Written evidence submitted by the Carers Trust (CSR0001)

About Carers Trust

Carers Trust is a major charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, unpaid, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

We do this with a UK wide network of quality assured independent partners, through our unique online services and through the provision of grants to help carers get the extra help they need to live their own lives. With locally based Network Partners we are able to support carers in their homes through the provision of replacement care, and in the community with information, advice, emotional support, hands on practical help and access to much needed breaks. We offer specialist services for carers of people of all ages and conditions and a range of individual tailored support and group activities.

Our vision is of a world where the role and contribution of unpaid carers is recognised and they have access to the trusted quality support and services they need to live their own lives.

Recommendations

- Government must increase investment in social care to ensure that councils and carer organisations have the resources they need to meet the demands for support.

- Government must ensure that the new 2% levy per year on council tax in the form of a social care precept delivers the money required to ensure the right levels of social care and does so equitably.

- We support the recommendation, made by the Local Government Association that government provide a one-off investment of £2bn as a “transformation fund” to help local councils make the step change in the provision of support that is required of them under the Care Act 2014. By implementing these new duties to prevent carers and disabled and older people developing a need for support we can ensure that funds are invested efficiently, staving off healthcare problems in the long-term and enhancing the wellbeing of the nation.

- The government must ensure that all councils have the funds they need to support their local care services in paying the new National Living Wage when it is introduced in April 2016.
The government should continue to monitor the implementation of the Care Act and be alert to the growing concerns raised by local councils about their capacity to meet their new duties.

The government should further advance the integration of health and social care by designing policies that acknowledge the interwoven nature of these services, giving particular recognition to the important role that social care providers play in supporting unpaid carers, as well as disabled and older people. This prevents carers from having to care in the first place, or prevents crisis or unplanned use of already stretched health and social care services.

We urge relevant Ministers and officials to recognise the findings of the recent Carers Trust report which found that more councils are considering charging carers for the support they receive to help them in their caring role. We are concerned that this could create another barrier to carers seeking to access support. At the very least, we urge the government to monitor this rising trend in councils charging carers and assess the impact that it is having on carer finances, wellbeing, and their propensity to apply for support.

The ambitions for the Better Care Fund need to be refocused away from the narrow goal of reducing short-term hospital admissions towards improving general wellbeing. The government also needs to ensure that money allocated for carer breaks is spent on providing new, high quality breaks for carers, and that plans developed by Health and Wellbeing Boards for spending the Fund contain detailed information on the carer-specific support they will provide.

We advise that the government considers frontloading some of the funding for the Better Care Fund to 2016/17 to avoid the prospect of carer organisations and services having to close down due to a lack of funds.

Government must ensure that the £6bn funding originally designated for Phase Two of the Care Act will still be spent on social care. Otherwise support that had been identified as being required by carers will not be delivered.

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**Social care**

**Funding**

The maximum that can be raised from the new social care precept if all councils use the new power will be £1.7bn (Local Government Association, 2015). The gap in
social care funding, however, is rising at a rate of £700m per year (Association of Directors of Adult Social Services, 2015) which means that by 2020 the funding gap in social care will reach somewhere between £2.8bn and £3.5bn (King’s Fund, 2016) even if all councils decided to use the new 2% precept.

This will mean a continued reduction in the social care support provided by local councils to carers and the people they care for. Councils have managed to make efficiency savings but it is hard to see how further savings can be made. As a result, social care services are already being reduced or closed down completely (Local Government Association, 2015b). The result has been that the number of people able to access social care services fell by 25% between 2010/11 and 2014/15. The number will continue to decrease if councils’ social care duties are underfunded. The support that carers rely upon to help them in their caring role – whether it be through respite, home services, or advice – is therefore being taken away and that is going to have an effect on their own health and a knock-on effect on the wellbeing of the people they are caring for.

These funding pressures are being further exacerbated by three additional forces: the ageing of our population, the increasing number of people with co-morbidities and long-term health conditions, and the growing number of responsibilities being placed on councils. The number of people aged 80 and over, the most likely to need support, is projected to more than double to 6 million by mid-2037 (Office for National Statistics, 2013). As the number of people needing care continues to rise so the pressure on unpaid carers will increase, especially as many of those carers will themselves be of old age and potentially dealing with their own health conditions.

