

BMA

Calling for action for social care in England



British Medical Association
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Executive summary

Increased pressure on the social care system is resulting in rising levels of unmet need, increasingly impacting the NHS and causing unnecessary strain on critical services, where there is little to no capacity – a situation that has been highlighted and exacerbated by the COVID-19 crisis. As a result, the BMA is calling for action from the government to address these issues and reform the social care sector.

Our key asks to government regarding health and social care in England include:

1 Boost social care funding to improve access to and quality of care

Social care funding across in England has not kept up with rising demand for services and costs are continuing to rise. It is crucial that substantial funding is provided to enable the sector to meet rising demand, whilst also improving services and workforce conditions. This will cost an extra £12.2 billion in England in 2023/24. Additional funding will be needed on top of this to ensure better access to care by providing more services free at point of need. An additional £5 billion would be needed in England for example to implement free personal care in 2023/24.

2 Widen access to care services by making social care free at the point of need

Very few people have access to free social care in England, with it often being limited to those with low saving or greatest needs. More social care services, such as personal care, should be free to increase the availability of and access to care. This will improve the lives of those who need care and also help reduce pressure on the NHS by reducing delays in finding care packages for vulnerable patients.

3 Invest in the social care workforce and value those who work in social care

Workforce shortages are a major issue for the social care sector, with 122,000 vacancies in England alone. As a low paying sector, social care staff should be provided with opportunities for salary and career progression. Ensuring social care employment terms and conditions mirror those of the NHS would help to improve the situation.

4 Independent for longer focus on prevention and support people to stay

Debate around the future of social care focuses too much on care homes. We should prioritise supporting people to stay independent for longer in their own homes. Integration of local NHS, social care and community services can help prevent people from needing to go into a care home, as well as preventing avoidable need for NHS care. To enable this, more funding should be set aside to jointly commission health and social care, so that professionals can work together more effectively, and resources can be used more efficiently. We should also invest much more in domiciliary care services, home care teams and community services, supporting them to work with both NHS bodies and local public health teams.

Introduction

Social care is in crisis. Increased pressure on the social care system is resulting in rising levels of unmet need, increasingly impacting the NHS and causing unnecessary strain on critical services, where there is little to no capacity.

There is a growing recognition that the effectiveness of our health system is dependent on the functioning of social care – an issue that has been highlighted even more by the COVID-19 crisis.

Gaps in social care provision mean that the most vulnerable patients – often elderly and living with multiple long-term conditions – are more likely to become ill and require care in the NHS. These gaps also cause delays in discharging patients back into their communities, disrupting services and increasing the likelihood of readmission and further health problems. When we fail to invest properly in social care, the knock-on effects impact on the NHS, and make the job of providing medical care harder.

Social care in England

Adult social care, like health, is an important policy area for the UK Government. In 2014 the Care Act was passed into law and from 2015 it provided new rights for people in England who need social care. It aimed to improve people's independence and wellbeing and made it clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.

Structure

In England local authorities are responsible for considering requests for support made in relation to the provision of adult social care services. Social care can be provided on a short-term basis with the intention to maximise the independence of clients (e.g. following discharge from hospital). Long-term care is allocated on the basis of eligibility criteria and policies are subject to regular review.

Funding for local authorities is provided by the Department for Communities and Local Government. Publicly funded social care is commissioned by local authorities and funded through their budgets.

Who pays?

Unlike NHS healthcare, which predominantly remains free at point of use, social care is not free for everyone. Adults may be cared for by family and friends without payment (informal care) or through services they or their local authority pay for (formal care). Local authorities are not obliged to provide universal care regardless of income. Local authorities assess those who need help with social care to determine whether they can pay for their care or contribute towards the cost of care services. This assessment looks at income levels, including tax credits and some benefits. The local authority will also look at capital levels, such as savings and property. Currently, local authorities will not contribute to the cost of care if a person has more than £23,250 in savings and property.

Background

Social care services cannot cope with growing demand

People are living longer lives with more complex needs. The over 65s are the largest growth cohort in the UK population. For example, in England the population aged 65 and over is projected to grow from 10.2 million to 14.1 million between 2018 and 2035¹.

A significant lack of resources and funding for social care services is preventing the sector from coping with this increased demand, resulting in a lack of organised care packages and inadequate care and support in the community. The total amount of requests received by local authorities in England for support from new clients in 2018/19 was over 1.9 million – an increase of 3.8% from the previous year².

