

# Debate on post COVID-19 NHS care and the future of service delivery

House of Commons

24 June 2020

## Key messages

- Professionals across the health and care system have worked tirelessly in the most challenging of circumstances to provide care and support during the COVID-19 pandemic. This crisis has proved that all components of the system – the NHS, local government, private providers, the voluntary and community sector, carers, family, friends and neighbours – are all crucial to an effective response to the coronavirus outbreak. These components will also be vital in the event of a second wave, as well as when we come to think about what we need from a future health and care system.
- Recognition of this work must not be temporary. This emergency has highlighted the essential value of social care and public health to the wider public and this needs to be harnessed in thinking about the future of care, support and wellbeing when we look beyond the pandemic. Social care needs to be given long-term funding certainty in the same way as the NHS, and we need to consider what package of measures might be needed to properly recognise and value the social care workforce. This might include, pay, career progression, training and development.
- Government funding and liquidity measures to support councils have been welcome, as they are facing significant extra costs from the demands created by COVID-19 as well as a significant loss of income. In relation to adult social care, councils are supporting care providers who face significant additional costs in ensuring continuity of care for those who rely on their support, as well as seeking to protect staff and the people they support from infection by COVID-19, and then providing care to those who fall ill with the virus. Recent research has shown that providers of adult social care services may face more than £6.6 billion in extra costs due to the coronavirus crisis between April and September 2020<sup>i</sup>. Funding must be kept under close and regular review.
- COVID-19 will have a lasting impact on many people's mental health and wellbeing. In order to support people's recovery and resilience, public mental health and statutory mental health services, alongside the voluntary and community sector, will need to be resourced to meet increased demand and maintain a focus on vital preventative work.
- Council public health teams are working hard to support national efforts to minimise the spread of coronavirus, protect the most vulnerable, support local businesses and bring together communities. Public health grant funding has been reduced by over £700 million in real terms between 2015/16 and 2019/20. It is crucial to invest additional resources into public health to help public health teams meet a backlog of demand for services which had to stop due to COVID-19.
- Local government's delivery of public services during this time highlights the value of place-based leadership. It has demonstrated how national policies are best achieved with local flexibilities and councils as democratically elected leaders should be free to shape priorities with local partners to best meet the needs of their communities. With the upcoming English Devolution White Paper and this year's Spending Review, the Government has an opportunity to reset our communities' relationship with their Government and, in doing so, level up the inequalities faced by our communities.

## **FURTHER INFORMATION**

### **Adult social care**

The contribution of health and care staff has rightly been recognised during the pandemic. The pandemic has demonstrated the importance of having a highly skilled, well equipped, and supported care workforce.

Government needs to demonstrate parity of esteem between social care and the NHS. Moreover, while the focus has been rightly on care homes, and we share the Government's ambition to build support to maintain resilience in the care home sector, councils support far more people outside care homes. We need a wider recognition of the sector's role (and the risks) in supporting older people, people with disabilities and unpaid carers to live independently within the community.

We remain concerned that the Government may see social care as secondary to the NHS, and exists only to mitigate pressures faced by the health service. Social care deserves parity of esteem with the NHS, in order to best serve all those who work in it or use services to support their independence and wellbeing. The coronavirus crisis has given renewed impetus to and understanding of the vital relationship between health and care, and this needs to be built on for the future with a far more equal playing field founded on the local leadership and democratic mandate of councils.

Government needs to address the long-term sustainability of social care. COVID-19 has thrown into high relief the long-standing challenges facing social care and the precariousness of a sector that has been under-valued and under-funded for too long. It has also given it prominence and a place in the public psyche which means we have the basis for addressing these challenges and building a consensus not just around funding but around the future role of social care. Council leaders want to work with Government to address the issues related to sustainable social care in the longer term. The new Social Care Taskforce and the Health and Social Care Taskforce must look beyond the immediate emergency and start to forge that new deal for social care and, in the case of the Health and Social Care Task Force, its relationship with the NHS.

### **Mental health**

Coronavirus will have a lasting impact on many people's mental health and wellbeing, including children and young people. The economic consequences from COVID-19 will potentially be more severe and long lasting than those following the 2008 financial crash, which had a significant effect on people's mental health with men and young people particularly impacted by redundancies and job losses. This is likely to place already stretched mental health services under enormous strain for a considerable length of time.

