

National Care Forum submission to the Comprehensive Spending Review 2021

Following the recent announcement of the Health and Social Care Levy¹, the Comprehensive Spending Review (CSR21) now needs to take the next steps to recognise and harness the economic potential social care brings at a local, regional and national level. Social Care must be seen as an essential part of the nation's infrastructure, which can result in a more ambitious future for social care reform. By social care we mean all services which provide care and support for people including care homes, extra care housing, home care, supported living, day services and Personal Assistants as well as many others.

Adult social care is a major economic driver in the UK and contributes to local economies in every part of the country. Investment in adult social care is a very important avenue through which the government can ensure its spending review aims are met.

The announcement of £5.4bn over three years for adult social care in England as part of the new Levy can only ever be the beginning of what needs to be a much more expansive, co-produced and fundamental reform. This is the only way the burden on other parts of the public sector, including the NHS, will reduce and people receive the quality of care and support they want and need to live their lives well.

A larger share of the Levy needs to be apportioned to adult social care now and in the future if we are to see a transformed sector and harness and increase the £41.2bn worth of economic value the sector brings and ensure it can deliver to those that need it. The £5.4bn over three years falls considerably short of the additional £7bn per year recommended as a starting point for reform by the Health and Social Care Select Committee and the additional £3.9bn recommended by the Health Foundation to increase workforce salaries.²

CSR21 must build on the recent announcements and ensure that sufficient investment in social care is made to deliver the economic benefits to local communities and to achieve this vision³:

We all want to live in the 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.

¹ <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care>

² <https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/120204/mps-call-for-7bn-annual-increase-in-social-care-funding-as-a-starting-point-for-reform-doing-nothing-no-longer-an-option/>

³ Vision statement developed by [Social Care Future](#)

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Who we are

[NCF](#) is the voice of the not-for-profit care and support sector. Our members:

- Provide care and support to over 197,000 people
- Operate over 7400 services
- Provide more than 48,000 care home places
- Employ over 105,000 staff and work with 13,500 volunteers

Asks at a glance

NOW: This CSR needs to deliver:

- **Investment now in social care to stabilise and support the wider system**
- **Funding to tackle the immediate challenges facing the care workforce**
- **Direct financial support to social care providers to cover their increased Employer National Insurance Contributions in the same way as public sector employers such as the NHS**

Long term: This CSR needs to deliver

- **A recognition and harnessing of the economic value of social care**
- **Funding to enable the creation of a long term workforce plan for social care**
- **Investment to address the chronic levels of unmet for social care**
- **A greater share of the Levy to be invested in social care now and in the future**
- **Innovation and Infrastructure funding to support social care to adopt new technologies, innovate new models of care and develop eco-friendly services**
- **Investment to enable a co-created fair price to be paid for all types of care, to ensure that it meets the true cost of good quality, sustainable care.**
- **Action on inequalities for both people who need care & support and those working in care**

The Economic Value of Adult Social Care⁴

Far too often the political debate frames social care as a 'burden' focusing only on the resources required to support it from individuals, local government and national government. As a result, policy makers get stuck in a very narrow debate – 'how do we stop older adults selling their homes to pay for the catastrophic costs for their care home care?'. This is the problem the government has sought to solve in its Plan for Health and Social Care⁵. This plan is certainly welcome and an important step but it can only be seen as the beginning of a much wider and comprehensive reform across all types of care- not just care homes. The £5.4bn over three years will not address the more substantial challenges of widening access to deal with unmet need and increasing the choice and quality of all types of care, nor does it recognise the economic potential of the sector. We urge the CSR21 to respond to these challenges.

⁴ This section is based on the APPG on Adult Social Care's '[A Vision of Social Care](#)'. NCF were one of the contributors and working group members that produced the report.

⁵ <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care>

It is time to reframe our view of social care and recognise the economic value it offers. Care settings are ‘anchor institutions’, generating spending which remains within the same community in which it exists. Social care workers and businesses spend money in the communities they are rooted in and this benefits other local industries leading to tangible economic benefits to local areas.

Skills for Care⁶ report that **the adult social care sector contributes £41.2 billion per year to the economy in England**. £22.3bn of this is spent on wages. The remainder is spent on the delivery of services and maintenance of care settings.

