

VERSUS ARTHRITIS

Versus Arthritis response to the House of Lords Economic Affairs Committee's inquiry into social care funding in England.

October 2018.

1. Versus Arthritis welcomes the opportunity to provide input into the House of Lords Economic Affairs Committee's inquiry into social care funding in England.¹
 2. Versus Arthritis is the charity formed by Arthritis Research UK and Arthritis Care joining together. We work alongside volunteers, healthcare professionals, researchers and friends to do everything we can to push back against arthritis. Together, we develop breakthrough treatments, campaign for arthritis to be a priority and provide support. Our remit covers all musculoskeletal conditions which affect the joints, bones and muscles including osteoarthritis, rheumatoid arthritis, back pain and osteoporosis.²
 3. Arthritis and related musculoskeletal conditions affect 17.8 million people in the UK and are the single biggest cause of pain and disability in the UK.³ Cumulatively, the healthcare costs of osteoarthritis and rheumatoid arthritis will reach £118.6 billion over the next decade.⁴ Musculoskeletal conditions account for a fifth of all sickness absence and result in the loss of around 30.8 million working days to the UK economy each year.⁵
 4. This submission answers the following questions set by the inquiry:
 - What are the funding challenges for social care in England, and how can they be overcome?
 - What lessons can be learnt from elsewhere in the United Kingdom, or from other countries, in how they approach social care?
 5. One aspect of social care that is important to people with arthritis is the provision of aids and adaptations in the home. Aids and adaptations can be a part of high-quality, cost-effective preventative services, and are also part of the broader societal challenge to support healthy ageing. Good provision of this equipment hinges on well-funded and sustainable local authority budgets. We have conducted qualitative and quantitative research that explores the impact home aids and adaptations have on the quality of life for people with musculoskeletal conditions; and their experiences in accessing aids and adaptations from local authorities. We have published a campaign report⁶ detailing these findings and will produce a detailed policy report in the coming months.⁷
 6. Summary points:
 - **Social care services are severely underfunded. Urgent short-term funding is needed, followed by long-term sustainable funding reform.**
 - **In the forthcoming green paper on adult social care, the Government should address the provision of aids and adaptations.**
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What are the funding challenges for social care in England, and how can they be overcome?

Care and Support Alliance

7. We are members of the Care and Support Alliance (CSA) and support their response to the committee's inquiry into social care funding in England.⁸ People with arthritis and musculoskeletal conditions require timely access to a fair and equitable social care system and the current system is at risk of collapse.
8. There is evidence of public support for increased funding in social care. The CSA surveyed nearly 4,000 people with self-identified care needs about their experience of social care. 95% of respondents agreed or strongly agreed that the Government should increase funding for social care.⁹ Another poll by NHS confederation revealed support amongst the wider public – over 80% support an increase in social care spending.¹⁰
9. In particular we support calls made by the CSA that:
 - **Government must deliver immediate short-term funding to fill the estimated £2.5 billion funding gap in 2019-20.**
 - **This Government must also bring forward a long-term funding solution that fully addresses unmet need.**
 - The Government must recognise the lack of public understanding around social care and frame its proposals and their presentation accordingly.
 - The Government must implement a long-term, sustainable funding solution that expands access to affordable, quality social care for everyone that needs it. After more than 20 years of debate on the issue, disabled people, older people and their unpaid carers cannot wait any longer.
 - Parliamentarians will need to work together, cross-party if the Government is to pass funding reform that is well overdue.

Cuts in Social Care spending, regional variation and future trends

10. Social care services are experiencing severe underfunding and cuts to local authority budgets. Government funding for local authorities has fallen by an estimated 49.1% in real terms from 2010-11 to 2017-18.¹¹ Spending on adult social care is down 6% since 2009 in real terms.¹² When population growth is taken into account, spend on adult social care fell by 13.5% per adult from 2009 to 2017.¹³ There is significant regional variation in spending. Whereas spending on adult social care per adult fell by 2% in the South West from 2009-10 to 2015-16, it fell by 18% in the North East during the same period.¹⁴
11. With an ageing population, and more people living with long-term multiple conditions, pressures on the social care system will continue to increase. The need for adult social care spend will increase at 4.4% a year in real terms, according to some estimates.¹⁵ A long-term sustainable funding solution is needed.

Funding gap

12. There is a huge funding gap that urgently needs to be filled. In response to the Association of Directors of Adult Social Services (ADASS) 2018 Budget survey, only 9 out of 150 directors said that they felt optimistic about the financial state of the wider health and social care economy in

their area. Whilst the £240 million made available by the Secretary of State for Health and Social Care for social care¹⁶ this winter is desperately needed, it comes nowhere close to solving the funding challenges facing social care. The King's Fund estimated that the social care system needs a minimum of £2.5 billion for the financial year 2019/2020 to avoid collapse.¹⁷ The Local Government Association (LGA) has further estimated that there will be a £3.5 billion gap in social care by 2025.¹⁸ These funding challenges leave local authorities struggling to fulfill their statutory duties. This could have a disastrous impact on the care a substantial number of people receive.