Councils have been working hard with the NHS and other local partners, especially the voluntary and community sector, to support the mental health and wellbeing of their residents during the COVID-19 pandemic. This includes actions across the mental health spectrum, from continuing to meet statutory responsibilities for adults and children's mental health, supporting the mental wellbeing of frontline staff, bereavement support, suicide prevention, helping residents to stay connected, supporting people who might need additional help such as carers and new parents, and promoting wider wellbeing through, for example, safe access to parks, open spaces and expanding public libraries' online offer.

In order to support people's recovery and resilience, public mental health and statutory mental health services, alongside the voluntary and community sector, will

need to be resourced to meet increased demand and maintain a focus on vital preventative work.

## **Public health services**

Through the crisis, local government teams have worked hard to continue to deliver essential support, especially in substance misuse and sexual health services and through the Healthy Child programme (0-19 services). The delivery of effective early intervention and specialised public health services is crucial to supporting and protecting acute NHS services.

There is strong evidence some factors strongly associated with socio-economic inequalities including obesity, poor mental health, have contributed to higher levels of COVID-19 deaths. This is concerning and underlines the importance of having adequately resourced public health teams.

Council public health teams are working hard to support national efforts to minimise the spread of coronavirus, protect the most vulnerable, support local businesses and bring together communities. More resources are needed for public health to meet a backlog of demand for services which had to stop due to COVID-19.

Since the transfer of public health to local government, councils across England have seized new opportunities to make health and wellbeing, and addressing health inequalities everybody's business. They have done this despite public health grant funding being reduced by over £700 million in real terms between 2015/16 and 2019/20. Local authorities scope to implement new innovations and increase efficiency is nearing its end. Investment in public health must be increased and public health needs to be put on a sustainable footing. This will help promote health and wellbeing and reduce the burden on NHS and social care.

## **The future**

The crisis has shown the importance of involving councils in the design of policies and giving them the freedom to adapt these for their local areas. From the point that those most vulnerable to COVID-19 were advised to self-isolate, councils have worked at pace to rapidly establish distribution networks to support vulnerable people. This has involved working closely with local voluntary and community groups, as well as local businesses and suppliers, so that the new services reflect the needs of the local communities' councils serve.

With the upcoming English Devolution White Paper and this year's Spending Review, the Government has a unique opportunity to reset our communities' relationship with their Government and, in doing so, level up the inequalities faced by our communities.

In addition, the Government should consider expanding their scope for social care reform. Currently, the Government continues to frame reform in terms of protecting people from having to sell their home to pay for their care. The pandemic has highlighted we need a much more ambitious plan which considers how all parts of the health and care sector can work together to support people's wellbeing and independence.

In the short-term, more funding will be needed, but as we look to the long-term, we need to think about how extra funding can be used to help start a more concerted effort to move away from an entrenched and largely binary model of provision based around residential care or home care, to something more bespoke. Home care and residential care may well continue to have a role to play in the future of care and support, but we need to realise a wider model of provision that builds on the solutions that are already out there and have come to the fore during this crisis.

This includes, for example, micro-enterprises, the wide range of communities' different assets, mutual aid, and innovative housing arrangements in supporting people.

The crisis has also shown us that long-standing barriers to joining up care and support around the individual and providing it as close to home as possible can and have been overcome. We want to continue with these changes, to ensure that everyone receives the right care, at the right place and the right time to maximise their health, wellbeing and independence. This requires health and care services to join up around the individual, with a greater focus on place-based, preventative services within the community.

Health and wellbeing boards are partnership forums of political, clinical, professional and community leaders driving forward a place-based strategy for more effective care and support. They know the needs and assets of their communities and are, therefore, best placed to plan and deliver the solutions for their communities.

After many years of failed attempts at reform, local government is eager to see - and support - meaningful and lasting change for the benefit of all people who use and work in adult social care and support.

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<sup>i</sup> <https://local.gov.uk/lga-social-care-providers-face-more-ps6bn-extra-covid-19-costs>