At a local level, good care provides economic value by supporting people to live independent lives, with control over their own finances and in many cases supporting them into employment to contribute to the economy overall. This also reduces need for people to access welfare support, reducing the expense on the public purse.

On top of this, there are an estimated five million unpaid carers who are providing care for needs in their local communities that would otherwise not be addressed or would have to be met at Government expense. Carers UK estimates that this saves the economy £132bn per year, an average of £19,336 per carer.⁷ What if we had a care system that empowered many of these unpaid carers, and, where possible, those they support, to access employment if they wanted to?

Workforce Demographics and levelling up⁸

The case for investment in the social care workforce has been made loud and clear. The social care workforce has experienced a very challenging 18 months during the pandemic and those pressures remain. As well as the moral argument for better pay and recognition, there are strong economic arguments to support better investment in the pay and recognition of the social care workforce as part of the government’s ‘levelling up’ promises.

There are an estimated 1.52 million people who work in adult social care – this is more than the NHS workforce. People are employed in a wide range of roles including as frontline care and support staff, personal assistants, porters, caterers, administrative workers and many others.

Investment in the workforce will benefit those from the most disadvantaged socio-economic backgrounds as well as those with protected characteristics due to the demographic makeup of the sector:

82% of workers identify as female, including:

- 83% of direct care providers
- 79% of managers
- 67% of senior management

27% of workers were over the age of 55, higher than the national average of 20%:

- The average age of the workforce has increased from 42.5% in 2012/13 to 44 in 2019/20

21% of workers identified as being of an ethnicity that was Black, Asian Mixed or Minority Ethnic:

⁶ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2020.pdf>

⁷ <https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures>

⁸ Figures taken from [Skills for Care state of the adult social care sector and workforce in England 2020](#)

- This rose to 66% of the workforce in London
- 22% of direct care providers identify as BAME, as do 15% of managers

Looking to the future, Skills for Care estimates that due to demographic changes in the population, by 2035 an additional 520,000 care and support workers will be needed in England – on top of the vacancies. Investment in the workforce needs to begin now if we are to meet this need and improve the quality of care received.

Current Picture - how does the CSR need to invest in the social care sector?

Investment needed now in social care to stabilise and support the wider system

Despite the value social care already brings, the last 18 months have starkly laid bare the inadequacies of the social care system in England for those that draw on it, those that work in it, and those who provide it -not to mention the knock-on impact on the NHS and other parts of the public sector. Long-term systemic issues, chronic underfunding and the continued prioritisation of the NHS above all else have now come to the fore. These problems require short-term and long-term solutions and funding. What we invest in matters. The lack of immediate investment to support social care through the next six months does not contrast well with the £5.4bn promised for the NHS over the next 6 months. Without a functioning social care system, any attempt to clear the NHS backlog or discharge into residential or community settings simply will not work.

Funding to tackle the immediate challenges facing the care workforce

Social Care providers are facing the most acute recruitment and retention crisis that we are aware of historically. Our recent survey⁹ shows that 74% of providers have seen an increase in staff exits since April 2021 with 50% of workers leaving due to stress and 44% finding better pay elsewhere. This comes on top of serious workforce pressures pre-pandemic of 112,000 vacancies and 30.4% turnover.¹⁰ Recent Skills for Care Data shows that in August 2021, vacancies were higher than they were pre-pandemic in adult social care.¹¹

This crisis is the result of many years of underfunding in the sector, compounded by a number of other factors including staff exhaustion¹² from the pandemic, the end of freedom of movement, low pay compared to health and other sectors and differing approaches to vaccination as a condition of deployment across the health and care sector.

In terms of pay, one of our members, Community Integrated Care, via independent research, has shown that frontline care workers earn at least £7,000 less per year than an equivalently skilled roll in other parts of the public sector. The gap is bigger when looking at the NHS.¹³

⁹ <https://www.nationalcareforum.org.uk/wp-content/uploads/2021/08/NCF-Survey-Report-Workforce-Challenges-August-2021-v2-test.pdf>

¹⁰ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2020.pdf>

¹¹ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Vacancy-information-monthly-tracking.aspx>

¹² See <https://committees.parliament.uk/publications/6158/documents/68766/default/>

¹³ Unfair to Care - <https://www.unfairtocare.co.uk/>

As not-for-profit social care providers, many of our members have operated at a loss during the pandemic and again, this is not easing. We are paying staff increased wages to cover shifts (or pay high agency costs) without additional funding to cover this. It should also be noted that care workers, who carry out an incredibly hard job, have not been recognised either through their pay or through parity of esteem. This is a sad indictment, and it did not go unnoticed in England that there has been no Government bonus for care staff as in Scotland, Wales and Northern Ireland. The increases in National Insurance (see below) to fund the Levy will bring yet more financial pressure on both the workforce and their employers.

