

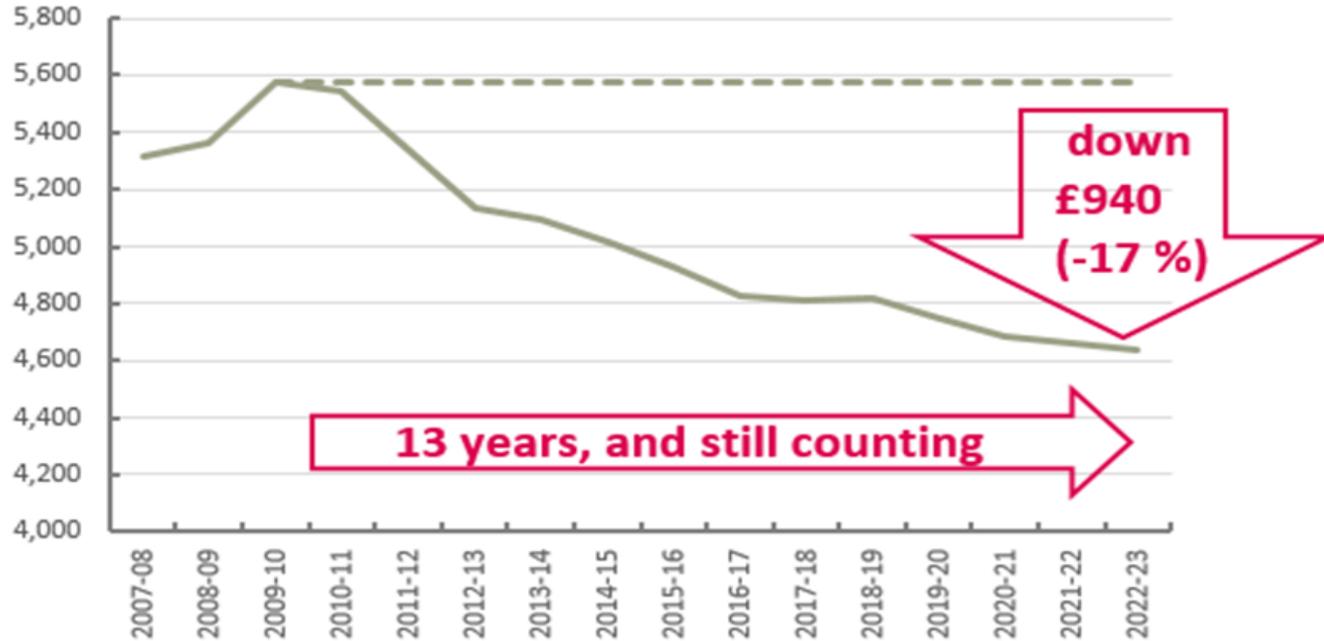


Changing the world
of work for good

Health and Social Care

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The story so far...



What effect is this having on Health and Social care?

NHS Staff are being pushed to breaking point:

- two thirds of staff had used financial products or made a major change to their standards of living over the last year.
- Seventy-three per cent of those had asked for financial assistance from family or friends;
- 20 per cent had used a money advice service,
- 17 per cent had pawned items,
- 16 per cent had used payday loans and just over 200 respondents had used a food bank in the last year.

