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**Priorities for the 2021 Spending Review**A joint submission from partners across social care and support

**About us**

**We are a network of national organisations bound together by our shared interest in redesigning the function, form and funding of adult social care in order to ensure that people of all ages who have cause to draw on social care enjoy an equal life and equal opportunity to lead the life they want to lead.**

**Introduction**

In its recent report, *A vision of social care,* the All Party Parliamentary Group on Social Care takes as its starting point the Social Care Future vision. It looks ahead to a system and practices geared towards:

“Supporting us to live in a place we call home, with the people and things that we love, in communities where we look out for one another doing the things that matter to us through care and support that is inclusive, accessible and innovative”

In recent months, we have coalesced around the core ideas at the heart of this vision. We are clear that, the longer we wait to take steps to make social care sustainable, the more expensive it will become. The longer we delay the start in bringing innovation to bear, the more people will experience inadequate, inefficient support. People who draw on social care, commissioners, councils, providers and the voluntary and community sector are all united in saying now is the time to start the process of major change.

This is a critical, and potentially defining, time for social care and the people – both those that are publicly funded as well as those paying for their own care – who have cause to draw on it to live the life they want to lead. With the Government’s *Build back better: Our plan for health and social care* report (the Plan), promised white papers on adult social care and integration, and the Health and Care Bill making its way through Parliament, there are a number of live opportunities for moving toward the kind of system we believe is needed to best support people to live their best life. The Spending Review is, of course, a further crucial part of the picture and has the potential to secure the foundations for the changes that are needed – both short- and longer-term.

We are clear that additional public service resources need to be made available through the Spending Review, targeted to offset the significant impact of the pandemic and enhance the efforts and activities of citizens, community groups, voluntary organisations and local business to build back better. We urge the Government to inject new funding for four key priorities:

* To stabilise the here and now and secure the foundations for wider change
* To help attract people to take up the significant number of job opportunities presently available in social care
* To act on inequalities
* To make meaningful and tangible progress on transformation and innovation

What we require from Government to transform social care is not only the policy but the operational resources.  This will ensure social care plays a continuing key role in ensuring that people of all ages are able to live happy and healthy lives, and is a successful and ongoing contributor to our national economic recovery.

**Securing the foundations for wider change**

In its recent Plan, the Government announced a new 1.25 per cent Health and Care Levy (the Levy) based on National Insurance contributions to fund a range of new proposals, including charging reforms to protect people from facing ‘catastrophic’ care costs. We recognise this is a Government commitment and an important aspect of the care and support reform debate. However, the announcements do not focus on the immediate and significant pressures facing care and support right now, with the Plan instead suggesting that these can be met through continued use of council tax, the social care precept and long-term efficiencies. The LGA estimates that an annually recurring cost pressure of £1.5 billion needs to be funded to stabilise the care provider market, on top of core pressures (inflation, demography and National Living Wage) totalling a further £1.1 billion per year to keep services running at 2019/20 levels of quality and access. A continuing reliance on council tax, the precept and efficiencies is likely to further destabilise social care and other vital council services, many of which contribute to people’s wider wellbeing.

The Spending Review is a crucial opportunity to stabilise the current system and secure the foundations for the Government’s published reform proposals and those we are expecting in the Government’s social care white paper later this year. Without immediate funding in the order of that described above, we are likely to see the challenges facing social care pre-pandemic worsen. This is likely to include, but is by no means limited to, growing strain on unpaid carers, greater threats to provider viability, increased unmet and under-met need, reduced investment in prevention, and further pressure on the care workforce. The impacts of inaction are already there for all to see, with nearly 300,000 people (294,353) currently awaiting social care assessments, care and support or reviews. All of these consequences of underfunding can impact directly on people who draw on social care and reduce their ability to live their best life. They will also clearly impact on the ability of the NHS to clear its elective care backlog; inadequate funding for social care in the here and now will mean more people arriving at the front door of hospitals (an avoidable situation) and greater pressure on the back door as the timely availability of community-based care reduces and hampers local discharge efforts. Social care funding, and decisions on that funding, must be aligned to need, fairness and equity of access in order to give tangible meaning to the Government’s levelling up agenda as it applies to care and support.