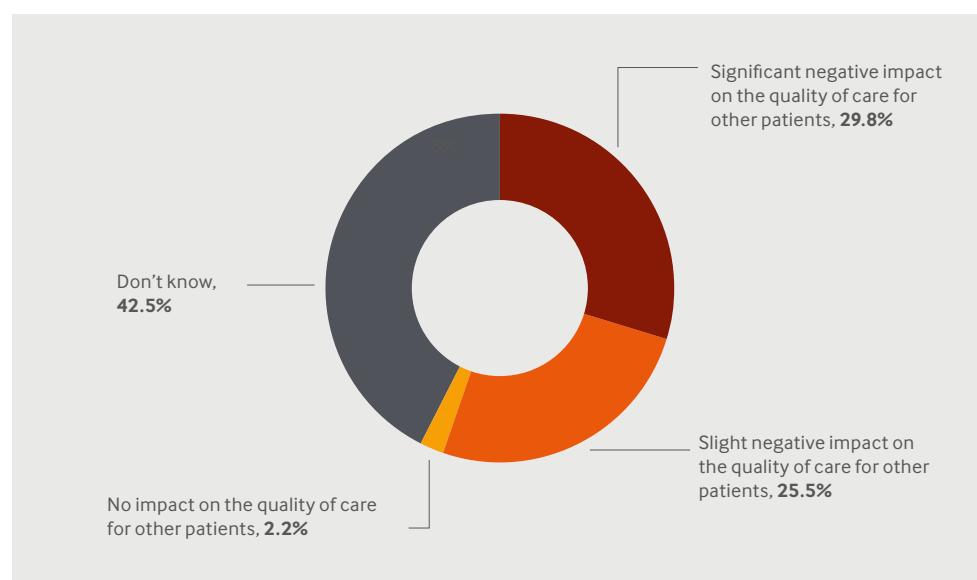
This, in turn, impacts on the NHS

People unnecessarily in hospital who no longer require medical care whilst waiting for appropriate care packages are one of the main sources of pressure placed on the NHS. This can cause considerable distress and long stays in hospital for patients, and also impacts on NHS resources.

There were over 148,000 bed days taken up by patients in NHS hospitals in England in December 2019 as a result of people having no support/ social care arrangements in place – a 15% increase compared to the 129,000 days that occurred in December 2018³. Similar findings were reported in a 2019 BMA quarterly (Q2) survey of doctors, with nearly 50% of respondents stating that their workload had increased due to delayed transfers of care (DTOCs).

These delays to arranged packages of care not only impact the patients waiting to be transferred, but can also impact the quality and level of services other patients in the hospital are receiving. 55% of respondents to the BMA's 2019 survey stated that DTOCs cause a negative impact on the quality of care for other patients.

Figure 1: Have DTOCs impacted on the quality of care provided to other patients? BMA quarterly (Q2) survey 2019



1 Skills for Care (2019) [The state of the adult social care sector and workforce in England](#)

2 NHS Digital (2019) [Adult social care activity and finance report, England](#)

3 NHS England (2019) [Delayed Transfers of Care Data 2018-19](#)

Progress to improve and reform social care has been slow

Plans for longer term reform have been repeatedly abandoned or put on indefinite hold. In England only, as many as 12 separate government commissions have attempted to reform the system of social care funding over the past 20 years and none has delivered major change.

In the lead up to and following the 2019 election, the government in Westminster committed to work urgently towards a cross-party consensus for long-term care in England – a message repeated in the Queen's speech in December 2019. It has been promised that no one who needs care will have to sell their home in order to pay for it. It is crucial that government upholds its commitment to this.

More recently, in July 2020 the government commissioned David Cameron's former policy chief, Camilla Cavendish, to set up a taskforce to address the issues facing social care. Potential changes, such as social care being brought under the responsibility of the NHS have been reported as issues this taskforce will consider. It is vital that government is transparent about the work of the taskforce and consults with key stakeholders on any proposed changes to the sector.

The COVID-19 crisis has highlighted the need to invest in the social care sector

COVID-19 has placed enormous strain on health and social care services. For example, urgently discharging all hospital in-patients who were thought to be medically fit to leave, in addition to sending hospital patients back into care homes without making it mandatory for them to be tested for COVID-19⁴, placed increased pressure on an already-stretched community and adult social care system.

By 19 June 2020, there had been more than 30,500 excess deaths among care home residents in England, 4,500 additional deaths in domiciliary care and social care staff have been around twice as likely to die from COVID-19 than other adults⁵. COVID-19 has disproportionately impacted certain population groups in social care, with the proportion of deaths due to confirmed or suspected COVID-19 being higher for people from black and Asian backgrounds⁶. Social care staff – mostly women and more ethnically diverse than the general population – have been around twice as likely to die from COVID-19 than other adults^{7,8}.

