

Written evidence submitted by United for All Ages (ASC0038)

United for All Ages submission to the HSCCom inquiry into the cost of inaction on adult social care reform

United for All Ages is a social enterprise thinktank that brings older and younger people together to create a stronger Britain and promotes intergenerational mixing as a key solution to some of the biggest social and economic issues. This includes reform of social care by developing cradle to grave support and services that meet the needs of all ages. Intergenerational care where care homes and nurseries, for example, are co-located has huge potential to deliver better care for all ages, reduce costs to providers and families, and tackle ageism and loneliness.

Introduction/summary

The problems with the current system of social care in England are widely documented and have huge economic and social costs for the whole country and people of all ages. Sadly to date, there have been no substantive responses by successive governments to create a care and support system that works for all older and disabled people and their families.

We therefore welcome the Health and Social Care Committee's inquiry into the costs of inaction. If nothing else, we hope that this inquiry will encourage the Treasury to undertake **a full cost-benefit analysis** – not simply of doing nothing but of implementing a universal care service that supports everyone who needs care and support. Below we explain what such an analysis might include.

Social care is a key part of our social and economic infrastructure, as much as schools and hospitals, railways and roads for example. Investment in social care therefore needs to be seen and valued in the same way as investment in other infrastructure with wide-ranging benefits.

A society which values and invests in care would enable everyone to live their life to the full, contribute and participate through work, rest and play, and provide economic opportunities and returns for a growing workforce. These wide-ranging benefits are often overlooked when spending decisions are made. Instead underfunding over several decades has put the onus on families to provide or pay for support, thereby making it much harder for family carers to work and for older and disabled people to live independent lives.

Social care in 2024-25

Social care in England is widely recognised as:

- Complex – the system is currently difficult to understand and access; information and advice on all aspects of care are difficult to find and use; different funding sources depending on your needs are very confusing for the vast majority of people who may never previously have needed support
- Unfair – access to care depends on where you live, your local authority (and often your NHS providers), your income and savings – it's a postcode lottery. This is particularly true for people with dementia.

- Unsustainable – in the face of growing needs from an ageing population, social care is underfunded and undervalued. At least two million older people are estimated to have unmet care needs with huge consequences for those people and their families. It also means that funding is increasingly focused on crisis care, and not on supporting people earlier through preventative action. Families and carers in particular can't continue to carry this responsibility and contribute in other ways
- Impersonal – despite moves to delivered personalised care, it is often a 'one size fits all' solution which doesn't reflect the needs and wishes of older and disabled people and often leads to more costly and rushed responses in the NHS and care homes at points of crisis
- Not universal – there are no meaningful entitlements for everyone; this means a lack of awareness and understanding about social care and a lack of buy-in to support further investment, unlike schools and hospitals

We therefore argue that we need a new vision for social care that enables people of all ages to live the lives they want. This would build a national care service that is based on five principles: fair, simple, personal, universal and sustainable. To demonstrate the benefits of such an approach, we recommend to the Committee that a full cost-benefit analysis of universal adult social care is undertaken by the Government using Treasury modelling.

This modelling also needs to address two other big issues: first, NHS services are provided free at the point of need, while social care provision is means-tested; second, the NHS is nationally determined and mainly delivered in-house, while social care services are commissioned by local authorities and mainly delivered by private and charitable suppliers.

None of the solutions presented to date have really addressed these fundamental differences. Unless a joined up, transparent system of health and care is available to people in need and their families, no long-lasting solution is possible.

Costs and benefits of adult social care reform

Care and support for older and disabled people is in a critical state, facing increasing demand from an ageing population and reduced levels of public spending, exacerbated by the pandemic. There is widespread recognition that the current position is not sustainable with many families not getting the care they need, care services and workers underfunded and undervalued, and quality and reliability severely impacted.

United for All Ages therefore recommends that the Committee calls on Government to commission three pieces of research to underpin the need for substantial extra investment in care and support through a ten year plan by making the economic as well as the social case for better care:

- A cost-benefit analysis of universal care
- Reviewing existing funding of care to see whether resources could be better used
- Analysing the impact on local economies of investment in developing better care

1. A cost-benefit analysis of universal care

In 2004 PwC undertook a cost-benefit analysis of universal childcare which influenced government investment in the ten year childcare strategy. We are seeking to replicate that impact for adult social care.

The modelling would require several dimensions re demand, supply and cost-benefits:

DEMAND

- Unmet need – widely estimated to be at least 2 million older people not getting support they need, plus the growing ageing population, more people living with dementia etc
- Older and younger disabled people wanting more personal and flexible support eg personal budgets to buy their own care and support

SUPPLY

- Where care is provided – own homes, residential care, newer housing with care models
- How care is commissioned eg via local authorities or by the ICSs or a new way
- The pay/training of the care workforce – key to improving quality
- Support for family carers to help them balance caring and work etc
- More community-based provision including volunteers
- More support earlier – prevention rather than crisis care
- Simpler system, with better advice/info so people get what they need
- Universal provision, so wherever people live, they are entitled to support as above

COST-BENEFITS

- A tax-funded model, delivering for example free personal care
- A hybrid model – part extra tax, part fairer individual contributions. For example the Dilnot cap on care costs (which would have benefited wealthier families in the main) vs increasing the current assets threshold of £23,250 to £250,000 (or the average house price)
- Making better use of existing funding
- The benefits to individuals and families of having the right care at the right time and right place
- Enabling family carers to continue working and contributing, reducing the costs of Universal Credit/other benefits
- Increased employment through an expanded care workforce, using better technology and data to predict and meet needs etc
- Reduced costs to the NHS and other public services of care being provided
- Economic impact on a local authority area of investment in care, employment, businesses etc (see also below)

Key to this will be modelling that incorporates different assumptions on the above.

2. Analysing the economic impact on a local authority area of investment in care as part of the levelling up agenda

This would be a micro version of the macro cost-benefit analysis. It would weigh up the costs of increasing supply to meet the needs of all older and disabled people against the benefits as set out above to an area of increased employment, improved quality of life, reduced costs to other public services etc.

3. Making better use of existing funding/resources in the current care system

While there is no doubt that there is insufficient funding to meet unmet needs in the current system, there are also arguments that existing resources could be better used.

Examples include:

- Currently significant funding goes towards gatekeeping – multiple assessments of both needs and resources that keep people out of the system (instead of enabling them to get the help they need)
- Commissioning is undertaken by a range of different organisations locally and nationally
- Too often commissioning provides services to people that they don't want rather than enabling them to purchase the support they want through personal budgets
- Greater use of technology to deliver services, provide data and monitor use
- Funding currently focuses on crisis intervention rather than supporting people earlier and preventing crises happening. More help could be targeted to people in their own homes rather than on costly hospital and residential care
- Accessible financial advice would enable individuals to make better use of their own resources

Finally, a big question is: could a reformed care system make much better use of resources? This should be demonstrated by the proposals above. This is a surprisingly big gap in evidence for policy-making.

The Health and Social Care Committee is therefore urged to call on Government to undertake modelling for a cost-benefit analysis as above to inform decision-making on reform.

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