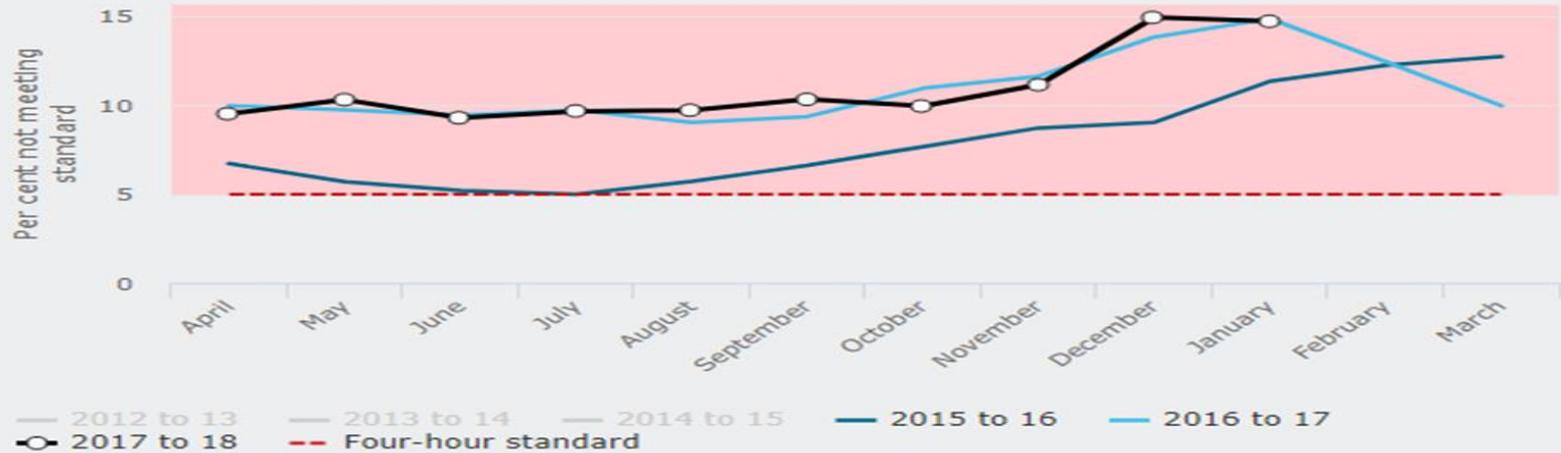
Services are also suffering

OBR are forecasting the following funding gaps

Year	Conservative spending plans (2017/18 prices)	OBR estimated spending pressures (2017/18 prices)	Funding gap
2017/18	£124bn	£124bn	-
2020/21	£128bn	£141bn	£13bn
2022/23	£132bn	£153bn	£21bn

In their latest quarterly monitoring report the Kings Fund found:

Figure 28: Percentage spending more than four hours in A&E from arrival to admission, transfer or discharge, monthly data



Data source: NHS England A&E attendances and emergency admissions

This is not a one-off:

- 51 per cent of finance directors and 59 per cent of CCG finance leads felt that patient care has worsened in their local area in the past year
- In the first half of 2017/18, the proportion of patients waiting more than four hours from arrival to discharge, admission or transfer in all A&E departments was almost 10 per cent – the target of treating 95 per cent of patients within four hours has not been for three years.
- Ambulance call out targets have been missed for 26 consecutive months.
- The proportion of patients waiting more than 18 weeks to begin their treatment rose to more than 10 per cent, a target has been breached for 18 months now.
- In August 2017, 5,809 patients were delayed in hospitals – an increase of almost 50 per cent since 2011.

Social Care is not faring much better

£150 million more pumped into adult social care but funding gap remains

Government allocates extra £150 million to local government to help pay for adult social care in 2018/19

by **Tristan Donovan** on February 6, 2018 in **Adults**



Photo: Michail Petrov/Fotolia

Mental health services are struggling

In England:

- *62% of mental health trusts (34 out of 55) at the end of 2016-17 reported lower income than the amount for 2011-12*
- *Only one trust saw their income rise all five financial years*
- *Nine mental health trusts saw their income fall all five years, including three in Yorkshire and Humber*

Rest of the UK:

- *In Scotland, there was less money spent by health boards on mental health in 2016-17 compared to 2009-10 in real terms*
- *In Northern Ireland, mental health investment by the Health and Social Care Commissioning Board in real terms is down on where it was two years ago*
- *In Wales, mental health investment in real terms is lower than it was in 2010-11*

More funding is essential...



