place. Prevention is key to avoid crises in both health and social care and if the ambition is to support more people at home and shift more services to communities, then the workforce needs to be reshaped in line with and to support this model. We must use the workforce we have in a different way and the social care workforce needs parity with that of health.

- Whilst we support the National Living Wage increase, which will help improve care workers' pay and the problems we face with recruitment and retention, with this and the increase in

employer NI contributions it's vital that Government fully funds the increase, or it risks escalating financial pressures on adult social care further for care providers and councils and ultimately people funding their own care or making a financial contribution to it. If people cannot afford care they may make a decision to go without which will ultimately result in more crisis at the front door of A&E.

- We need much greater investment in support that can be intensive when there is a crisis such as access to reablement with a multi-agency and multi-disciplinary approach, where intervention takes place earlier so people can stay in their own homes or close by to family and friends.
- Greater investment in community-based services, and development of the assets and strengths in local communities so people can engage with the world, work and volunteer, all of which enhances our overall economic productivity. A focus on building community capacity to support people of all ages and a range of support needs, including mental health, disability, neurodiversity and health needs associated with older age.
- We need to ensure a national offer is available for unpaid carers so they can continue to have a life outside their caring responsibilities and support themselves financially.
- Housing is critical. We need supported, accessible housing in every community, so families have choice when illnesses like dementia become too complex to manage at home. Too many people with learning disabilities and autism are living miles away from their family and friends which is unacceptable.
- Funding for adult social care should come from the government rather than via the NHS. This would eliminate any local variation or postcode lottery and ensure the funding reaches the people who need it. If funding continues to flow via the NHS then much clearer expectations will be needed to overcome current issues and tensions.

Shift 1: moving more care from hospitals to communities

2. **What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?**

This means delivering more tests, scans, treatments and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies.

More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes. This may involve adapting or extending clinics, surgeries and other facilities in our neighbourhoods, so that they can provide things that are mostly delivered in hospitals at the moment. Examples might include: urgent treatment for minor emergencies / diagnostic scans and tests / ongoing treatments and therapies.

Social care has a huge role in supporting people to live healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. Ensuring social care is at the heart of this plan will be the biggest enabler to achieving this ambition. Developing care closer to home will need to balance ambition with realism about the state of the current workforce, both in social care and the NHS. A pragmatic and long-term approach will be needed, not unrealistic short-term targets.

The concept of a shift from hospitals to communities is not new, in previous years this was also an ambition with the introduction of Clinical Commissioning Groups. It will be important to distinguish what will be new or different this time. In addition, the lexicon of 'moving care' risks missing the point. The issue is not just about **where** the care is provided but about **what** care is provided. For the frail and elderly a hospital admission currently includes all sorts of unnecessary and harmful diagnostic and medical interventions – we don't want to just move people into community; we want to stop them from being admitted in the first place, in favour of a much more compassionate model of care that prioritises dignity and quality of life, driven by working with people to help them make informed decisions about their quality of life during this time. Taking this approach for frail and elderly residents might also act as a test-bed for how a national care service could work.

- The vision for neighbourhood care must avoid simply shifting a medical model of care from hospitals into the community. A limited ambition of re-locating activities and their costs from one part of the system to another is unlikely on its own to improve people's experience and outcomes. Prevention and promoting better health and wellbeing, alongside offering joined-up support and treatment for individuals, should be central aims.
- Imaginative thinking will be needed to develop financial and policy levers to re-balance investment towards non-acute services and resist the gravitational pull of building-based services. Some way of protecting funding for non-acute services will be essential, drawing on the experience of the deinstitutionalisation of mental health services.
- An important lesson from the past is about the unintended consequences of other policies; the introduction of payment by results for acute but not community services and the creation of foundation trusts reinforced the financial power of hospitals.
- The right workforce will be needed to deliver integrated care closer to home. The three regulated professions of social care - social work, nursing and occupational therapists, amongst other practitioners, will be indispensable members of local multidisciplinary teams. They already work hard to support people to stay well at home and in their community. The skills base and community knowledge of our social care workforce, as well as the very important voluntary and community sector will be of huge value to supporting people to stay at home.
- Structural reorganisation is likely to be distracting and unnecessarily costly. A better approach is to nurture cultures of trust and collaboration through multidisciplinary and inter-professional teamwork. Social care and primary care have a good track record of working together – NAPC Social Care Guide. Staff need to be supported to work in integrated, more autonomous, place-based teams. We need to remove barriers and bureaucracy of the current system to deliver the

right care at the right time. Digital solutions would be very helpful to reduce duplication and poor experiences for people.

- Health and social care must interface with wider local government functions, communities, the police and criminal justice system and wider networks in places and neighbourhoods.
- Again, quality housing is critical. There are huge interdependencies with housing and care. Joined up decision making at a local level with supported, accessible housing with access to transport and spaces for leisure and recreation so there is choice and support for people to receive the right care in a home and communities where their needs can be met.

Shift 2: Analogue to Digital

3. **What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?**

Improving how we use technology across health and care could have a big impact on our health and care services in the future.