Aids and adaptations

13. One aspect of social care that is important to people with musculoskeletal conditions is the provision of aids and home adaptations. Our research demonstrated that aids and adaptations have a positive impact on the quality of life of people with musculoskeletal conditions and improve their ability to be independent.¹⁹ 95% of people we surveyed with musculoskeletal conditions said that they had a positive effect on their lives. 80% said that aids and adaptations helped them to maintain their independence. Aids and adaptations can delay or prevent care needs. In a 2015 survey, 96% of occupational therapists agreed that home adaptations reduce the need for formal social care.²⁰
14. Under the Care Act (2014), local authorities have a duty to provide community equipment (aids and adaptations up to the value of £1,000) free of charge for people with eligible care needs. People also have a right to access the means tested Disabled Facilities Grant (DFG) for major adaptations. However, many people with arthritis struggle to access aids and adaptations through their local authority. Only 15% of people we surveyed with a musculoskeletal condition got aids and adaptations from their local authority. One in five of those with eligible care needs do not use them at all and may have unmet needs for care and support as a result.
15. Aids and minor adaptations are funded through local authority adult social care budgets. The impact of the outlined cuts on community equipment can mean a reduction in quality and availability of items. We have heard reports that that despite having a legal duty to provide community equipment up to £1000, some local authorities have been reducing the limit from £1000 to £500.²¹
16. **In the forthcoming green paper on adult social care, the government should address the provision of aids and adaptations.**

What lessons can be learnt from elsewhere in the United Kingdom, or from other countries, in how they approach social care?

Case studies

17. Our research into the provision of aids and adaptations revealed examples of good practice within the English social care system, which should be amplified. Ealing Council's repair and adaptations agency shows how integrated approaches can provide efficient processes and a better customer experience with better outcomes for all, whilst also being cost-effective. There are clear benefits from integrating social care and housing processes.

Ealing Council's repairs and adaptations agency: integrated working and innovation

The agency offers an adaptations service, a handy-person service, minor works and repairs, a fast-track stairlift service, and a social care call centre. The call centre routes calls to the relevant services and takes referrals from other council departments, voluntary organisations and hospitals. This helps reduce waiting times for the social care occupational therapist, as not all services require their intervention.

For example, if a person with an eligible need requires a home repair, they can inform the social care call centre, who in turn can email a referral to the handy-person service. This is checked and passed to a contractor, maintaining clear lines of communication between social care and housing departments. Hospitals can also call the handy-person service to ensure speedy discharges.

Occupational therapists and contractors work closely to deliver a fast-track stairlift service. If an occupational therapist identifies a need for someone to have a stairlift installed, once they've discussed this work with the individual and checked this need with a manager, they can go directly to an approved contractor. Designed to prevent people who can't manage the stairs anymore from falling, this rapid response approach is possible because the council doesn't require those who need it to be means tested.

Ealing's repairs and adaptations agency has hugely simplified the DFG process for home adaptations, by employing the Regulatory Reform Order. This allows the council to be flexible in its funding model. A caseworker checks if the test for resources is applicable to the individual. If not, a home visit is arranged, during which a four-page form is completed, and documents are checked. In DFG cases, an occupational therapist and a surveyor make the visit together to ensure the assessment and specification are completed in one trip. The next step is for the occupational therapist to confirm the work plan with the customer before it goes out to tender with approved contractors.

People who don't qualify for a DFG still have the option of accessing the integrated service for a fee and have access to the council's pool of contractors. In council-provided DFG services, Ealing Council only allows the use of approved contractors, so they can monitor and control the quality of work.

For both the handy-person and DFG services, the council evaluates the work completed. In 2014 they achieved 98% and 100% satisfaction (respectively).

Ollie Phelan, October 2018.

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1 <https://www.parliament.uk/business/committees/committees-a-z/lords-select/economic-affairs-committee/news-parliament-2017/social-care-call-for-evidence/>

2 <https://www.versusarthritis.org/about-us/>

3 Arthritis Research UK (2018). State of Musculoskeletal Health 2018.

4 York Health Economics (2017). The Cost of Arthritis: Calculation conducted on behalf of Arthritis Research UK.

5 Office for National Statistics (2016). Sickness Absence Report 2016.

6 Versus Arthritis (2018). Room to Manoeuvre.

7 Versus Arthritis (2018). Adapted Homes, Empowered Lives.

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- 8 Care and Support Alliance (2018). Response to the House of Lords Economic Affairs Committee's inquiry into social care funding in England.
- 9 Care and Support Alliance (2018) Big Social Care Survey.
- 10 NHS Confederation (2018). *British public backs increase in social care funding*. [Press release]. Retrieved from <https://www.nhsconfed.org/news/2018/06/british-public-backs-increase-in-social-care-spending>.
- 11 National Audit Office (2018). Adult social care at a glance.
- 12 Institute for Fiscal Studies (2018). Adult social care funding: a local or national responsibility?
- 13 Institute for Fiscal Studies (2017). Public spending on adult social care in England.
- 14 Ibid.
- 15 Institute for Fiscal Studies (2018). Adult social care funding: a local or national responsibility?
- 16 Department for Health and Social Care (2018). *£240 million social care investment to ease NHS winter pressures*. [Press release]. Retrieved from <https://www.gov.uk/government/news/240-million-social-care-investment-to-ease-nhs-winter-pressures>.
- 17 Kings Fund (2017). The Autumn Budget.
- 18 Local Government Association (2018). Briefings and responses.
- 19 Versus Arthritis (2018). Adapted Homes, Empowered Lives.
- 20 Leonard Cheshire (2015). The long wait for a home.
- 21 Versus Arthritis (2018). Adapted Homes, Empowered Lives.