Current problems are not new

Fairer Care Funding

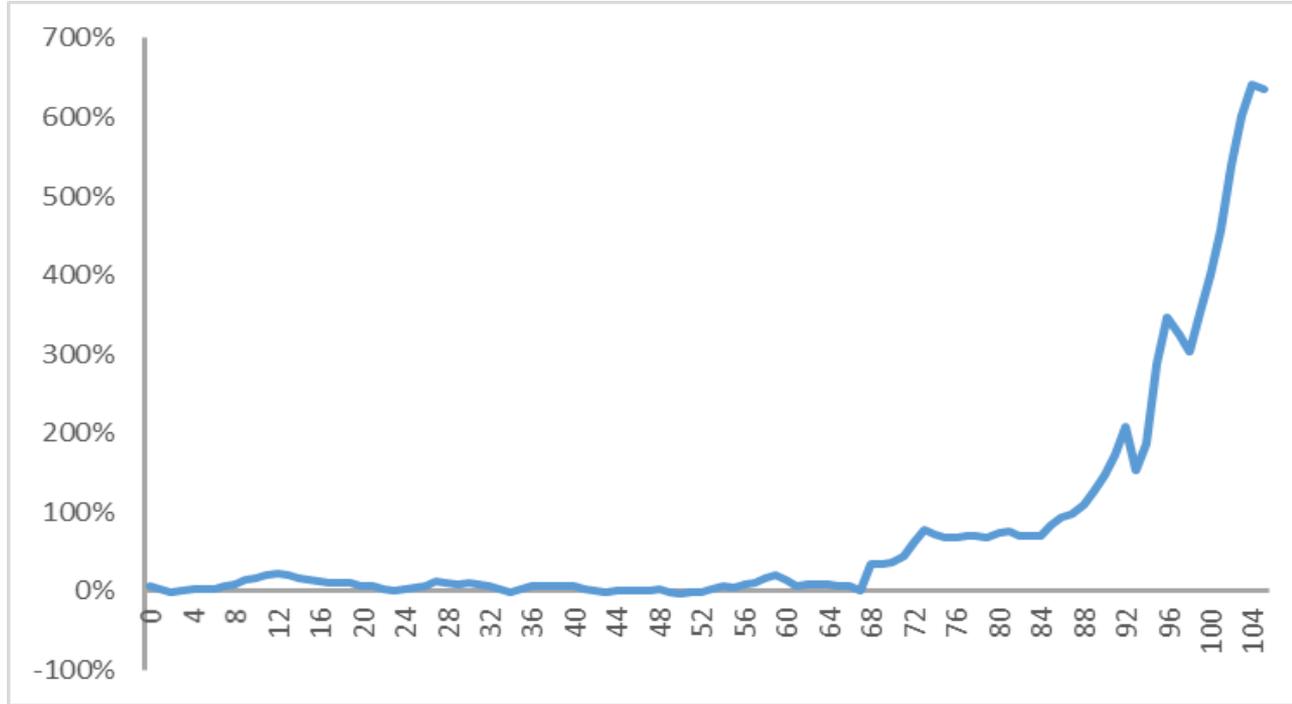
**The Report of the
Commission on Funding
of Care and Support**

July 2011

TUC

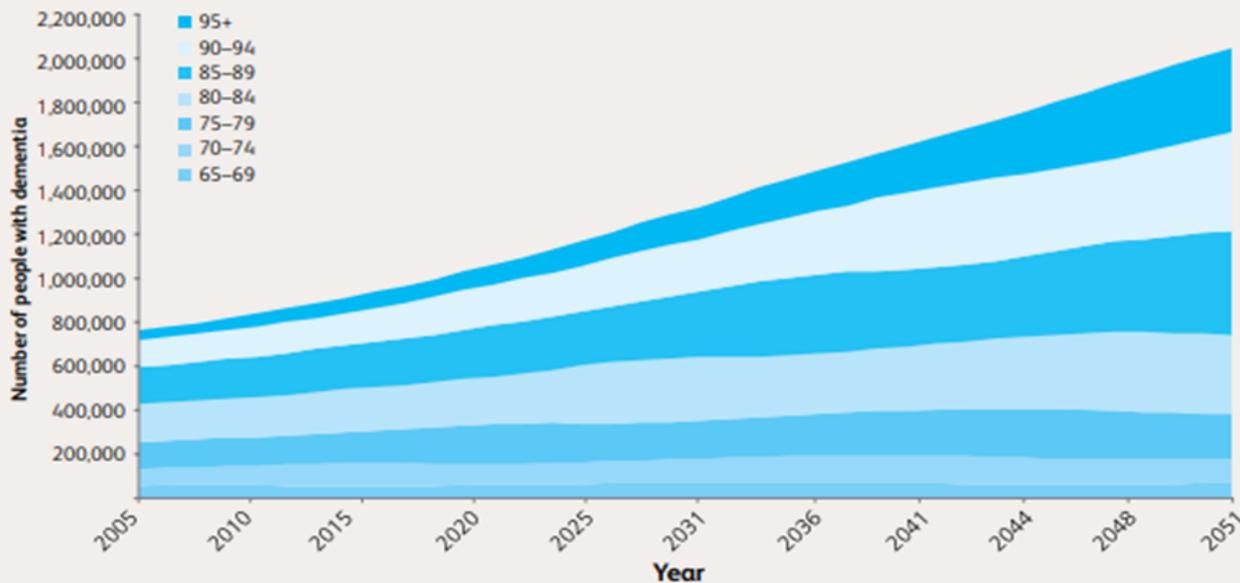
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People are living longer...