Examples might include better computer systems so patients only have to tell their story once; video appointments; AI scanners that can identify disease more quickly and accurately; and more advanced robotics enabling ever more effective surgery.

The shift from analogue to digital of course offers many benefits and while one of these may be to help us manage costs of care, we do need to invest in supporting people and our colleagues to embrace new technology to deliver those benefits. Assistive technology is already providing people with support, so it is safer and easier to move around their home and do everyday tasks, but we need to go further and focus on how this integrates health and care around the person. In the recent ADASS Autumn Survey 80% of DASSs said they had evidence of positive impact of Assistive Technology, including Telecare and Digital Communication.

- The current reality within the day to day running of social care in local councils, with 81% of council's expecting to be overspent on adult social care, does not support our ability or ambition to respond to and be in line with advances in technology which would make a difference to people's lives.
- Digitalisation transformation of our workforce, systems and processes is crucial to the outcomes of the people we support and financial sustainability of our services. However, any digitisation on a national footprint needs to be considered carefully to not waste money on grants which are tied to short spending timescales. These are restrictive and councils will all have different timescales to replacing systems.
- Innovation could be at the heart of transforming social care and in solving the care and health crisis. It has the potential to generate significant wellbeing, productivity and economic value.

And whilst there is no shortage of ideas there is an absence of a clear sector-specific mechanism to turn ideas into innovations that can be proven, spread and scaled. We need a national, or regional, social care innovation pipeline, that unlocks the value in the best ideas and innovations.

- Shared care records between the NHS, local authorities, care providers and other valued partners will increase efficiency and reduce risk for people however we require easier and standardised ways for connecting to them. Some of our LA's are part of multiple ICS's needing to connect to more than one type of shared care record, and for providers this may be more difficult. We need to harness the use of big data to spot trends for groups and individuals and design more pro-active preventative interventions and responses.
- Client level data could be a step towards this, building on the shared insights and preparing the groundwork for Neighbourhood and Care services by ensuring councils have equitable access to health and social care data at a local level including granular geography but more is needed on data quality issues, definitions, methodology and how it is being transformed.

While digital solutions are likely to be beneficial to people with care and support needs we do not yet have a robust evidence base to demonstrate whether the benefits are likely primarily to take the form of reductions in the costs of care and support services or improvements in people's quality of life – so it would be premature at present to base financial planning on an assumption that new technologies will reduce care and support costs.

Shift 3: Treatment to Prevention

4. **What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?**

Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer, and take pressure off health and care services.

Directors of Adult Social Care, alongside Directors of Public Health, are an important gateway into a range of local government functions that are already key to improving the health of communities, and any approach to prevention should be joint. Prevention is something which Councils have been looking towards for many years, however due to budget cuts Councils have had to make very difficult decisions in terms of prioritising services. In the recent ADASS Autumn Survey 89% of Directors said financial pressures was a barrier to implementing prevention activity, with spending focused on those with the highest need. In addition, other barriers are competing service pressures such as delayed discharge dominating the agenda which then reduces the focus on prevention, early intervention and admission avoidance, competing pressures to implement other policies is also a challenge and there is a lack of understanding of what works and difficulty demonstrating impact as investment is now but benefits are not realised until later.

People who are receiving social care support are less likely to experience undetected deterioration in their health that leads to a crisis and so are already key to prevention from an NHS perspective.

- Council's already offer information and advice relating to care and support for adults and support for carers but there can be limitations to investment in more enhanced offers. In the ADASS Autumn survey DASSs would welcome ring fenced government funding for an enhanced digital offer, including AI, as well as one off funding to develop and pilot joined up information and advice offers between councils and local NHS partners including ICB, primary care and hospital discharge teams.
- Reablement and enablement will be key to supporting a shift from treatment to prevention, providing short intensive support delivered in the home or in a dedicated setting for those people recovering from an illness or injury, so they are able to remain or return home. Strong reablement offers can stop people being admitted to hospital, can support with recovery and support home first models of care. In the ADASS Autumn Survey 90% of DASSs said they had evidence of positive impact of reablement intervention. This is also a fundamental time to motivate people and their families to embrace technology as part of their on-going support.
- There are 5.8 million unpaid carers in the UK (Carers UK), without this army of carers the health and social care system would fail. Many carers provide up to 20 hours of unpaid care per week. Whilst they care for some of the most vulnerable and poorly members of our communities, caring can also have a significant impact on their own health and wellbeing. There needs to be more recognition and support for unpaid carers so they are not isolated or overwhelmed., with funding for short breaks, legal advice and advocacy and other support which helps carers improve their wellbeing, and have the opportunities to meet their own goals and ambitions.
- It is imperative that if we are to shift towards a more preventative model of health and social care that we do not de-couple adult social care from other key council services, such as mental health, housing, environment, transport and public health, that have a direct impact on people's health and wellbeing.

5. **Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:**
   • Quick to do, that is in the next year or so
   • In the middle, that is in the next 2 to 5 years
   • Long term change, that will take more than 5 years

Quick to do suggestions:

Coproduction – Work with individuals and families to understand the issues they face and develop a mechanism to ensure individuals and families voices are heard and help to shape and influence the changes which are needed.