Investment to address the chronic levels of unmet for social care

The workforce crisis in social care is having a direct impact on the NHS, local authorities and on the people seeking care and support. Some home care providers are handing contracts back to local authorities because they simply cannot find the workforce to deliver them, while some care home providers cannot accept any new residents because they do not have sufficient staff to support more residents. The ability to support people being discharged from hospital, either at home or in a care home, is also being impacted.

ADASS' rapid survey¹⁴ found that almost 300,000 disabled and older people and carers are waiting for social care assessments, care and support or reviews. Real-term reductions in social care funding have left hundreds of thousands more ineligible for care due to tightening of eligibility criteria. Local authorities are increasingly reliant on local taxation and short-term unsustainable funding sources, which in turn impacts the quality of commissioning, the price paid for care, the pay of frontline staff and ultimately the services available and care received. In addition, short term funding does not lend itself to the development and implementation of longer-term workforce plans. The government's plan for Health and Social Care does not deal with these fundamental issues.

Local Authorities have no additional money to invest into adult social care to even pay the true cost of care, let alone provide the investment needed to widen access and improve frontline salaries.

Funding to cover NI costs arising from the Levy, similar to the support the NHS will enjoy

There are a number of additional costs facing providers, which do not appear to be taken into account, particularly in the absence of any extension to the Infection Control Fund or Rapid Testing Fund.

One of the most significant is the impact of the Health and Care Levy from April 2022. The sector, both employees and employers, are going to see very little benefit over the next three years, if not longer. According to analysis by the House of Commons Library,¹⁵ NHS and social care workers will be hit with a £900m tax bill – 12% of the total tax rise. Social Care staff will see no benefit at all except for an increase in tax. This is unjust considering one of the fundamental issues has been low pay for frontline staff. The way in which the Levy is currently apportioned will not do anything to resolve workforce pressures. Combined with increasing inflation, the inability of LAs to offer

¹⁴ <https://www.adass.org.uk/adass-new-rapid-survey-findings>

¹⁵ <https://www.theguardian.com/society/2021/sep/23/national-insurance-hike-to-hit-nhs-and-care-staff-with-900m-tax-bill>

providers' fee rate uplifts and cuts to Universal Credit, care staff may be receiving a real terms pay cut. This cannot be acceptable.

Social care employers face similar challenges; across the NCF membership, social care providers are facing increases in their NI employer costs of millions of pounds as well as the additional cost of seeking to increase staff salaries to mitigate the impact on the 1.25% NI increase on their pay levels. In many instances, this will in effect wipe out any real terms salary increases.

Members told us: *'Planned pay increases to improve recruitment will need to be scaled back and instead focus on meeting NLW for the short term.'*

'As this is an additional cost, at a time when occupancy has fallen due to COVID. We will not be able to increase care fees at the same rate, due to occupancy issue above. Therefore, the only option is to reduce costs, which means lower than expected staff increases and the closing of pay differentials.'

These increased costs also mean that providers will not be able to make their planned improvement investments or support wider charitable activities:

'An additional burden of £1.2m cost means we have to look at all investment and discretionary expenditure and decide where we can reduce spend to accommodate this additional cost. We would never compromise on our delivery of care or staffing levels but we may need to slow down IT transformation and other investment activities'

'Increased cost that we will not be able to recover therefore a reduction in our surplus which is invested into the provision of additional charitable activities to support older people to live later life well'

It has not gone unnoticed that the NHS will essentially have its employer NICs compensated¹⁶.

'Shameful that Care providers are not being excluded from this increase. We are effectively paying ourselves for the 'benefit' that we will see from the Gov announcement on Health and Care which looks like it will be a disaster for Care providers, reducing income and increasing non viability of settings and providers'

What is needed?