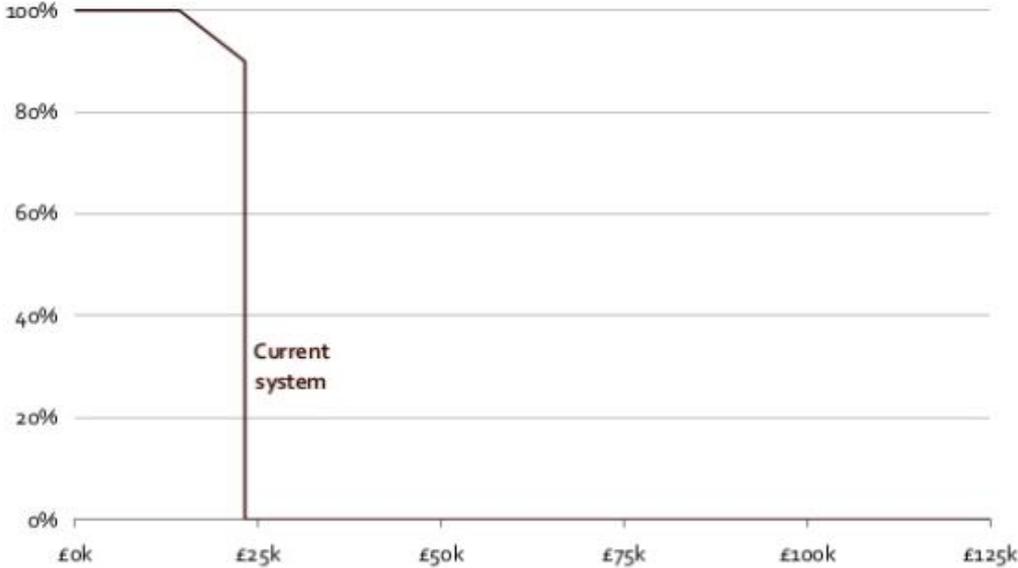
But there are consequences

Figure 4.9: Projected increases in the number of people in the UK with late-onset dementia (2012–2051), assuming constant age-specific prevalence, by age group



Current care funding is abrupt and punitive

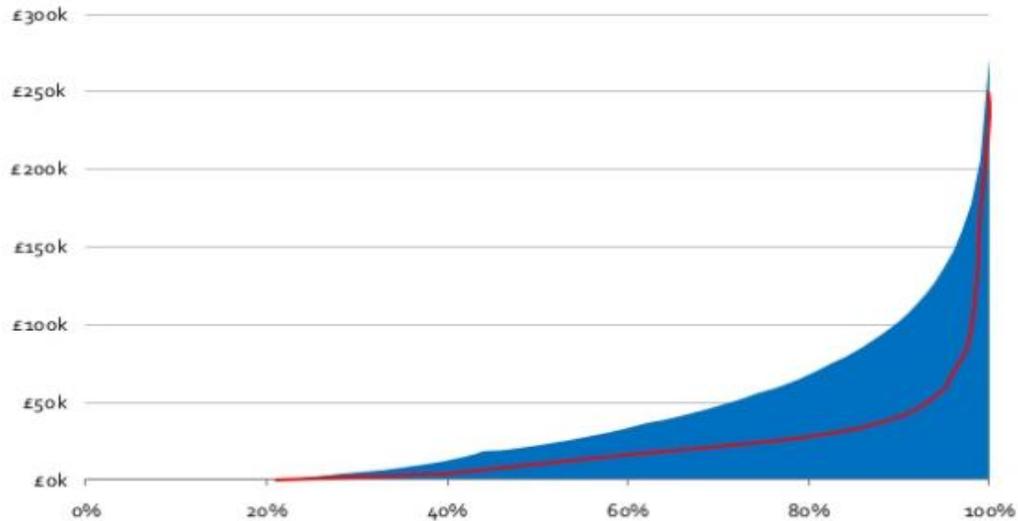
the means test



Dilnot was progress

Conclusions and recommendations of the Commission on Funding of Care and Support

One way of sharing costs



Government have embraced the Cap

Jeremy Hunt confirms individual costs for social care to be capped

Health secretary tells social workers conference the current charging system is 'far from fair'



But we can do better

Costs cap does little for workers in industry

Is of little help if you don't have the initial resources spare to fund your / a loved one's care.

