



## DEBATE PACK

Number CDP 2016/0025 , 26 January 2016

# The NHS and a social care commission

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## Summary

This debate pack is prepared for the Backbench Business debate on 28 January 2015 on the motion,

**“That this House calls for the establishment of an independent, non-partisan Commission on the future of the NHS and social care which would engage with the public, the NHS and care workforces, experts and civic society, sitting for a defined period with the aim of establishing a long-term settlement for the NHS and social care.”**

The motion has been tabled by Rt Hon Norman Lamb, Liz Kendall and Dr Daniel Poulter

This debate pack includes recent press articles, Parliamentary material and links to further reading on the future of NHS and social care services.

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The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

# 1. Summary

On 6 January 2016 Rt Hon Norman Lamb, the former Minister for Community and Social Care, presented a 10-minute rule Bill to establish an independent commission to examine the future of the NHS and the social care system. He said the purpose of the proposed commission would be to engage with the public, staff in the NHS, care services and civic society on the challenges faced by the NHS and care services, with the objective of establishing a long-term new settlement for the NHS and care. He went on to set out the need for what he described as “a new Beveridge Commission for the 21<sup>st</sup> century”:

The NHS and social care face an existential crisis. In the post-war period, demand has risen by about 4% every year. We all understand the reasons for that. We are all living longer. The number of people surviving cancer has increased dramatically. According to Cancer Research UK, half those diagnosed with cancer now survive their disease for 10 years or more, compared with only a quarter 40 years ago. The number of people living with three or more chronic conditions is expected to have risen by more than 50% during the 10-year period up to 2019. New medicines are invented that enable the underlying cause of some genetic diseases to be tackled for the first time, and we are seeing remarkable advances in surgical procedures. All that is a triumph of modern medicine and of our NHS, and it is something that we should celebrate.

For the last five years, the coalition Government ensured that spending on the NHS was protected, but real-terms increases have been marginal. With demand continuing to rise, this has been the toughest financial settlement in the history of the NHS. Meanwhile, social care has been cut in real terms, despite significant increases in demand. A widely accepted assessment is that there will be a gap of £30 billion in the NHS by 2020. The Government have committed to finding £10 billion, including the increase in this financial year, but few experts in the NHS believe that that will be enough. The Health Foundation has estimated a gap of £2 billion in 2020 on top of the £10 billion commitment and many others believe that the gap will be much larger.

A reflection of the rapidly deteriorating financial position is shown in the accounts of NHS and foundation trusts. They are facing a projected £2.2 billion deficit by the end of this financial year. Pension changes announced by the Chancellor of the Exchequer are likely to add another £1 billion to costs. Pressures across the system are very evident. Today's news that at least 100 GP surgeries applied to stop accepting patients because of shortages of doctors is the latest example.

The position in social care is perhaps more serious. The respected Health Foundation has estimated that there will be a £6 billion funding gap by 2020, without taking into account the increase in

the minimum wage; the Local Government Association has estimated that that alone will add £1 billion to costs by 2020. It also does not take into account the planned introduction of the cap on care costs, which the Government have said they are committed to introducing in 2020.

The spending review provision for councils to increase council tax by 2% will narrow that gap by an estimated £1.7 billion by 2020 according to the LGA, but only if every council takes advantage of the new power. The plan for an increase in the better care fund will add £1.5 billion, but only in 2019-20. So a substantial shortfall remains. That means that further cuts to social care are inevitable.<sup>1</sup>

### **The funding settlement for the NHS and social care in England**

The November 2015 Spending Review settlement for the NHS and social care in England includes:

- £8 billion real term increase in NHS funding between 2015-16 and 2020-21, of which £6 billion will be delivered by the end of 2016-17 (this is in addition to £2 billion increase in 2014-15).
- A Council Tax 'precept' of 2% to allow councils to raise up to £2 billion a year for adult social care by 2019/20.
- An increase in funding for social care through the Better Care Fund which, from 2017, will see an additional £1.5 billion a year provided by 2019/20.<sup>2</sup>