Alongside funding certainty for the here and now, the Spending Review must also deliver much-needed clarity on the proposals set out in the Government’s recent Plan. In particular, there is an urgent need for clarification on:

* How the £5.4 billion allocated for social care will be allocated in each of the next three years
* How much of the tax-take from the new Levy will be allocated to social care beyond the three-year period
* Itemised funding allocations for the various commitments set out in the Plan against the £5.4 billion, for which only the measures for supporting the care workforce are itemised, at £500 million. Of particular importance are the Government’s estimates of – and underpinning assumptions for – its intention for councils to pay a ‘fair rate of care’ and the extent to which this will eliminate the self-funder cross-subsidy
* Who is expected to cover the costs of the Levy for those organisations who are commissioned, or contracted, by council adult social services departments

**Workforce**

None of the change we seek – now or in the future – will be possible without our essential workforce of 1.52 million people. Through the Spending Review, the Government should commit to and fund a new deal for the care workforce, including personal assistants and other non-traditional workforce roles. This must include action on fair pay, sustained within longer-term planning.

The promised £500 million is a helpful step forward, but its focus is long-term. We must address the immediate challenges, including the high vacancy rate and levels of burnout, as well as address the longer-term systemic issues. Our [*shared vision for a workforce strategy*](https://protect-eu.mimecast.com/s/IiJICKOE9fDl4GNUM6v2L) sets out key priorities which much be addressed, including:

* staff recognition, value and reward to ensure social care is recognised as the rewarding career it is
* investment in training, qualification and support, to reflect the highly-skilled work undertaken by the workforce
* career pathways and development, to enable people to build fulfilling careers
* building and enhancing social justice, equality, diversity and inclusion in the workforce
* effective workforce planning across the whole social care workforce and expansion of the workforce in roles which are designed in coproduction with people who draw on care and support, enable prevention, and support the growth of innovative models of support.

Upon the release of the Government’s Plan for health and social care, the Prime Minister highlighted the need to “recognise the extraordinary contribution that health and social care staff made in helping the country through the pandemic – in part by making sure that they have the support that they need”. A Government commitment to fund a new deal for the care workforce is the only way to realise this ambition. As we have said, pay is a crucial component of this. The Resolution Foundation have previously calculated that the gross cost of paying care workers the Living Wage would be £1.4 billion, although the net cost would be just under half of this due to lower benefit payments and higher tax receipts[[1]](#footnote-1). Increasing pay matters in its own right, both to reflect the value and skills of care work more accurately, as well as to help tackle recruitment and retention pressures. Therefore, we must seek to shift the conversation away from one about whether frontline care staff are receiving the National Living Wage, to one where they receive greater parity of esteem with the NHS workforce within career-based pay structures, which we know is important to care workers. However, this would only be one step toward making our workforce properly valued and would need to be taken alongside the other measures we have outlined.

**Inequalities**

Social care leaders and local support providers, working in partnership with council services the NHS, patients and all who draw on social care can be the delivery vehicle for the identified objectives the government has announced for the Office for Health Improvement and Disparities (OHID), which aims to tackle health inequalities across the country.

Covid-19 has further highlighted long endured patterns of inequality across our society and the inequalities within communities.

The principles of social justice have always underpinned both social work and social care and it is vital that targeted and specific action is funded to address inequalities and poor outcomes for those people at greater risk.

In the Government’s mission to level up in terms of health and the economy we must ensure there is a cohesive plan that ends the lottery of access to high quality and personalised social care provision across England.

We recognise that the new funding for health and social care raised by the Levy will primarily go to the NHS (at least initially) and welcome the focused support of the £2.3 billion by 2023 to support acute mental distress within communities, workplaces and schools.

However, one in ten working age people within our society are deemed too sick to work and the burden of long-term caring responsibility sits outside of the NHS and within local authorities. Therefore, we ask for funding that will be linked to and support necessary DHSC and DLUHC action to support consistent care provision access and ensure compliance with Section 1 of the Equality Act by public authorities

This would focus targeted resources to marginalised and disadvantaged communities through public services, small charities and voluntary groups ensuring that they are across the lifespan supporting Older people, all Adults Children and Young People:

Specially we ask that:

* There is a targeted response to any emerging shortage to the needs of priority communities, considering the ability of those communities to mobilise; preferred communication methods and styles; and suitable alternatives where routine or general population approaches are assessed as not likely to be effective
* We promote to carers the importance of looking after mental and physical health and wellbeing
* We maintain statutory safeguarding and collaborative working such as Multi-Agency Risk Assessment Conference (MARAC) in safe way (e.g. remote working where possible) e.g. with the police to collaborate on Domestic Violence Protection Orders (DVPOs) and COVID-19 bill powers to ensure safety of family from domestic abuse and COVID-19
* Drug and alcohol services are enabled to necessitate the new ways of working, and mitigate the strains on staff and service users during the winter period.