The issues above are a manifestation of long-term trends exacerbated by COVID-19, and as such, there are long-term and short-term measures which need to be taken.

In the immediate term, investment is needed to:

- Offer a £500 retention bonus (net, not subject to tax and UC rules) to care staff, in recognition of the dedication these skilled workers have shown throughout the pandemic
- Extend and increase the Infection Control Fund (ICF) and Rapid Testing Fund to offer practical support to care providers as our essential work to combat Covid-19 continues.
- Add care workers to the shortage occupation list for a defined period, to enable more workers from overseas to work in UK care homes with Skilled Worker visas
- Create a wholly flexible Workforce Capacity Fund now to support immediate recruitment & retention challenges & upskilling/ training

¹⁶ <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care> pg. 29

- Compensate social care staff and social care employers for the increase in National Insurance Contributions from April 2022
- Launch an effective national recruitment campaign to inspire people to join the care workforce
- Delay the implementation date for making vaccination a condition of deployment until it is implemented for the NHS and whole social care sector
- Help local areas create staffing contingency & mutual aid plans

In the long-term to address the issues raised above and to prepare for future demographic growth we need an ambitious vision for social care which recognises its economic potential and builds from there.

Towards Ambitious Long-Term Reform

Below we have outlined what an ambitious plan for adult social care would look like.

A greater share of the Levy to be invested in social care, both now and longer term, to ensure it has sustainable funding and contributes to economic recovery

A larger share of the Levy needs to be apportioned to adult social care now and longer term if we are to see a transformed sector and harness and increase the £41.2bn worth of economic value the sector brings and ensure it can deliver to those that need it.

This CSR21 can build on the government's Plan for Health and Care and end the short-termism over investment. We need to stop lurching from one announcement of emergency funding to another, and devise a streamlined long-term social care investment plan, which maximises the investment potential, ensures funding reaches the frontline and ensures greater transparency about investment, wider economic benefits and returns to society.

The Health and Care Levy, while a start, adds a seventh funding stream in addition to council tax, adult social care precept, business rates, NHS funding, grant funding and user charges. There needs to be better streamlining to ensure funding reaches where it is needed. Moreover, the £5.4bn over three years falls considerably short of the additional £7bn per year recommended as a starting point for reform by the Health and Social Care Select Committee and the additional £3.9bn recommended by the Health Foundation to increase workforce salaries.¹⁷

Alongside revenue investment, the government must explicitly consider how to support the sector with longer-term capital investment; COVID-19 has highlighted the importance of future-proofing residential settings with good building design, good ventilation, the importance of indoor, flexible space and the essential need for access to outside space.

Think social care first

Policy makers must put social care first in their thinking. The focus on the NHS without a similar focus on adult social care is not sustainable – the Health and Care Levy and £5.4bn for NHS winter COVID-19 response being the most recent examples of this trend. This is short-sighted policy making

¹⁷ <https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/120204/mps-call-for-7bn-annual-increase-in-social-care-funding-as-a-starting-point-for-reform-doing-nothing-no-longer-an-option/>

as it will lead to a higher burden on the NHS and not deliver the care and support people need to lead their best lives.

The announcement of a co-produced white paper on social care is to be welcomed but it must be backed by a willingness to invest in whatever vision is conceived.

With a sounder understanding of what social care is and does and how important it is to people in their everyday lives, and an honest discussion about what people want, there is a real, once in a generation opportunity, to create a reform approach that offers a much more personalised, person-centred care and support model, improves prevention and early intervention and which saves money and misery and does not see social care simply as the handmaiden of the NHS. The breadth and impact of what social care does, for the very wide range of people whom it supports, must be front and centre of reform plans.

Great care needs great people – invest in the social care workforce and create a fully funded People Plan for Social Care

Great care needs great people to provide it, yet there has been no dedicated national social care workforce strategy for social care since 2009. Investing in social care also means investing in the workforce. This will bring a range of strong economic and quality benefits as well as enabling social care employers to pay social care workers better, at levels which properly reflect their skills, competencies and expertise and at levels which improve staff retention, reduce staff turnover and support recruitment.