The Spending Review confirmed plans, as set out in the NHS Five Year Forward View<sup>3</sup>, to make £22 billion of efficiencies by 2020-21. In 2015 the Carter Review set out how hospitals could save £5 billion by making better use of staff, using medicines more effectively, and buying the most cost-effective goods and services.<sup>4</sup>

The Spending Review confirmed that the Dilnot reforms to social care would be introduced from April 2020, with funding provided in 2019-20 to cover the costs of local authorities preparing for these changes. This would see a cap on reasonable care costs and extension of means tested support.<sup>5</sup> Further information on the Spending Review settlement for adult social care, and the reaction to this, can be found in sections 3 and 4 of the Library briefing [Social care: the state of the care home market \(England\)](#) (CBP 7463, 12 January 2016).

In December 2015 the King's Fund, Nuffield Trust and the Health Foundation published a briefing on the impact of the Spending Review on health and social care. Despite the comparatively favourable settlement they noted the unprecedented financial pressures and rising demands facing the NHS and social care services. The briefing reiterated the three think-tanks' earlier calls for a new settlement which places health and social care on a sustainable footing for the future.<sup>6</sup>

<sup>1</sup> [HC Deb 6 January 2016 c287](#)

<sup>2</sup> [HM Government, Policy paper supporting the Comprehensive Spending Review and Autumn Statement 2015 \(November 2015\), chapter 5](#)

<sup>3</sup> [NHS Five Year Forward View](#) (October 2014)

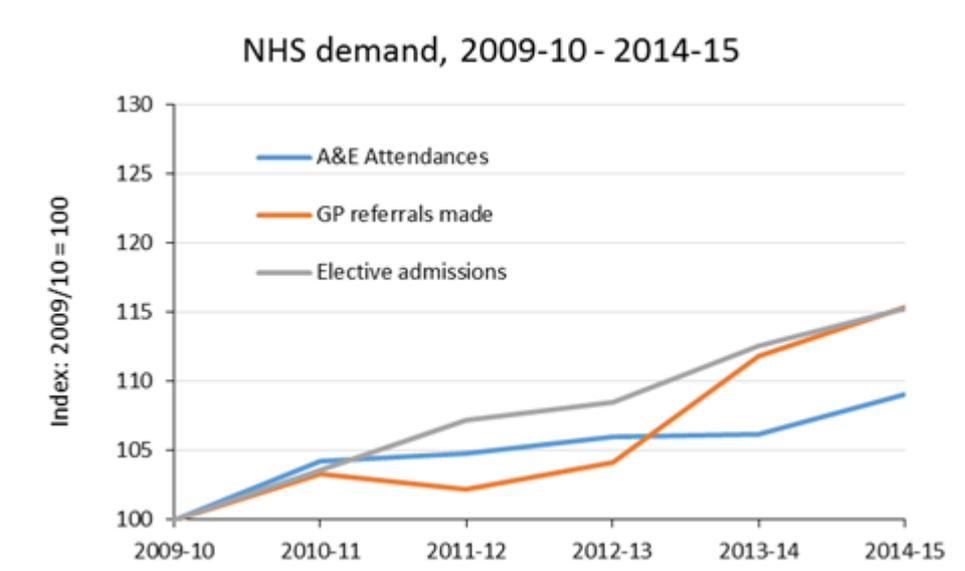
<sup>4</sup> [Department of Health press release, 21 October 2015](#)

<sup>5</sup> For further information, see the Library briefing paper, [Social care: Announcement delaying introduction of funding reform \(including the cap\) and other changes until April 2020 \(England\)](#).

