Continuing Care

Continuing Care [NHS] and how it relates to LA adult social care, when you are entitled to one or the other, both, or neither, is by far the largest connection and area of overlap between health and social services, and is the most prone to dispute and budget protection, and least known by the bulk of the population.

A person with a prolonged illness, disease, injury or disability seeking help with day to day to day living may be subject to assessment for a 'primary health need' and for any 'social care needs', according to eligibility criteria which tend to have tightened as budget restrictions have worsened. There is one over-riding difference between the NHS and LA categories: primary health needs – if eligibility is met – are a free and lifelong entitlement to services within the NHS whereas social care needs – if eligibility is met – are means tested and can always be withdrawn. That is the fundamental inequity behind decades of wrangling and budget shuffling between NHS and LAs in which, for instance, an elderly and infirm person and her carers are caught in disputes over a 'social bath' or a 'health bath', or care for dementia having to be paid for while someone with another disablement confining them to 24 hour supported care has it delivered free.

A new National Framework for Continuing Care comes into being in July 2022, as part of the NHS and Social Care Act. It is an impressively long and complex document –all 182 pages - and indeed can be seen as a valiant attempt to underwrite collaboration between local and health authorities [now ICPs and ICBs] in the interests of person-centred care, whoever provides it. However the very complexity, differentiation of reporting and democratic structures [such as they are], the constant refinement of, and access to, eligibility and assessment procedures, and the separate rights and duties under different Acts [Care Act, 2014, and NHS Act, 2006] set out a bureau-professional minefield to be negotiated – while leaving all the mines in place. In a real sense there could hardly be a clearer example than this of the outstanding need for a national and universal care service equivalent to the NHS in rights and access, and devoid of means testing.

The resourcing inequity for individuals – having to pay for one according to means [adult social care] and not the other [NHS] is

compounded by that in the allocation of public funds. Not only have local authorities been squeezed back year on year since 2010 in the public spending reviews, reducing service availability for many, but the one-off commitments to allocate to recurrent social care crises such as the Health and Care Levy on National Insurance which now raises £13Billion annually will deliver under £1.5 Billion annually from 2022 to 2024 to adult social care, and the bulk of that for changes to the means test, the cap on care costs and 'fair costs of care' for providers [majority in the private sector].

The Care Quality Commission calls for stability and real collaboration between health and adult social care as essential if ''the tsunami of unmet need'' in the latter is to be addressed – and the Framework [above] tries to promote the detail of collaboration – yet the very different administrative regimes of Continuing Care and adult social care are perpetuated and increasingly unequally funded, as well as both being now chronically under-funded.

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