The barrier to improved pay and wider terms and conditions for the workforce has been the lack of investment and the lack of strategic policy steer from the government. This is not something individual organisations can do on their own. The government must develop a fully funded People Plan for Social Care that provides clear career progression, better recognition and valuing of staff, investment in staff training and support, and introduces professionalisation and registration where this is appropriate. This will improve our ability to recruit and retain high quality, skilled social care staff with the right values and our ability to grow innovative models of support, as well as to develop and recruit a workforce that reflects and understand the needs of communities being served. It will require more ambition than the £500m learning and development work stream announced as part of the government’s health and care plan.

The Social Care Taskforce Workforce Report¹⁸ in 2020 recommended that the ‘*Government should instigate a review involving employers, commissioners, and employee representatives with a view to implementing a new career-based pay and reward structure, in-year, for social care which will be: (a) comparable with the NHS and equivalent sectors; (b) fully-funded by Central Government; and (c) mandatory on employers and commissioners of services.*’ This remains a very clear NCF ask.

Recognise the benefits of not-for-profit care

The NCF represents the not-for-profit care and support sector, which offers greater transparency in terms of governance, finances and accountability than the wider sector. We strongly advocate for more focus in the Government’s reform plans on recognising the benefits and social and economic

¹⁸https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/919164/8_Workforce_Advisory_Group_report_accessible.pdf

value of the not-for-profit sector, which will help to give politicians and the public reassurance in their investment in social care.

Social care delivers public good, and much of it is funded by the public purse. Primary legislation such as the Social Value Act also exemplifies the importance of using public money to invest in services that support wider community ambitions. Not-for-profit care provision ensures that all of the funding from either government or citizens is directed towards the delivery of care now and in the future, ensuring that the money remains in the sector and is reinvested to improve the quality of care.

The not-for-profit organisations we represent place a strong emphasis on the long-term sustainability of their care and support services in the local communities they serve, often having deep roots due to their origins and history in local areas, alongside their focus on person-centred care.

Many not-for-profit organisations providing care and support are charities or social housing providers, meaning they are not just accountable to the CQC but also the Charity Commission and the Social Housing Regulator. As a result, the organisations we represent, by their very nature, have a very strong culture of accountability, governance, diversity and person-centeredness.

We strongly advocate for more focus in the Government's reform plans on recognising the benefits and social and economic value of the not-for-profit sector, which will help to give politicians and the public reassurance in their investment in social care.

Investment to create a fair price for all care to ensure that it meets the true cost of good quality, sustainable care

The government's health and care plan states that it is planning to enable LAs to arrange the care packages of those who are not eligible for state support. If this happens, the government must ensure that there is a fair price for all types of care and the commensurate investment in LAs is provided to enable them to raise the rates they pay for care to a sustainable level.

The government must work with LAs, providers and those that draw on care and support to establish a framework for a fair price for care which ensures good quality, sustainable care wherever you live and removes the catastrophic costs providers, individuals and families are being expected to pay to subsidise the current system – and indeed the new system if the government's plans proceed unchanged. It must provide fairness and confidence for people who need care now and in the future and ensure that good quality, sustainable care is maintained and planned as well as ensuring that staff are paid in line with the skills and expertise they bring. The current proposals in the government's health and care plan are in danger of falling short of this aim.

Housing matters to social care

The Government's reform plans must recognise the important role of housing in social care as it is a critical element in choice, independence and dignity. While the perception is that many people want to remain in their own home for as long as possible, this may not be possible if their housing is not suitable and effective home care is hard to come by.

We know that retirement communities and extra care settings have enormous potential to enhance the lives of older people in terms of their physical and mental health, helping them to maintain their

independence for longer and reduce the strain on health and care services. Care homes provide an essential home for those who are frailer, with more complex combinations of needs, where independent living is no longer an option.

It is also clear that options for those of working age with complex needs are often limited, resulting in people having to travel far from family and friends to access the care that they need with all the challenges this presents.

There must be investment to ensure a dramatic increase in the supply of housing that facilitates a wider range of care and support, so every area in England has access to the full spectrum of care options. The Government must join up the national and local approaches to the provision of housing to create an effective system for delivering a coherent housing policy with better options for maintaining independent living.