At the same time, councils are now required to do more for more people but with fewer resources. This means that essential support for carers, and the people they care for, is not being provided. The Care Act 2014 and the Children and Families Act 2014 have created important new duties for councils to support adult carers, young carers and young adult carers and the people they care for. The latest stocktakes from the Department of Health have already indicated that councils have growing concerns over their capacity to meet their new duties under the Care Act (Department of Health, 2014a). In addition, Carers Trust’s recent report on councils’ implementation of the Act (Carers Trust, 2015a) have raised particular concerns over the extent to which local authorities are delivering services designed to prevent, reduce, and delay carers developing a need for support. We are also concerned that, faced with funding cuts, councils are not going to be able to meet their new duties to support young adult carers as they transition to adulthood and, as described in the Children and Families Act, to ensure young carers and their families are given support to stop or prevent excessive and inappropriate caring roles (Department of Health, 2014b).

Carers Trust is also concerned that the new council tax precept will increase inequalities in the provision of social care. Firstly, not all councils will use these new powers – local political pressures could prevent them from taking the difficult decision to raise tax levels. Differential property values across the country will also mean that the money which can be raised from a 2% increase in council tax will vary. This could lead
to inequality in the funding available for social care between different areas of the country (International Longevity Centre UK, 2015).

Finally, even if councils choose to use this new power, the returns will not come in fast enough to ensure that care providers can pay the new National Living Wage when it comes into force in April 2016. The UK Homecare Association has estimated that councils will need an additional £753 million to ensure that their care providers can pay their staff the new wage level (UKHCA, 2015). Even if they choose to implement the new 2% precept, there is no guarantee that councils will use it to help providers pay the new wage level and it certainly will not raise funds quickly enough to meet the April 2016 deadline. Without that additional funding, however, already stretched care providers will not be able to meet the new wage requirement and will be forced to choose between heavily scaling back the support they provide or consider closing down completely. A recent survey of Carers Trust’s Network Partners found that many predict that they will have to reduce the levels of service they provide in order to pay their staff the National Living Wage if funding for social care is not increased, and several said they fear for the viability of their entire organisation.

Taken as a whole, the effects of the Spending Review on social care will be an increase in the number of people with unmet needs. Their support will instead have to be provided by unpaid carers but they will have to provide that support with less help themselves. A recent Carers Trust report (Carers Trust, 2015b) found that 8 councils are now charging carers for the support they receive and a further 23 are considering introducing charges in the next 12 months. This would limit the support available to carers and potentially put them off applying for help. Carers’ health may suffer as a result with a knock-on effect on the health of the people they care for and on the demands being placed on our overstretched NHS.

Integration of health and social care

Carers Trust welcomes the government’s commitment to continuing and expanding the Better Care Fund and to driving forwards the integration of health and social care. However, we do have reservations about how the Better Care Fund has so far been implemented and spent and therefore about how this continued funding will be used.

The Better Care Fund has focused on short-term outcomes. The strategic goal of the Fund has shifted from its original ambitions of improving long-term health outcomes for communities to the short-term goal of reducing unplanned hospital admissions. With this increased investment we need the Fund to return to its original ambitions. One of those ambitions was to ensure that carers receive high quality and timely breaks. Our research into the Better Care Fund has found that, so far, the plans developed by Health and Wellbeing Boards have not been clear on how the £130m ring-fenced for carer breaks as part of the Fund will be spent (Carers Trust, 2015c). We urge the government to re-focus the plans of the Fund on improving health outcomes and wellbeing and to ensure that there is transparency in how the money allocated by the Fund is being spent.
Our analysis of the Better Care Fund (Carers Trust, 2015c) has also revealed a worrying lack of consultation with voluntary organisations and care providers. This means that the plans developed by Health and Wellbeing Boards often fail to reflect the needs of their local community. As the Fund continues to be developed, Boards must consult with care providers to ensure that they are meeting local needs.