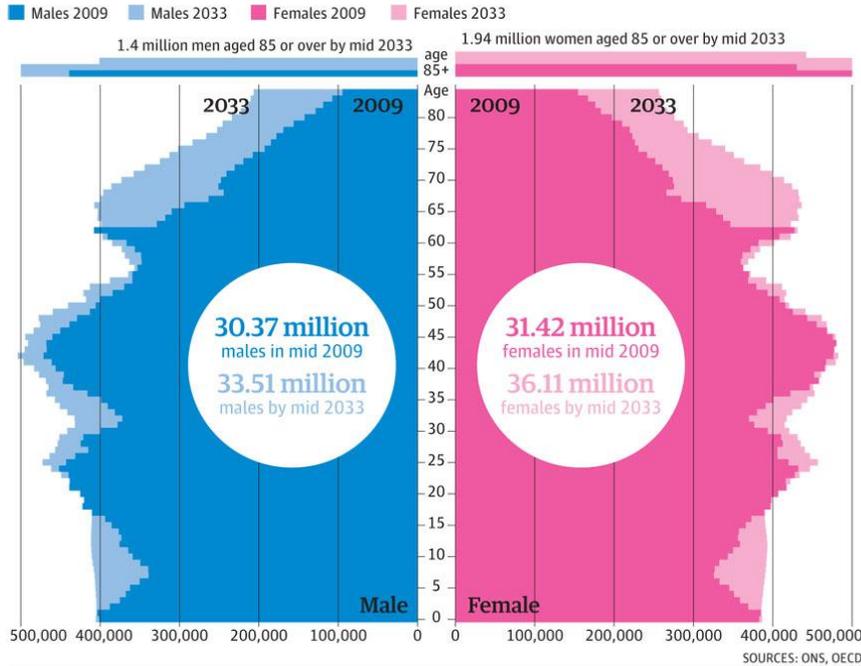
Still relies on the private sector, so we would still be vulnerable to collapses like Southern Cross.

Does nothing about the debt and dividend model that drives most care providers. Which sees huge proportion of funding siphoned off + is very unstable.

The case for integration

The changing shape of the UK

Age structure of the UK population



A national health and social care service:

- Would make social care provision more affordable for many
- Would make provision more secure and responsive to need
- Would improve conditions for workers in the sector
- Would allow innovation, coordination and collaboration with rest of health service

How do we afford this?

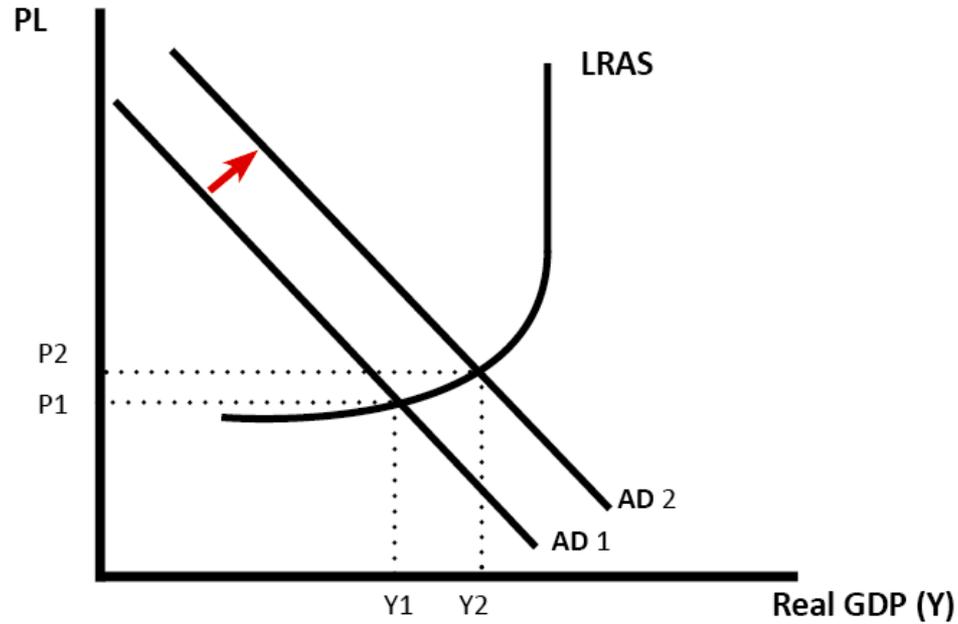
1 – General taxation

Age UK state to restore social care provision to 2010/11 levels requires:

- funding of £2.57bn more than current levels in 2015/16
- £4.45bn more than current levels by 2020/21.