Future-proofing social care

To equip us for the future of social care, the government must support research and debate with the future customers and the families and loved ones of those who will need and want care and support. It must take the opportunity to explore and co-produce new models of care and innovations in care, which will better meet people's needs and choices. The demographics of our future customers is changing quite rapidly and we must prepare to meet their needs, be that increasingly diverse communities, more people who are LGBTQ+ or those ageing without children. Commissioning and procurement practices will require a significant culture change to encourage and fund innovation and manage the risk and opportunities ahead. The approach from the regulator through its new strategy and regulatory framework, needs to reward innovation, and in particular, digital innovation.

Technology is also a key element in the reform of social care. If there is to be a successful and long-lasting reform to the social care system, the government needs to seize the opportunity to use innovation, digital technology and data, to generate the insights necessary for a joined-up approach to people's needs. This will enhance the quality of care, independence and the prevention focus as well as the effectiveness and impact of the sector.

The government must capitalise on the potential of digital technology in social care and create an infrastructure fund, to enable the sector to speed up its adoption of proven technologies, which can enhance quality of care and outcomes for people, such as artificial intelligence, assistive technology, predictive analytics and apps. This must be underpinned by the implementation of high-speed broadband, WiFi and 5G needed to make a digitally-enabled and data-driven social care a reality.

Make Integrated Care Systems work for social care

Social Care Providers and those that draw on care and support must be represented, and funded to be on the Integrated Care Partnerships being established as part of the Integrated Care Systems. It isn't enough for the membership to be permissive.

Significant numbers of people will be receiving social care support in any given area; therefore social care needs representation to reflect the importance of its role in the lives of the population of the area. We understand the arguments for ensuring ICSs are permissive in their membership to allow local flexibility, but this will only work where providers and those that draw on support already have good relationships with the local systems and are already involved and invited to collaborate.

Without an explicit requirement to have the voice of social care at the top table in the ICS, local areas face a patchy and inconsistent approach to their population health & wellbeing ambitions. In too many areas the assumption is made that LAs are adequate to represent and speak on behalf of adult social care when this is not the case. We must make it a requirement for social care to be represented to stop this from happening and to ensure a truly integrated approach.

Not only is this important for vision, direction and outcomes sought by an ICS, it is also important in terms of resource allocation. Social care will only receive £5.4bn of the £36bn raised by the Health and Care Levy over the next 3 years. ICSs will be receiving a good chunk of the £36bn (and part of the £5.4bn COVID fund over the next 6 months). Much of this will be going on improving outcomes in local areas – such as discharges and care in the community. This money must not be simply ring-fenced for health provision – it must also be used for social care for the sake of integrated working. Otherwise, there is a priority problem and a failure to recognise that for the NHS to clear its backlog, you are going to need an innovative, nimble social care system. The failure to see the two as equals is why we end up with such unequal policy and funding responses and priorities. Without social care representation, there is a danger social care does not receive the resources it needs.

The infrastructure of the ICS must recognise the opportunity to gain from the enormous contribution that social care providers can make to the ICS and the importance of being seen as equal partner in the whole endeavour. Social care providers need to be seen as leaders in integration, not just another set of organisations commissioned to provide services - the effective functioning of the NHS and health system in local areas is hugely dependent on a robust, sustainable social care sector.

Conclusion

The announcement of £5.4bn over three years for adult social care in England as part of the new Levy can only ever be the beginning of what needs to be a much more expansive, co-produced and fundamental reform if the burden on other parts of the public sector, including the NHS, is to reduce and people receive the quality of care and support they want and need to live their lives well.

It is time to reframe our view of social care and recognise the economic value it offers. Care settings are ‘anchor institutions’, generating spending which remains within the same community in which it exists. Social care workers and businesses spend money in the communities they are rooted in and this benefits other local industries leading to tangible economic benefits to local areas.

Skills for Care¹⁹ report that **the adult social care sector contributes £41.2 billion per year to the economy in England.** £22.3bn of this is spent on wages. The remainder is spent on the delivery of services and maintenance of care settings.

In the short term, we need to see action taken to deal with workforce pressures, unmet need, the impact of the National Insurance Increase as well as rising energy costs and ongoing COVID-19 costs. In the long-term we need an ambitious plan with matching investment in order prepare for future demographic shifts.

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¹⁹ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2020.pdf>



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