<sup>6</sup> King's Fund, Nuffield Trust and the Health Foundation, [The Spending Review: what does it mean for health and social care?](#) (December 2015)

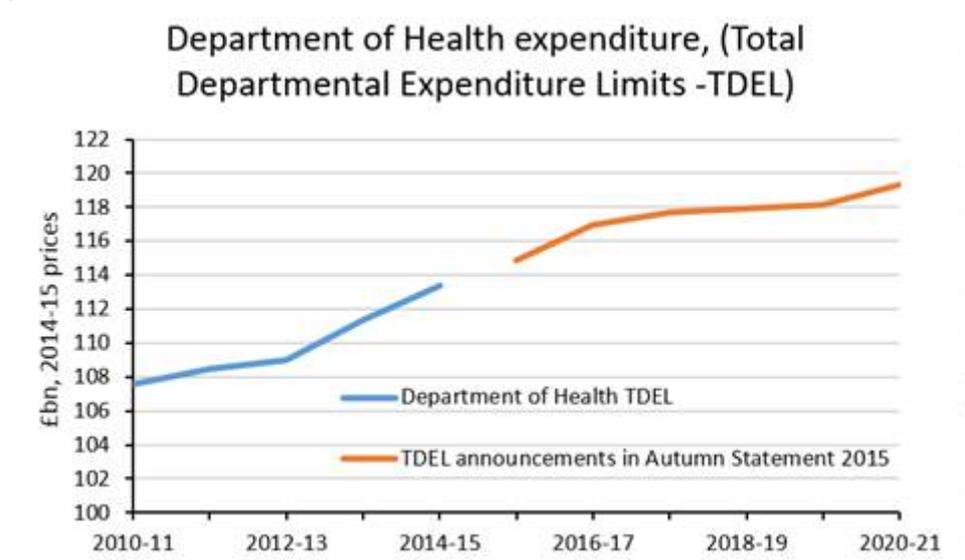
### Health demand

The number of A&E attendances was around 10% higher in 2014-15 than in 2009-10, and there were about 15% more GP referrals to hospital and elective admissions over this period:



### Health spending

The front-loading of additional funding will see a relatively large increase in health spending in 2016-17 and smaller increases later in the parliament:



### Social care spending

A recent [PO answer](#) gave the following data on adult social care spending (2014-15 prices):

Adult social care spending	
2010-11	£17.19bn
2011-12	£16.35bn
2012-13	£15.89bn
2013-14	£15.72bn
2014-15	£15.51bn

### Integrating and devolving health and social care

The NHS [Five Year Forward View](#) (October 2014), set the vision for the future of the NHS in England. The document set an ambition for the NHS to provide integrated services, and to create of a number of new integrated care models that can be deployed locally across England:

“...the NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.”<sup>7</sup>

The Barker Commission on the Future of Health and Social Care in England was established by the King’s Fund and reported in 2014. It called for a single, ring-fenced budget for health and social care, with a single commissioner, and a more joined up system that would provide more equal support for equal need.<sup>8</sup>

The 2015 Spending Review made a commitment that health and social care in England should be integrated by 2020. The Government’s policy paper supporting the Comprehensive Spending Review and Autumn Statement 2015 provided the following background on efforts to integrate services:

Locally led transformation of health and social care delivery has the potential to improve services for patients and unlock efficiencies. Spending Round 2013 established the Better Care Fund which has driven the integration of funding for health and social care and enabled services to be commissioned together for the first time. This year the NHS and local authorities in England shared £5.3 billion in pooled budgets. The Spending Review continues the government’s commitment to join up health and care. The government will continue the Better Care Fund, maintaining the NHS’s mandated contribution in real terms over the Parliament. From 2017 the government will make funding available to local government, worth £1.5 billion in 2019-20, to be included in the Better Care Fund. The Better Care Fund has set the foundation, but the government wants to further, faster to

<sup>7</sup> [NHS Five Year Forward View](#) (October 2014) page 3

<sup>8</sup> The Barker Commission, [A new settlement for health and social care](#) (September 2014)

deliver joined up care. The Spending Review sets out an ambitious plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. Areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements, meeting the government's key criteria for devolution.