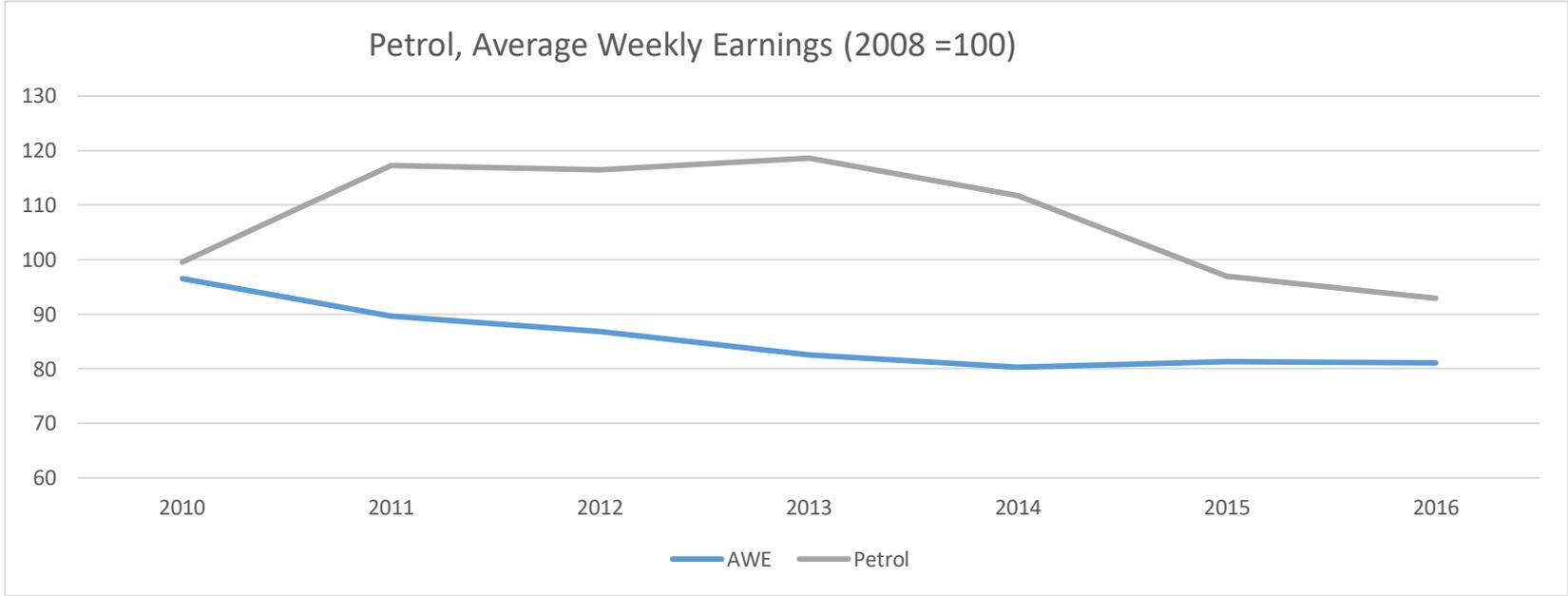
How do we afford this?

2 increased demand



How do we afford this?

3 increased taxes



How do we afford not to?

How do we not? The costs of collapse, or even of limping on with status quo are drastic

The effects of increased life-expectancy alone will make it less and less sustainable to maintain a division between health and social care

It is the most sustainable and humane option.

The logo for TUC (Transport Union of Canada) features the letters 'TUC' in a bold, sans-serif font. Each letter is composed of two overlapping, semi-transparent white shapes that form an arrow pointing in a specific direction: the 'T' points up, the 'U' points down, and the 'C' points right. The background is a solid teal color.

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