

## Written evidence submitted by Hallmark Foundation (ASC0036)

### Adult Social Care Reform – The Cost of Inaction

#### Submission to the Health and Social Care Committee inquiry

Hallmark Foundation was founded in 2020 and is an independent charity that aims to create a Britain where everyone can age well and improve care. We fund policy, research and practical projects that meet these priorities. See our website: [www.hallmarkfoundation.org.uk](http://www.hallmarkfoundation.org.uk) We have published a vision for 'Care 2030' which explores key priorities for making it a reality. These include addressing the challenges of unmet needs and demography, with recommendations for a better deal for families and the care workforce, improving housing and technology, supporting integration and innovation, and giving people choice and control.

#### Introduction

We welcome the Health and Social Care Committee's inquiry into the costs of inaction in reforming and funding social care. This is a key starting point for any major reform programme. Unfortunately successive governments have failed to deliver significant reforms and funding to meet both the growing needs of our ageing population and to transform social care into a modern quality service that all families can rely on.

This short submission to the inquiry focuses on three key areas:

- Why change is needed to create a vision of a truly transformational care service
- The level of unmet care needs which cost individuals, families and society
- How we can ensure that growing needs are met properly in the future

#### Why change is needed?

Social care is an empowering and inspiring benefit to society. It should be a source of national pride on a par with the NHS. At its core is the principle that people have the right to be supported so everyone has an equal opportunity to control their lives and thrive.

There remains a significant deficit in public understanding of what social care is. Popular misconceptions are that it is free - an extension of NHS services following clinical diagnosis – or something that largely applies to people in later life.

The repeated failure of governments over decades to introduce reforms to enable social care to be of consistent quality, fair and sustainable has also fostered the impression that it is a problem, a drain on resources and something to be feared.

National political discourse on social reform is locked in tunnel vision. The narrow focus on issues such as older people being forced to sell their homes to pay for care has placed other pressing challenges across the system of social care delivery to the sidelines.

The dominance of the funding question, while key to future sustainability, has pushed the rights and experiences of people of all ages who draw on or provide support to the periphery. The instability and limitations of publicly funded social care have created a system focused on crisis and cost which leaves increasing numbers of people without the support they want and are entitled to, or with no help at all. Many unpaid carers, often out of sight, struggle on alone. The demands placed on a largely poorly paid and trained care workforce are often unreasonable and soul destroying, with the inevitable high team turnover undermining the consistency and quality of care.

Demographic projections show the number of people of all ages who will need some form of support will continue to grow. A limited reform strategy that simply maintains a system that doesn't work, rather than addressing why people need help and empowering those that do, will have a potentially devastating impact on individuals and communities.

For reform to fulfil the promise to fix social care, there must first be a full commitment to understanding the realities of people's lives. Proposals must be based not just on funding, but on answering the fundamental question: how can social care ensure everyone is able to live how they want?

There are several steps that could be taken to improve social care over the next decade to shape a system that does not treat people as passive recipients to be managed but creates a mutually beneficial environment in which all people enjoy basic rights, freedoms and opportunities.

The Covid-19 pandemic amplified existing social inequalities. The impact on communities is likely to last for many years. Decision makers will be required to take a multigenerational approach, driven by fairness and compassion, in response to economic instability, demographic change, the risk of future pandemics and climate change. Valued, adaptable and fair social care must be seen as a key component for supporting people through uncertain times and enabling them to age well. Reform must also promote integration of health and care, recognising and addressing the big differences between paying for health and care and how they are delivered via national and local systems.

### **Measuring unmet needs**

Using a range of categories, Age UK estimates that in 2024 there are at least two million older people in England with some level of unmet need for care. The limitations of available data mean this is likely to be an underestimate even though it is almost double that of a decade ago. There is also evidence that suggests significant variation in levels of unmet need across areas and social circumstances. Research has found 41% of older people in the fifth most deprived areas had experienced unmet need, compared to 19% in the least deprived (LSE). Significant levels of unmet need have also been found across all adult age groups. Estimated care needs among adults under 65 have grown over the last decade but the level of people being able to access support services has fallen.