The government will not impose how the NHS and local government deliver this. The ways local areas integrate will be different, and some parts of the country are already demonstrating different approaches, which reflect models the government supports, including:

- Accountable Care Organisations such as the one being formed in Northumberland, to create a single partnership responsible for meeting all health and social care needs
- devolution deals with places such as Greater Manchester which is joining up health and social care across a large urban area. The government continues to support Greater Manchester in delivering the vision and scale of their transformation
- Lead Commissioners such as the NHS in North East Lincolnshire which is spending all health and social care funding under a single local plan<sup>9</sup>

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<sup>9</sup> [HM Government, Policy paper supporting the Comprehensive Spending Review and Autumn Statement 2015 \(November 2015\), chapter 5](#)

## 2. Press articles

**The Guardian, 21 January 2016**

[What the NHS needs: just EU average funding – and a pinch of dynamite](#)

**BMJ, 07 January 2016**

[Former ministers call for commission to review NHS and social care funding](#)

**HSJ, 14 December, 2015**

[Where does the spending review leave social care?](#)

**HSJ, 9 December, 2015**

[Lord Prior: Two ways to help deliver our promise of transformation](#)

**The Guardian, 19 September 2015**

[NHS on brink of collapse, warns former health minister](#)

## 3. Parliamentary debates and questions

### 3.1 Debates

#### [National Health Service](#)

That this House takes note of the ability of the National Health Service to meet present and future demands.

HL Deb 14 Jan 2016 | 768 cc390-438

#### [National Health Service and Social Care \(Commission\)](#)

Motion for leave to bring in a Bill. Agreed to on question. Presentation and first reading (Bill 115). To be read a second time on 11 March.

HC Deb 06 Jan 2016 | 604 cc286-8

### 3.2 PQs

#### [Health and Social Care: State Pension](#)

##### **Asked by Lord Hunt of Kings Heath**

To ask Her Majesty's Government what is their response to the suggestion by the Chief Executive of NHS England that they should look at all the options for adequately funding health and social care [...]

##### **The Parliamentary Under-Secretary of State, Department of Health (Lord Prior of Brampton) (Con):**

My Lords, the Government are committed to [...] a sustainable health and social care system. We are increasing funding for the NHS by £10 billion a year in real terms to fully fund the NHS's plan. Alongside this, local authorities have been given access to up to £3.5 billion extra a year by the end of the Parliament with the social care precept and additional investment.

**Lord Hunt of Kings Heath (Lab):** I am grateful to the noble Lord. He mentioned billions of pounds, but he will know that the analysis by the King's Fund shows that over the five years of this Parliament the real-terms growth rate for the NHS is actually less than in the last Parliament, and social care will see a continuation of the cuts. Research published today shows that 25 other countries spend more of their share of GDP than we do on health; we have fewer doctors and nurses and less equipment and access to new drugs than many comparable countries. The NHS is facing a huge crisis. When are Ministers going to tackle this and get a grip?

**Lord Prior of Brampton:** My Lords, the NHS produced its five-year forward view 18 months ago, which called for additional spending in real terms from the Government over the five-year period of £8 billion. The Government have met that in full and are front-loading that

investment, as the noble Lord knows, spending £3.8 billion in the forthcoming year. So the Government are fully supporting the NHS's plan.

**Baroness Brinton (LD):** My Lords, there are two issues here. One is the short-term funding issue, and the noble Lord, Lord Hunt, is absolutely right to say that there is a crisis. Simon Stevens's reference was about much more than just the pension; there are intergenerational fairness issues and a whole string of other things. My honourable friend in another place, Norman Lamb, suggested that there should be a cross-party commission to look at these issues, which cannot be resolved overnight. Is there progress on the Government accepting the principle of this cross-party commission and, if so, when might an announcement be made?

**Lord Prior of Brampton:** The Government believe that we have a plan—it is the NHS's plan, which we fully support—and that to set up an alternative commission or other kind of look at the future would be a distraction at this time.

**Lord Cormack (Con):** My Lords, it is over 70 years since Beveridge and almost 70 years since the foundation of the National Health Service. In the debate brilliantly introduced by my noble friend Lord Fowler last week, there were many calls for a commission or an inquiry from all parts of the House—from the Cross Benches and all the political parties. Cannot my noble friend give us some hope that he has a chink of an open mind?