Finally, the increased funding pledged by the government will not be available until 2017/18. This could mean councils face financial pressures in the coming year. We are also concerned that this funding might have been drawn from other areas of health and local government funding – this is a point that still needs to be clarified. The Spending Review also failed to deliver parity of esteem between social care and healthcare. Carers Trust believes that the NHS and adult social care services should be required to contribute a matched proportion of their funding, but the Spending Review did not announce that funding from the NHS to the Fund would increase as we had hoped. Unless this happens it will not be possible to fairly and effectively integrate health and social care together.

**Budgets and deficits in healthcare**

Carers Trust welcomed the increased investment in the NHS that was announced in the Spending Review but we are concerned that this spending will only be a sticking plaster compared to the underlying financial and organisational problems facing our health system.

**NHS trusts across England already face debts of up to £1.3bn so this additional funding will be used to pay off existing deficits (King’s Fund, 2016).** The Chancellor has acknowledged that this investment is being brought forwards to stave off a winter health crisis. That might bring a benefit in the coming months but it will do nothing to protect health and social care in the long run.

**What is desperately needed is investment and reform to our social care system.** It is social care that supports people to essential daily tasks and have a good quality of life. It provides unpaid carers and the people they care for with vital support. That in turn helps to keep people well at home and in their community, reducing the use of hospital wards and GP surgeries and staving off health crises.

**We question where this additional funding has been drawn from.** The government has not disclosed where the £6bn funds originally designated for Phase 2 of the Care Act will be spent. Councils have made a strong case to the Treasury that it should remain in social care and not be moved over to health spending but we are concerned that this is what the government has now begun to do. Further clarification from the government is needed as to where these funds have been drawn from and what is going to happen to the money originally earmarked for Phase 2 of the Care Act.

**Carers Trust awaits further details of the £600m investment in mental health to see exactly how it will be spent.** Since 2010 mental health has witnessed an 8% cut in
spending (Community Care, 2015) – the equivalent of approximately £600m – so it appears that this is only making up that shortfall. The NHS Five Year Forward View calls for parity of esteem between physical and mental health. This goal will not be achieved whilst funding for the two is still unevenly distributed. Our work shows that this lack of support for mental health impacts badly on young carers and young adult carers who often struggle with mental health issues through school and university but are not identified as a carer or recognised as needing support. As a result 38% of young carers in schools report experiencing mental health problems (Sempik and Becker, 2013). The mental health of carers is an area that has not received enough attention. We urge the government to increase its commitment to supporting the mental health of carers rather than scaling back investment.

Public health and local government budgets

In response to concerns over the future of social care funding we anticipate that the government will point to two actions, announced in the Spending Review, that they are taking to mitigate these problems. One – giving councils the power to raise council tax by 2% - has already been discussed above. The other was a pledge to allow local authorities to retain 100% of business rate revenues and to use 100% of their fixed asset receipts on the revenue costs of reform projects.

However, as with the new council tax precept, we do not believe these changes will go far enough and are worried that these new policies will instead be used as a stick to beat councils with if they are failing to provide social and healthcare services.

As a result of the decision to remove the local government grant, councils will see their funding cut by £4.1bn over this parliament (Local Government Association, 2015a). The Local Government Association has stated that: “Even if councils stopped filling in potholes, maintaining parks, closed all children’s centres, libraries, museums, leisure centres and turned off every street light they will not have saved enough money to plug the financial black hole they face by 2020” (Local Government Association, 2015a). Taking away a stable and largely predictable source of revenue, particularly at a time when they are being provided with increased duties under the devolution agenda, is therefore a worrying step.