Resources - Confirm the continuation of all adult social care grant funding and precept at the earliest opportunity, to provide certainty, confidence and continuity for councils, care providers and voluntary, community, faith and social enterprise sector organisations.

Address Continuing Health Care – there are issues with CHC/FNC/joint funding with the NHS transferring costs of these to social care, with data available to show the number of people accessing CHC reducing. This is a very live issue and needs to be addressed to improve relationships and determine a long term financially sustainable model for provision of this sort given that the costs are increasing. Better understanding of the drivers and future trends expected at the interface of CHC, and social care is needed. This is also an issue of social justice, with people paying for social care and support when in reality they should be accessing NHS services free an the point of access.

Workforce - In alignment with the Skills for Care's and the Royal College of Occupational Therapists workforce strategies, accelerating recruitment of Allied Health professionals (including but not exclusively occupational therapists and physios) in adult social care, a key building block for the Neighbourhood Health and Care services.

Prevention - Providing one-off funding to enable councils to commission independent evaluations of existing adult social care projects and services that aim to keep people as healthy as possible, for as long as possible in their community.

Carers and other support services - Reviewing the Accelerating Reform Fund to ensure sufficient resources are available to fully evaluate and scale up the work; and ensure that the learning from the fund sets consistent future standards for evaluation and dissemination of prevention work.

Integration - The next iteration of the Better Care Fund should reorientate the fund away from delivering core services towards the three strategic shifts with a focus on prevention and innovation, ensuring that additional funding is provided to cover the resulting gap.

Data - Build on the shared insights offered by Client Level Data, preparing the groundwork for Neighbourhood Health and Care services by ensuring that councils have equitable access to health and social care data at local level geographies, including granular geography.

Draw on bottom-up ideas and experimentation with different models of neighbourhood care, this will be more effective than top-down, one-size- fits-all solutions. Front-line practitioners, and the VCS, have a wealth of experience and ideas that could be drawn upon, as do people who use health and care services. The NHS Confederation's recent report on the case for neighbourhood health and care offers plenty of examples.

Medium term suggestions:

Workforce - Improve the pay terms and conditions of social care workers. Valuing the people who work in care in the same way we value the people who work in other sectors, including the NHS, by ensuring that councils, providers and individual employers have the resources to pay care workers, the majority of whom are women, above National Living Wage. This must be funded nationally or risk exacerbating well documented council funding and financial pressures on adult social care further.

An integrated approach to long-term care – Currently national policy on long-term care service is disjointed, with no clear national link between adult social care and NHS continuing health care, though

many of the services commissioned through both funding streams come from the same providers, and people often move from one funding stream to the other, and may in the worst case experience unnecessary discontinuities in their care arrangements as a result. The long-term aim should be to build on existing examples of joint case management arrangements, joint understanding of the care market, and joint commissioning of these services.

Carers - More support on things that matter to carers. Give carers sufficient support and care so they are not overwhelmed. Access to short breaks, legal advice and advocacy, and other support which helps them improve their wellbeing. Implementing a straightforward, co-designed system that provides easy access to information and advice and supports them at every stage of their caring journey.

Digital - Invest in digital, technology and data that makes care more responsive to people, and increases productivity. A boost for councils and other organisations investing in digital, technology and data to give people more choice, control and information about the care and support available to them, as well as personalised advice to help them plan for the future. Independently evaluate new approaches and products, with data equitably accessible across organisations and funds are available to scale-up the best solutions.

Longer term suggestions:

Workforce - A national strategy to solve the social care staffing crisis. A clear fully funded plan should be developed and implemented to recruit, train and retain the social care workforce that we will need across England to provide the quality care and support for everyone to live the life they want. That will mean more social workers, occupational therapists and other practitioners who support people to stay well at home and in their community, people with the right skills, in the right place. The strategy needs to be orientated to longer term reform of adult social care taking into account neighbourhood health and care, the 10year plan strategic shifts and most importantly a National Care Service.

Carers - A new deal and funded plan for carers so they can all live well, work and care. Removal of barriers that prevent carers from providing support, including improving Carers Allowance to a level more like Employment Support Allowance. Carers should have access to the support they need to care for their relative or friend, and the choices and support to live the life they want to lead. That means paid leave and flexibility at work, support to enter or re-join the workforce if they so choose, financial support when they need it, support for their health and wellbeing, and access to opportunities that might otherwise be inaccessible including education.

Housing – Create houses that help people stay independent and live well, with political backing to ensure new houses are built to be easily adapted, existing housing is adapted to meet peoples changing needs and that there is more choice and control for people who need different kinds of home or supported living arrangements so they can live well and get the care and support they need.

Prevention – Learn from what works from the earlier commission of independent evaluations of what is already in place and identify those where there is benefit and how these can be scaled up across other areas.

Analogue to Digital – a national IT system for health and social care, with access to care and health records for those working with individuals. Whilst we recognise this is something of significant change and investment the move to shared records.

If you require additional comments or feedback based upon anything in this response please contact Ian.Hall@adass.org.uk

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