**Lord Prior of Brampton:** My Lords, I am afraid that I cannot today give my noble friend that chink or that hope, because we are supporting the NHS's plan, which was developed and produced by the NHS. We believe that it would be wrong to set up an alternative at this stage.

**Lord Lansley (Con):** My Lords, would my noble friend agree that, while the Government are fully funding the NHS five-year forward view, which is very welcome, the sustainability of NHS funding depends on the sustainability of social care services as well? Before establishing any other commissions, would not it be advisable for the Government to make progress on implementing the Dilnot commission's recommendations? In that respect, will the Government specifically consider enabling that to proceed by removing the exemption on one's principal personal residence when calculating the means test for domiciliary social care?

**Lord Prior of Brampton:** My Lords, as my noble friend knows, the Government accepted the findings of the Dilnot review but felt that now was not the right time to introduce them, given the financial pressures on local government. We are committed to introducing the Dilnot reforms by the end of this Parliament.

**Lord Brooke of Alverthorpe (Lab):** Is not the plan inadequate? Many noble Lords come with requests for quite justifiable changes to health services and the Minister very generously and kindly kicks them back because of inadequate resources to meet those demands. Surely it is the

case that in looking at the plan we need to look at the longer term and not just the short term in five years.

**Lord Prior of Brampton:** The NHS plan is for the whole five-year period—the lifetime of this Parliament. It was signed up to by all the arm’s-length bodies within the NHS. The Government support that plan and are front-loading the financing to support the plan as well, so we believe that the plan is achievable.

**Lord Fowler (Con):** Is not the key point exactly the one that has just been made? We are talking not about the five-year plan but about the years that come after that and how you get a National Health Service which can be financed over the long term. Surely that is what we should also be looking at, apart from the Government’s own plan.

**Lord Prior of Brampton:** I know my noble friend feels very strongly that we should have a royal commission to look at the long-term affordability and funding of the NHS. That is not the Government’s view.

**The Lord Bishop of St Albans:** My Lords, in last week’s NHS debate, which very helpfully explored a number of areas, a number of noble Lords referred to the independent American research pointing out that among the—I think—11 most developed countries, our health service came out right at the top, except in the area of prevention. The worry that many of us have is that a lot of the money is being front-loaded on to the NHS, which is responding to immediate needs, but that the long-term need for a cross-party agreement on how we get much better at preventing illness and having health programmes is lacking. Can we yet again press the Minister to see how we can get some sort of cross-party agreement on this proactive approach?

**Lord Prior of Brampton:** The right reverend Prelate is right to remind the House of the report by the Commonwealth Fund which indicated that the National Health Service is the most efficient and overall the best healthcare system in the world. He also referred to prevention. The childhood obesity prevention strategy is due to be announced by the Government in the next couple of months. We have made huge progress on reducing smoking and in other areas of prevention, but I agree with the right reverend Prelate that prevention is a critical part of our long-term approach to healthcare.

**Baroness Walmsley (LD):** My Lords, the Minister talks about the support for the five-year forward view, but is he aware that more than 80% of finance leads within the health service do not believe that the five-year forward view can achieve the savings that it says it can? It just cannot be done without extra resources. Surely, particularly with the state of affairs in social care, where the Government’s extra money is being back-loaded, not front-loaded, we need to take an overall holistic look at health and social care and how much we should be spending as a country and how we are prepared to raise that money fairly.

**Lord Prior of Brampton:** My Lords, I think that the same question is being asked in slightly different terms by many different noble Lords. I cannot really add to what I said before. We are supporting the NHS’s

plan. By the end of this Parliament we will be putting another £3.5 billion into social care through the social care precept and an extra £1.5 billion into the better care fund. We believe that we have a plan for social care and healthcare over the course of this Parliament.

