Written evidence submitted by the National Care Association [FSC 183]

National Care Association (NCA) is the most established of representative care bodies in the social care sector. We were formed in 1981 to support and represent small to medium sized care providers in the country. We reach over 6000 people through social media on a daily basis and work with recognised and established professional who support our membership.

We seek to represent the views of our membership in response to your questiona and hope that you will find our response useful in your deliberations. Should you need any further information please do not hesitate to contact us.

* How to fund social care sustainably for the long term (beyond 2020), bearing in mind in particular the interdependence of the health and social care systems;

The importance of a sustainable solution to the challenge of funding long term care is now at the point where a failure to do so is not an option. The answer will not always lie in throwing more money at it, but rests with the ability of analysts to consider the findings from the numerous commissions and reports which have been commissioned and/or independently published and then consider how to prioritise the recommendations.

The challenge over the past decade has been that recommendations are made following a Commission, but to implement them would require substantial reconfiguration of the current process, The easy option of only partially funding it, becomes the route to silence the debate for a short period of time.

None of the data we have is any surprise; we have known for over two decades that the changing demographics will increase the need for social care. The economic climate of the country was always going to be challenging post the crash and we knew that rebuilding it would take time. What has happened over this period of time has been a dismantling of what was working to be replaced by cheaper options which have created additional funding challenges.

Health and Social Care share a long and successful history through interdependence. Acute care was always the domain of health and recuperation/rehabilitation and prevention resting with a mix of community and social care provision. The relationship between the professions has not always been easy but there was an understanding of interdependence. The challenges have come as budgets have been cut and the lions share remaining within the healthcare sector whilst the role of social care has been changed beyond recognition. Austerity has resulted in changes to commissioning policy which impacted on recuperation and preventative social care services.

As long stay geriatric wards and mental health facilities were closed, we saw the client group being moved into social care provision with less than a third of the finances. Therein lay the recipe for failure. This meant that social care needed to deliver health care needs at social care prices and train staff to healthcare levels without any additional funding.

I would therefore take you back to my initial sentences which hopefully will start to make some sense. Clearly, more money is needed in the health and social care system to ensure that
the offer we make to the citizens is absolutely upheld. There is no point trying to keep taking
chunks out of the apple leaving nothing but the core because if it is the core we are offering
that is what we should present and be brave enough to present it as ‘the’ offer.

The practice of raising expectations (rightly so), but then not being able to deliver them is
dishonest. We should be looking at how the services have changed and then look at the
resource pool available with a view to allocating funds appropriately. Clearly if social care is
now looking after people at the end of life or stroke recovery, peg feeding, dementia etc. we
should make sure that the budget received for those services does not only remain in the
Health allocation but is evaluated and allocated into the budget who undertake the delivery of
the assessed needs of individuals. The budgets MUST be transparent demonstrating that they
are being used to support people in social care settings.

It is crucial that Health professional learn to engage effectively with social care: their
consistent failure to do so is the greatest barrier to integration. It should be noted that
enhance care home initiatives have been trying to create health issues but they come
disguised as support for care home. Better results would be created if they engaged with
social care providers in the locality before making decisions on the action they need to take.

One size does not fit all in social care, it is not like health where fundamentally there is one
large organization with directions coming from one source NHS England. Social care is
upwards of 24,000 regulated services plus unregulated services who answer to many different
masters in the form of commissioners whether the commissioner is using private or public
sector funding.

There is no doubt in my mind that Health and Social Care can and must work together. We
need strong champions for Social Care in the DHSC now as this is the time that change can
and must take place. It is important that the funding of these services is fair and equitable and
should not only be seen as more money being the solution. There will never be enough
money to fund these services to the level of expectation we have created. However, we must
make sure that as we raise the expectations we understand the core values we feel are non-
negotiable.

• The mechanism for reaching political and public consensus on a solution.

The political drive to creating a solution to challenges of funding health and social care is negligible.
There is an enormous amount of rhetoric and posturizing from successive Ministers but the reality is
they have all failed to persuade anyone that they have the motivation to create a pathway to a
solution. The have managed to raise public expectation in a way that can and does exceed what is
deliverable within the financial envelope. This has resulted in a situation where we have set
ourselves up to fail.

The public has been guided into believing that social care is free at the point of access but when the
reality is explained they are further informed it should be cheaper than it is. Both these factors have
led the provider sector to be vilified by the press and public alike. This has consistently hindered any
progress to project social care as a positive solution to the challenges faced by the NHS. Clearly, if we
could look at true partnerships with trust and compassion built into it we would be looking at
definitive solutions.
I feel clear that partnerships between one master (NHS) and circa 24000 independent providers would always be a huge challenge, but it is the acceptance of the challenge that will inevitably lead to a solution. Only when we get the NHS and Community services prompting social care as a viable and sustainable option will we begin to win the hearts and minds of the public.

We are not blind to the fact that there is poor care and this we feel passionately to be unacceptable. However, this needs to be put into perspective as statistics show 19% of services are rated inadequate or requires improvement, which, in my opinion is far too many, however there is no barriers to entering the market and there is a serious lack of consistency as to the definition of quality care. Very often families disagree with the regulators verdict on a poorly rated service and continue to use the service, the concern we have is that we may have got the assessment tools wrong or they are too subjective. We have worked with government departments to introduce legislation which will promote the wellbeing of vulnerable people in our society: what is always difficult to do is to promote the majority of care being delivered which is good. Poor care always eclipses good quality care and until and unless we create positivity around the image of social care this battle will continue resulting in negative images being used to promote the need for additional funding by other spheres of health and community care!

The drive to create public consensus will come only from an allegiance of hearts of mind of all the services. Only when social care representatives are given equal status around decision making tables and board will we start to make that progress. It is easier to bring corporate providers around a table as they have a synergies to the NHS operating styles but the backbone of social care remains the small to medium sized provision with sole proprietor, data from CQC indicates small and medium size services are more likely to be rated good or outstanding.

We believe that the public is keen for a solution to the deepening crisis that has overtaken social care. Until and unless the NHS accept Social care as part of the same jigsaw puzzle I fear the solution will remain adrift. Both are required to create sustainable option for the most vulnerable members of our society. We cannot keep assuming that more money will bring the solution to the challenges faced: until and unless we start to look at one pot of money and what we need to deliver with it and then look at the options as to who is best placed to deliver them, we will continue to exist in this whirlwind with politicians running in the opposite direction!

It is important that we look at a truly integrated approach to the care of an individual. Once assessed the funding should be allocated for their care wherever it is received.

March 2018