Written evidence submitted by Sense (CSR0068)

Sense

Sense is a national charity that supports and campaigns for children and adults who are deafblind or have sensory impairments. We have been supporting people who have sensory impairments to enjoy more independent lives for the last 60 years.

Sense offers high quality, flexible services across the UK, using skilled staff and a dedicated network of volunteers. We tailor the support we offer to the individual needs of each person so they can live as independently as possible and participate fully in the lives of their local communities.

Social Care Precept and the Better Care Fund

1. The Comprehensive Spending Review included a very welcome recognition that more money was needed for social care.

2. Unfortunately, the money promised is widely felt to be much below what is needed, and will not be enough to fill the current funding gaps. The funding promised is very back loaded and there are very serious concerns about how local authorities will cope in the next 2 years.

3. The Social Care Precept will only raise the promised funds if every local authority levies the additional 2% tax. Something that, for political as well as economic reasons, will simply not happen.

4. Even if every local authority were to levy the full 2% Precept, there is a marked difference between how much will be raised from area to area given the disparity in regional incomes.

5. This inequality will be counterbalanced in the way the Better Care Fund is distributed. However, the money going into the Better Care Fund will be zero in 2016/17 and only £100 million in 2017/18. This means that for two years authorities who raise very little through a 2% precept are likely to face serious challenges in meeting their statutory duties under the Care Act.

NHS Funding

6. Positively, the Comprehensive Spending Review allocated additional funding to the NHS to fund the NHS Five Year Forward View, and unlike social care funding, is front loaded.

7. Whilst greatly welcomed, the effect of this additional funding is likely to mean very little considering the underfunding of social care. In fact, The NHS Five Year Forward View makes it clear that the ability of the NHS to deliver efficiencies is dependent on the availability of adequate social care.
8. This is currently not the case. For example, the number of days of delayed discharge from hospital has increased by 12,242 in the year to November 2015. 81% of this increase is due to lack of social care.


Unmet Need

9. The number of people receiving social care has been decreasing over the last five years as local authority funding has decreased.

10. A widely covered recent report by RNIB and Age UK found that older people with sight loss have been disproportionately affected by this. In the four financial years between 2008/2009[i] and 2012/2013[ii], there was a 36.5% reduction in social care services to older people with visual impairment – of which approximately 12,415[iii] blind or partially sighted older people (65 and over) missed out on receiving vital social care services to help with everyday basic essential daily living tasks, such as cooking, cleaning and getting out and about.


11. Unmet social care needs can often lead to an increase in health expenditure. For example, a deafblind older person who doesn’t receive comm guide support may be at higher risk of falls or not leave the home at all – impacting on exercise, social stimulation, healthy eating and wellbeing. In a time when prevention is a high government priority, preventative services are actually being cut back, leading to more costly interventions being required in the long run.

12. Due to requirements to make budget cuts, Clinical Commissioning Groups (CCGs) are being forced to ration the services they commission; for example, hearing aid provision or second cataract operations. Whilst these may provide short term reduction in expenditure, the associated costs for not meeting these needs are likely to be much higher and across many departments.

Health and Social Care Integration

13. The government momentum to fully integrate health and social care services by 2020 is welcomed but there are obstacles to overcome before this can be fully achieved; the largest of which is aligning a ‘free at the point of use’ system with one which is means tested and based on eligibility – especially when one is chronically underfunded.

14. The Better Care Fund (BCF) is often heralded as the future of integrated health and social care, and whilst we welcome this programme, this cannot be a standalone solution to integration. We have concerns that, as the BCF does not equate to additional funding, local areas will be expected to deliver their plans alongside making efficiency savings and reduced budgets, particularly in social care. This is especially concerning when the 6 month review by CIPFA and HFMA reported that local areas had highlighted high levels of bureaucracy and management time required to develop and implement their 15/16 plans.
15. The metrics identified for the BCF do not necessarily directly correlate to services providing better care; in fact focusing on admission and discharge data may have the unintended consequence of perversely incentivising providers. Whilst we recognise that older people place a high burden on health and social care budgets and apportion a high level of spending, the current metrics focused on those aged 65 and over mean that funding could well be targeted at this group, excluding working age adults who would benefit greatly from integrated care.

**Attendance Allowance**

16. Sense is particularly concerned about proposals contained in the Comprehensive Spending Review to move Attendance Allowance from central to local government. For those people with sight loss who are receiving no social care support, Attendance Allowance is a critical source of support for some of the extra costs they incur.

*25 January 2016*