21 Jan 2016 | Oral questions - Supplementary | House of Lords | 768 cc904-6

[Social Care Budgets: A&E Attendance](#)

**Christian Matheson (City of Chester) (Lab):** What assessment he has made of the effect of changes to social care budgets on A&E attendances. [902862]

**The Parliamentary Under-Secretary of State for Life Sciences**

**(George Freeman):** Our health and care system is under extraordinary rising demand from an ageing society. There are a million more pensioners this year than there were at the beginning of the previous Parliament, and there will be another million by the end of this Parliament. The number of adults needing care in the next 10 years will rise from 180,000 to 264,000. That is why integration of health and care is so important, and it is why I am delighted that my right hon. Friend the Chancellor announced in the autumn statement £3.5 billion for social care by 2020 through the new adult precept and extra funding for the NHS five-year forward view.

**Christian Matheson:** In any given week at the Countess of Chester hospital, 70-plus elderly patients pitch up and cannot be discharged because care is not available elsewhere. We know that the Government broke their promise before the election to sort out funding for long-term care, and the King's Fund recently said that the settlement to which the Minister refers will put

"even more pressure on ... the NHS to pick up the pieces when there's a breakdown in ... care".

Will the Minister now accept that that continuing neglect and those broken promises are the key cause of the crisis in our A&E departments?

**George Freeman:** Well—happy new year! Only Labour could take a £3.5 billion commitment to fund social care as "more pressure". We are leading the way in integration—not before time, after 14 years in which Labour did nothing. We are leading the way on integration and putting in the extra money. I am delighted to say that, through the £3.8 billion for this coming year and the £10 billion funding for the NHS Five Year Forward View for transformation, it is the Conservative party that is investing in a 21st-century NHS. Labour seems to want to take us back to "Call the Midwife".

**Andrew Bridgen (North West Leicestershire) (Con):** Does my hon. Friend agree that it is an important step to devolve powers to local

authorities, as they are best placed to commission care services for local populations?

**George Freeman:** My hon. Friend makes an excellent point. The key is, of course, more funding and more integration, but crucially more local leadership too, and we are actively making it easier through the devolution programme for local authorities and local health leaders to plan the integrated services that are appropriate for their area. Not all areas are the same.

17. [902874] **Jenny Chapman (Darlington) (Lab):** Having listened to what the Minister has to say, people in my constituency will be disbelieving. The number of days that patients are stuck in hospital, not because they are sick but because there is nowhere to move them, has doubled under his Government. He has to acknowledge that that is due to the neglect of local government and adult social care specifically.

**George Freeman:** It is true that in different areas there are different pressures. In my own area of Norfolk there are pressures. Let me remind the hon. Lady that A&E spending has gone up dramatically over the past decade, from £900 million in 2001 to £2.4 billion. The early evidence from the better care fund, which we launched only this year to tackle this very issue, is 85,000 fewer delayed transfers, 12,000 more older people at home within three months of discharge, and nearly 3,000 people supported to live independently. Through more funding, greater freedoms and local devolution, we are supporting health leaders and council leaders to bring together health and care.

**David T. C. Davies (Monmouth) (Con):** Despite the pressures, is it not excellent that 95% of patients who present at A&E in England are seen within the target time, unlike in Wales, where the figure is only 81%, as a result of the fact that the NHS is run by members of the Labour party?

**George Freeman:** My hon. Friend makes an excellent point. We hear very little from the Labour party about Wales, where it is responsible for the health service, and an awful lot of questions about England, where fortunately it is not responsible. If we want to get pressure on A&E down, we need to integrate and invest as we are doing in prevention and in keeping people out of unnecessary A&E admission.

23. [902881] **Norman Lamb (North Norfolk) (LD):** The Health Foundation estimates that the gap in social care funding by 2020 will be £6 billion, not taking into account the increase in the minimum wage, so although the spending review narrows the gap, it still leaves an enormous gap which will result in further cuts in social care. How will the Government avoid the totally unacceptable situation in which those with money will still get good care and those without money will get substandard care or no care at all?