Essential services like social care need regular and reliable sources of investment. We cannot rely on growing local economies (business rates) or the one-off sale of property (asset receipts) for funding. We would rather see central government commit investment in social care, providing councils with the stability they need to fund services in the long-term. That will mean councils have the confidence to invest in the new preventative services, information and advice, and carers’ assessments that it is now their duty to provide after the introduction of the Care Act in 2015, enabling them to plan how their social care services will respond and develop as demographic pressures increase and the number of unpaid carers requiring support continues to rise.
Concluding remarks and recommendations

Social care is at a crossroads. Power over social care policy is being devolved to local authorities and the number of requirements on councils to support unpaid carers has increased with the introduction of the Care Act 2014 and the Children and Families Act 2014. The need to support unpaid carers so that they can maintain their own health and wellbeing, help the person they care for, and therefore safeguard our social care system, is being recognised.

However, at the same time as statutory duties on local authorities to support carers are increasing, statutory funding is being decreased. Responsibility for supporting those in need and their carers is being devolved to councils and authorities are being asked to rely on more unstable sources of funding such as grants and the money that they speculatively hope to raise from local economic growth.

Carers Trust is greatly concerned that the social care services carers rely on will, as a result, face cut backs, reductions, and closures over the coming years. We are likely to see increased inequalities in the provision of support. With the postponement of Phase 2 of the Care Act and a reduction in the local government grant, there is a huge danger that social care support services will increasingly only be available to those who can afford to pay a high price for those services. This will mean that carers, the people who do so much to support people with care needs and, therefore, the entire health and social care system, will find themselves no longer able to access the vital advice and support that they rely on. As a result, their health is likely to suffer with a detrimental impact on the wellbeing on the person they care for.

Our recommendations are as follows:

- Government must increase investment in social care to ensure that councils and carer organisations have the resources they need to meet the demands for support.

- Government must ensure that the new 2% levy per year on council tax in the form of a social care precept delivers the money required to ensure the right levels of social care and does so equitably.

- We support the recommendation, made by the Local Government Association (Local Government Association, 2015c), that government provide a one-off investment of £2bn as a “transformation fund” to help local councils make the step change in the provision of support that is required of them under the Care Act 2014. By implementing these new duties to prevent carers and disabled and older people developing a need for support we can ensure that funds are invested efficiently, staving of healthcare problems in the long-term and enhancing the wellbeing of the nation.
• The government must ensure that all councils have the funds they need to support their local care services in paying the new National Living Wage when it is introduced in April 2016.

• The government should continue to monitor the implementation of the Care Act and be alert to the growing concerns raised by local councils about their capacity to meet their new duties. The government should establish a mechanism to speedily implement emergency funding for councils, if they need it, to help them absorb and implement the new rights for carers that the Act has introduced.

• The government should further advance the integration of health and social care by designing policies that acknowledge the interwoven nature of these services, giving particular recognition to the important role that social care providers play in supporting unpaid carers, as well as disabled and older people. This prevents carers from having to care in the first place, or prevents crisis or unplanned use of already stretched health and social care services.

• We urge relevant Ministers and officials to recognise the findings of the recent Carers Trust report which found that more councils are considering charging carers for the support they receive to help them in their caring role. We are concerned that this could create another barrier to carers seeking to access support. At the very least, we urge the government to monitor this rising trend in councils charging carers and assess the impact that it is having on carer finances, wellbeing, and their propensity to apply for support.

• The ambitions for the Better Care Fund need to be refocused away from the narrow goal of reducing short-term hospital admissions towards improving general wellbeing. The government also needs to ensure that money allocated for carer breaks is spent on providing new, high quality breaks for carers, and that plans developed by Health and Wellbeing Boards for spending the Fund contain detailed information on the carer-specific support they will provide.

• We advise that the government considers frontloading some of the funding for the Better Care Fund to 2016/17 to avoid the prospect of carer organisations and services having to close down due to a lack of funds.

• Government must ensure that the £6bn funding originally designated for Phase Two of the Care Act will still be spent on social care. Otherwise support that had been identified as being required by carers will not be delivered.

References

Association of Directors of Adult Social Care (2015), Spending Review 2015: a representation from across the care and support sector. Available online:

Sempik, Dr. Joe and Becker, Professor Saul (2013), *Young Adult Carers at School: Experiences and Perceptions of Caring and Education*. Available online: https://www.carers.org/sites/default/files/young_adult_carers_at_school-8_11_13-1_proof_4_final.pdf


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