**Transformation**

Building better sustainable social care

Clarity is needed on both the profile of the £5.4 billion allocated to adult social care over the three-year period and the amount adult social care will receive beyond that period and whether it is conditional on action to clear the NHS backlog. The opportunity is to make the best of those resources by having sustainable, better approaches ready to go. The risk is to deploy those funds without being ready to support their better use.

We have learned that better, sustainable care and support means:

* Helping many people early through connection with self-help or community-based opportunities and solutions and avoiding the need for formal services
* Supporting people to remain in control at key points in their lives when there is risk of falling into unwanted reliance on public services, such as after a stay in hospital or when people become disconnected and lonely
* Where people do need more significant support, offering this in ways which enable them to stay connected and contributing to their communities, including economically – blending and using formal support resources with a much wider range of local opportunities
* Ensuring support is self-directed, so that people’s own insight into what will work best for them gets the best, and best value, results
* Shifting the balance of long-term support towards smaller scale, community-embedded approaches, making full use of enabling technology and local resources and ingenuity. These include supporting many more people to live at home and, where people need accommodation with support, offering real choice through growth of options such as housing-with care, Extra Care, Shared Lives and Care Villages. Care homes should shift towards community hub roles.

There is existing evidence in support of these elements and work by several of our organisations is available to be built upon. Further evidence and assistance is needed in respect of deployment, scale and spread.

Proposal

We propose a fund and associated programme to:

Phase 1

* Rapidly identify those care and support approaches that are either ready to scale and spread, or offer promise in achieving sustainability and improved experience
* Identify exemplar change approaches in councils making significant progress in shifting practice and deploying innovation
* Included would be those already demonstrating best success in key Care Act elements of prevention, wellbeing and self-directed support (choice and control)

Phase 2

* Time-limited and targeted work with exemplar places, alongside the support providers and people who draw on support in those places, to extract key lessons for success, identify further potential developments and the best ways to overcome impediments to scale and spread
* Work with bodies responsible for regulation, workforce and improvement to focus and plan support, and adjust practices based on learning from the programme. An example would be linking to the proposed new assurance role of CQC. Councils and their partners will need expert assistance and capacity to make best use of transformation funds
* Develop proposals for deployment of a major transformation and support programme for councils and support providers over perhaps five years, using more substantial funds to be deployed from White Paper related funds and/or the Levy in a significant and focussed transformation programme. This would take transformation beyond pioneers and across the country.

**Important considerations:**

1, It will be vital for a programme of this type to be devised, developed and steered in coproduction with people who draw on social care and to ensure that both council commissioners and progressive support providers/provider sector representatives are at the heart of the design. The DHSC-funded Social Care Innovation Network offers a model for this. In addition, it will be important to extend involvement to explore the roles of wider corporate council functions, health and the community and voluntary sector, and wider civil society.

2. The programme must be designed to support Integrated Care Systems and reach beyond bodies responsible for social care in localities in order to bring all local assets into play to support equal lives, not simply transactional services. Social Care Innovation work on Asset Based Commissioning could support such developments [Commissioning for a better future (Social Care Innovation Network) | SCIE](https://protect-eu.mimecast.com/s/XnaDCMjBWI2gzA1CJLzkt)

3. Learning from previous transformation funds should inform the programme in order to ensure the fund is focussed and targeted appropriately. It is unrealistic to expect universal, simultaneous transformation immediately. But it is possible to generate waves of change via investment in pioneer places and initiatives with varying contexts and geographies and broader spread via system levers and supports. Investment to test new models in particular areas in the short-term should be followed by investment for all areas in the longer-term to support the changes needed, particularly the move to a more preventative model of care and support.

**Conclusion**

The 2021 Spending Review is an opportunity to clearly signal that people of all ages – older people and people of working age – who have cause to draw on social care will be treated equally, valued for their contribution, respected for their knowledge of what works best for them, and supported to live the life they want to lead in the communities they know and love. The proposals we have put forward above are deliberately ambitious, but not unrealistic or unachievable. Proper investment in social care must be seen as an investment in all of us all of our local communities.

**Signatory organisations**

Association of Directors of Adult Social Services

Care Provider Alliance

Local Government Association

Social Care Future

Social Care Institute for Excellence

Think Local Act Personal

1. <https://www.resolutionfoundation.org/publications/what-happens-after-the-clapping-finishes/#_ednref4> [↑](#footnote-ref-1)