**George Freeman:** I pay tribute to the right hon. Gentleman. He is a Norfolk colleague and as Minister did a lot of work in this area. He raises an important point that as a society we need to think profoundly about how we integrate health and social care. As I say, the Government have made a £3.5 billion commitment from the new precept and the better care fund is a significant commitment, but he is right—we will have to go further. Through the devolution programme and the integration programme, we will have to develop more powers so that local health leaders and care council leaders can better integrate services to reduce unnecessary pressure.

**Dr Philippa Whitford (Central Ayrshire) (SNP):** In Scotland, A&E performance is published weekly, but since June that in England has been published only every month and now after a six-week delay. Since that time, the performance in Scotland has risen and 96% of people were seen within four hours in Christmas week, which is a huge challenge, whereas the last data published for England were for October and show a figure below 90%. Do the Minister and the Secretary of State accept that to improve performance we need to return to more timeous and frequent analysis and publication?

**George Freeman:** I share the hon. Lady's interest in data and in proper information. We need to be a little careful about Scottish figures. Over winter, England publishes three times more A&E performance measures than Scotland every week. We publish quality rankings on hospitals, care homes and GP surgeries, which Scotland does not. What we do not hear about in Scotland is A&E closures, A&E diverts, emergency admissions, general and acute beds—I could go on. It is dangerous to compare data that were not prepared on the same basis, but I share the hon. Lady's enthusiasm, as does the Secretary of State, for information.

[...]

**Barbara Keeley (Worsley and Eccles South) (Lab):** Three hundred thousand fewer older people have publicly funded care packages than in 2010, and nearly half the current record level of hospital delayed discharges are due to waiting for a care package, and that will get worse as winter pressures mount. It is risky that the proposed increases in the better care fund are back-loaded; they do not reach £1.5 billion until 2019-20. The social care precept funding is uncertain because it will raise only £1.6 billion by 2020 if every single council decides to raise the maximum possible. Social care is in crisis now. Can the Minister explain why the Government are proposing risky, uncertain and late funding?

**George Freeman:** This is the most extraordinary welcome for one of the most important announcements in the autumn statement. Having come under pressure to raise more money for social care, the Chancellor and the Secretary of State announced £3.5 billion extra for social care, from the new adult social care precept and the better care

fund. The Opposition say that it is not enough and that it will fail, but the data do not support that. If we look at the early data from the better care fund, which was introduced by this Government early last year, we see 85,000 fewer delayed transfers, 12,500 more older people at home within three months of discharge and 3,000 people supported to live independently. We are making real progress

05 Jan 2016 | Oral questions - Supplementary | House of Commons | 604 c8-11

### [Social Services](#)

**Asked by:** Lord Warner

To ask Her Majesty's Government what assessment the Department of Health or NHS England has made of the risk of the wide-scale withdrawal of adult social care providers from publicly-funded social care markets and the implications of such a withdrawal for the NHS; and whether such a possible withdrawal features on the Department of Health risk register.

**Answering member:** Lord Prior of Brampton

The Department monitors a number of risks to the health and social care system through its high level risk register, including the availability of good quality adult social care that is affordable for local authority and National Health Service commissioners.

The Department is working with local authorities, NHS England, the Care Quality Commission and the provider sector to understand the extent of this risk and its potential drivers, which will include consideration of the extent to which some providers are possibly withdrawing from the publically funded adult social care market.

The Care Act (2014) places duties on local authorities to step in and ensure people's needs continue to be met if a provider fails financially and services cease. The Department has worked with the Association of Directors of Adult Social Services and the Local Government Information Unit to publish guidance to support local authorities develop effective contingency plans for provider failure - **Care and Continuity:**

**Contingency planning for provider failure.** The guidance is attached. The guidance recommends that contingency plans are co-produced with relevant partners, including NHS Clinical Commissioning Groups to ensure these plans are aligned.

Local authorities routinely manage market exits in their area and discharge their Care Act duties. If a situation arose that local authorities found challenging, for example because of its scale and the lack of spare capacity in the area, the Department would work with partners to support them.