In some areas local authorities are attempting to develop their understanding of the scale of unmet need in their communities, but these approaches are often geared towards people who meet thresholds for statutory services. For example, this process can be focused on assessing requests for formal packages of care when a social work team have deemed an individual eligible for formal support. Unmet need is then established based on the service requirement that has not been successfully procured by the local authority from providers after repeated attempts. But there are examples of broader approaches which could offer clearer insights into the scale of unmet need by

gathering information on the circumstances of people who haven't met thresholds for formal care, or those who are not yet known to the local authority. These approaches can include training council staff who are the first point of contact with the public to have more thorough conversations about an individual's circumstances. These advisors should also be trained to understand what wider support is available in the community. This could provide both important evidence on whether community support is working and prevent the need for statutory services.

More accurate monitoring of levels of unmet need across the country is vital for strategic planning at national and local level to prevent needs increasing. The National Audit Office and NHS Digital have highlighted gaps in data on unmet need for social care, with the former noting that the current Adult Social Care Framework does not cover all aspects of local authority social care responsibilities and the perspectives of those who draw on care. That is why the Hallmark Foundation has proposed establishing an independent Office for Care and Ageing Well to monitor and report on current and future needs and how these can be met in ways that are sustainable and promote the best use of resources.

### **Keeping pace with future needs**

Demographic projections are often used to portray our ageing society as a problem, with a focus on multiple health conditions and warnings of unsustainable demand on social care services. But estimates also paint a broader picture of increasing numbers of younger people requiring support, highlighting that the social care system of the future must be equipped to respond across generations. The demand for publicly funded social care at home for people aged 65 and over is estimated to rise by 44% by 2033. During the same period, demand for publicly funded support in care homes is expected to increase by 28% (LSE). The number of younger adults with severe learning disabilities grew by approximately 30% between 2007 and 2017. This is projected to rise by a further 34% between 2017 and 2027 (PSSRU).

The issue of growing numbers of people with multiple health conditions is often only discussed in the context of older people, but around 30% of people with four or more serious conditions are under 65. The patterns of increasing demand for care also vary significantly across regions, with people living in more deprived areas developing multiple conditions earlier in their lives. The impact of poverty on health was highlighted by the Chief Medical Officer, Chris Whitty, with a report on coastal towns with high levels of deprivation. Wider investment in social infrastructure such as community support networks and digital innovations to improve access to formal and informal help are also vital to addressing exponential growth in demand for high-need services.

The inequality faced by certain groups throughout the country must be addressed in efforts to rebalance society, improve health and ensure everyone ages better. For example, women are more likely to be unpaid carers and therefore susceptible to the impact of limited support and related pressures. Of the 1.25 million people in the UK who are caring for an older relative while also raising a family, 68% are women (Age UK). Moreover, 82% of the social care workforce are women and therefore disproportionately affected by low pay and poor working conditions (Skills for Care). People in minority ethnic groups are proportionately more likely to live in poorer areas and suffer worse health outcomes. The stress caused by suffering racial discrimination also directly impacts on mental and physical health.

## **Recommendations to the Health and Social Care Committee from Hallmark Foundation**

The Government should set up an independent Office for Care and Ageing Well to monitor and report on current unmet social care needs and future needs of changing demography, alongside measures promoting prevention and sustainability. Local government should also be required to publish annual care sufficiency statements to demonstrate how they will meet unmet and future needs.

A long-term plan for social care should provide resources for transformation and affirm the purpose and scope of social care as a powerful force for good which we are all likely to experience in our lives. Reforms should be bold in acknowledging the diverse drivers of demand and set out a clear strategy for early intervention and preventive approaches, linked to the integration of care with health and housing.

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