

Commission on the Future of Health and Social Care in England

Why is a review needed?

In 1948, the NHS was founded to provide health care to all who needed it, free at the point of delivery. In the same year, the National Assistance Act established social care as a separately funded, means-tested service. The two systems have remained largely separate ever since.

However, 65 years on, the world has changed. People are living much longer and often with long-term conditions. This creates pressure on both the health and social care systems: people over 65 occupy a significant percentage of hospital beds and also require more care and support at home. The boundaries between health and social care are becoming increasingly blurred, with more people having a mixture of needs that are hard to compartmentalise.

Through our Time to Think Differently programme, we have argued that a new model of care is needed to meet the current demands. This should be based on better co-ordination of services around the needs of patients and service-users and provided closer to people's homes, rather than through single episodes of treatment in hospitals or long-term care in residential settings (Ham *et al* 2012).

The pressures arising from the increasing demands also have an impact on funding. Long-term forecasts suggest that spending on health and social care could consume as much as a fifth of our national wealth within 50 years, with significant implications for the public purse and for other government budgets (Appleby 2013).

And despite the blurring of boundaries between health and social care, the services continue to be funded entirely separately, with local authorities responsible for providing social care. Pressures on local authority funding mean that more than four-fifths (87 per cent) of local authorities now restrict publicly funded care to those with substantial and/or critical needs (Association of Directors of Adult Social Services 2013). Means-testing leads to many older people with assets having to meet their own care costs. The publicly funded social care system is available to only the poorest people with the highest needs, whereas the NHS remains a universal service available to the whole population (Humphries 2013).

Various reviews of both the management and funding of health and social care have been undertaken over the years. The Care Bill currently before parliament will modernise the legal framework for social care and implement the Dilnot Commission's recommendation to cap the costs of social care to individuals. The Labour Party is currently consulting on proposals to bring together the commissioning of health and social care.

However, none of these reviews or reforms have gone back to first principles to fundamentally re-examine the 1948 settlement and to raise significant questions, for example, about entitlements, the balance of responsibilities between the individual and the state and the compatibility of universal and means-tested funding systems.

It is time to face these questions and ask whether the current arrangements are fit for purpose. Is there a better way of determining people's entitlement to health, care and support and how these could be funded?

What is the Commission being asked to do?

The Commission will examine the way in which health and social care is organised and funded and will consider whether the systems could be better aligned to meet the needs of patients and service-users. It will consider three broad questions.

- Does the boundary between health and social care need to be redrawn? If so, where and how? What other ways of defining health and social care needs could be more relevant/useful?
- Should the entitlements and criteria used to decide who can access health and care be aligned? If so, who should be entitled to what and on what grounds?
- Should health and social care funding be brought together? If so, at what level (ie, local or national) and in what ways? What is the balance between the individual and the state in funding services?

The Commission will be issuing a call for evidence, commissioning written work and research to help inform its thinking and engaging with stakeholders to test ideas and options.

Who are the Commission members?

Chair: Kate Barker CBE, a business economist who is a former member of the Bank of England's Monetary Policy Committee and now a holder of a number of non-executive posts.

Geoff Alltimes CBE, chair of the Local Government Association's multi-agency task group on health transition and previously Chief Executive of Hammersmith and Fulham Council and NHS Hammersmith and Fulham.

Lord Bichard, cross-bench peer and Chair of the Social Care Institute for Excellence.

Baroness Sally Greengross, cross-bench peer and Chief Executive of the International Longevity Centre UK.

Julian Le Grand, Richard Titmuss Professor of Social Policy at the London School of Economics.

Mark Pearson, Head of Health at the Organisation for Economic Co-operation and Development, will act as the Commission's international adviser.

Nick Timmins will be the Commission's rapporteur.

Richard Humphries will be the senior lead for the Commission within The King's Fund.

When will the Commission report?

We have asked the Commission to produce an interim report in early 2014 and a final report by September 2014. This will be in time to influence the thinking of political parties in the run-up to the 2015 election.

What is the relationship between the Commission and The King's Fund?

The Commission will determine its own recommendations. The interim and final reports will be from the Commission, not The King's Fund.

The King's Fund is meeting the costs of the Commission and has agreed its terms of reference and appointed its members; however, the terms of reference allow the Commission to approach the task as it sees fit and to consider all options, on the basis of 'nothing ruled in, nothing ruled out'.

References

Appleby J (2013). *Spending on health and social care over the next 50 year: Why think long term?* London: The King's Fund. Available at: www.kingsfund.org.uk/publications/spending-health-and-social-care-over-next-50-years (accessed on 17 June 2013).

Association of Directors of Adult Social Services (2013). 'Social care funding: A bleak outlook is getting bleaker'. Press release. Available at: www.adass.org.uk/index.php?option=com_content&view=article&id=914:social-care-funding-bleak-outlookbleaker&catid=160:press-releases-2013&Itemid=489 (accessed on 12 June 2013).

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