05 Jan 2016 | Written questions | Answered | House of Lords | HL4770

[Social Services: Finance](#)**Asked by:** Zeichner, Daniel

To ask the Secretary of State for Communities and Local Government, with reference to paragraph 3.15 of the Spending Review and Autumn Statement 2015, what steps he plans to take to address the effects of regional variation in council tax revenue on funding for social care under the proposed council tax precept for social care.

**Answering member:** Mr Marcus Jones

It is for local authorities to allocate funding to individual services from their overall budget. In recognition of increasing demand for social services, the Spending Review announced an ambitious plan to integrate health and social care across the country by 2020, and a £3.5 billion package to support local authorities with responsibility for adult social care to meet the needs of their local population. This includes giving councils the additional freedom to introduce a social care precept onto council tax bills, which local authorities with responsibility for Adult Social Care services can choose to take up from 2016-17. The consultation on the provisional local government finance settlement will soon be published and it will include proposed changes to rebalance support, including to those authorities with social care responsibilities, by taking into account the main resources available to councils.

16 Dec 2015 | Written questions | House of Commons | 19152

[Social Services: Finance](#)**Asked by:** Dowd, Peter

To ask the Secretary of State for Health, what assessment he has made of the implications for his policies of the findings of the King's Fund's quarterly monitoring report, published in October 2015, that reductions in local authority social care budgets are adversely affecting health services.

**Answering member:** Alistair Burt

The Department is working closely with both local government and the National Health Service to understand how pressures in adult social care services impact on the NHS, and how the sector can best work together to manage those pressures. The Autumn Statement identified £3.5 billion additional funding for adult social care by 2019/20.

Since April, the Government's £5.3 billion Better Care Fund (BCF) has provided much needed investment in better integrated care through locally developed plans and by putting resources where the local NHS and social services think they're needed. The BCF has been the impetus for a greater degree of joint strategic commissioning between health and social care across England, with local leaders and clinical experts working closely together to both plan and deliver the most appropriate services for their local populations while making efficient use of limited resources.

We are working closely with the Emergency Care Improvement Programme focusing on the 28 most challenged emergency systems and have embedded four social care professionals within the team to provide specific expertise. From this, eight high impact interventions have been developed which can support local systems in reducing Delayed Transfers of Care.

Additional resource has been provided to bolster the current sector-led improvement support offer to local authorities, creating a flexible pool of experienced local authority social care experts to provide intensive support to challenged local systems and to deliver action plans designed in consultation with the Directors of Adult Social Services and local NHS colleagues.

10 Dec 2015 | Written questions | House of Commons | 18587

## 4. Further reading

**House of Commons Library**

**Social care: the state of the care home market (England)**

CBP 07463, 12 January 2016

**Norman Lamb calls for cross-party commission on NHS and social care**

Updated 2016-01-06

**King's Fund, Nuffield Trust and the Health Foundation**

**The Spending Review: what does it mean for health and social care?**

December 2015

**The King's Fund's response to the Spending Review**

25 November 2015

**King's Fund Library reading list, Integrated care and partnership working**

November 2015

**Treasury**

**Spending review and autumn statement 2015**

Updated 27 November 2015

**House of Commons Library**

**[Social care: Announcement delaying introduction of funding reform \(including the cap\) and other changes until April 2020 \(England\)](#)**

CBP-7265, August 6 2015

**King's Fund Library reading list, [Future demands on health and social care](#)**

July 2015

**Nuffield Trust**

**Health and social care priorities for the Government: 2015–2020**

2 Jun 2015

**House of Commons Library, [Key issues for the 2015 Parliament: NHS funding and productivity](#)**

May 2015

**House of Commons Library, [Key issues for the 2015 Parliament: Integrating health and social care](#)**

May 2015

**The King's Fund**

**How serious are the pressures in social care?**

12 March 2015

**Labour Party, [10-year plan for health and social care](#)**

January 2015

**NHS England**

**Five Year Forward View -**

October 2014

**Commission on the Future of Health and Social Care in England**

**A new settlement for health and social care. Final report**

September 2014

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