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ACUTE PERSPECTIVE

David Oliver: Another false dawn for adult social care?

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In his post-election Queen's speech in December 2019, the UK prime minister Boris Johnson pledged cross party consensus to reform adult social care. He promised to "give everyone the security and dignity they deserve" and "put social care on a sustainable footing," with plans for legislation to be announced within 12 months.¹

Cut to chancellor Rishi Sunak's spending review on 26 November 2020, where a paltry £300m in extra grant funding to support councils in providing adult social care was the only concrete announcement, with some calculatedly vague statements about "sustainable improvement to the system" and "proposals next year."²

I'd be delighted to see some meaningful progress on adult social care in 2021. Sadly, I think it's set to be one of the many false dawns over the past few parliaments. We've been playing this game for years. Since 2010 we've seen overall cuts in local government and social care funding; huge reductions in adults receiving personal care at home, even as need has grown; a care home market in serious crisis over funds and capacity; and a series of short term, quick fix cash injections from central to local government—or permissions for local authorities to raise a bit more revenue through local precepts on council tax.³ Right now, however, we also have to deal with the economic impacts of the pandemic and many other demands on government spending. Kicking social care reform into the long grass will be politically easier than dropping other priorities and commitments. Put simply, most people don't use social care, and until it touches their life its funding and provision remain opaque to many.⁴

NHS clinicians and managers often see social care through the lens of its direct impact on NHS service use. Cross agency collaboration and communication put us and our patients in close contact with social care assessment and provision. People within the social care sector and local government, as well as citizens accessing social care support, understandably resent this rather reductive characterisation, as the role of social care goes well beyond care facilities and personal provision. It has a much wider focus on wellbeing and supporting independence, on personal budgets and direct payments on housing, and on safeguarding.⁵ But NHS allies and supporters of the social care cause inevitably consider what matters most immediately to their world and what obviously affects their patients.

The social care policy experts I know are not hopeful of a "big bang" solution in 2021. Their collective best guess is that we'll see some formulation of Dilnot's

original recommendations of a public-state partnership in paying for care,⁶ with some kind of lifetime cap on care costs. This is a million miles from radical reform, but it would enable Johnson to show that he was honouring his most voter targeted Queen's speech pledge—to "protect individuals from having to sell their homes to pay for care." This will principally benefit wealthy homeowners. It's hardly a progressive policy, but it's probably the best we can hope for.

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