Although the UK government has provided additional funding for social care to cope with the impact of COVID-19, support for the sector, particularly regarding access to PPE and testing has come too late.

The sector has been overstretched, underfunded and understaffed for far too long. The pandemic has emphasised the need for well-funded, integrated services and the crucial role social care plays in the care of patients. It has also raised awareness of the important role played by those who work in social care, and the relatively poorer terms and conditions they tend to receive.

It is crucial that government learns the lessons from COVID-19 and implements long-term reform of social care services.

4 <https://fullfact.org/health/coronavirus-care-homes-discharge>

5 The Health Foundation (2020) [Adult social care and COVID-19: Assessing the policy response in England so far](#)

6 Pulse article <http://www.pulsetoday.co.uk/clinical/clinical-specialties/elderly-care/bame-people-in-care-homes-more-likely-to-die-with-coronavirus/20041021.article>

7 The Health Foundation (2020) [Adult social care and COVID-19: Assessing the policy response in England so far](#)

8 Office for National Statistics. Coronavirus (COVID-19) related deaths by occupation, England and Wales: 26 June 2020.

BMA calls to action

This paper sets out the BMA's position on the need for long-term reform of social care and the need to more closely integrate it with the NHS. It reflects the growing concern of our members about the situation in social care and their views on what is needed to begin fixing it.

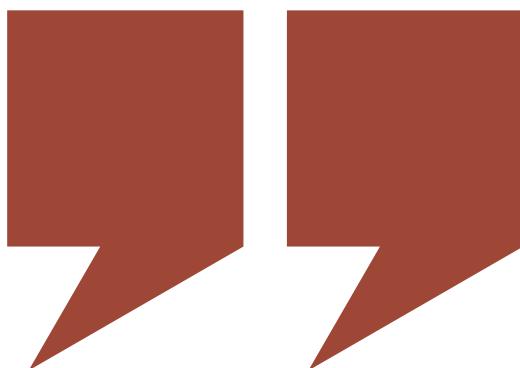
The BMA firmly believes that:

Social care needs a significant injection of funding to cope with rising demand, to improve services and workforce conditions

Care services should be provided free at point of need

The social care workforce needs to be invested in and valued

Greater focus should be placed on preventative services to keep people independent for longer and reduce their need to access long-term social care and NHS services



Funding

Boost social care funding to improve access to and quality of care

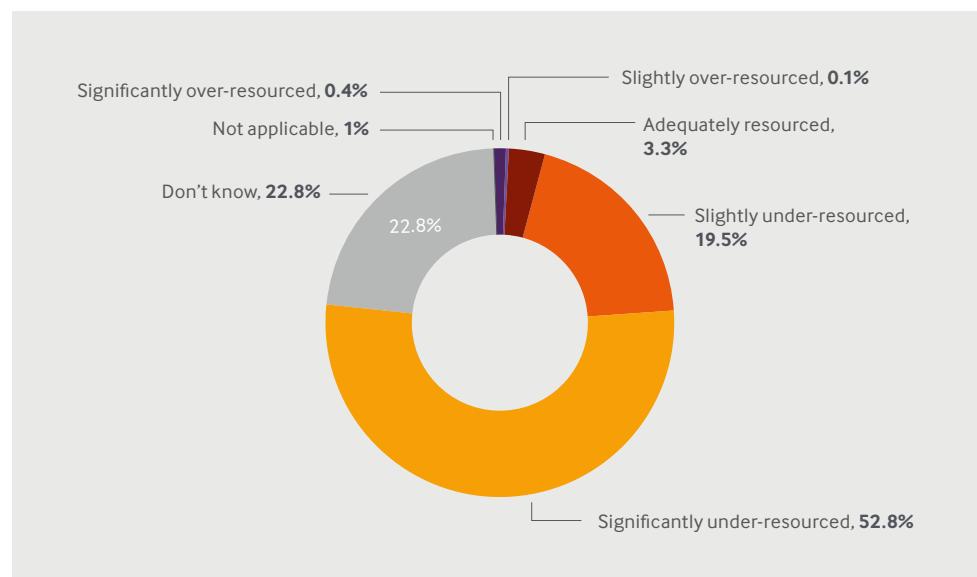
Social care funding has not kept pace with demand

Funding for social care across the UK has not kept up with rising demand for services. For example, the cost of social care in England is projected to rise by around £12 billion by 2030/31, growing at an average rate of 3.7% a year⁹. However, government expenditure on social care in England has fallen by 5% in real terms since 2010/11, meaning levels of service and investment in the social care workforce are at an all-time low¹⁰. This means total expenditure on social care in England is still £300 million below the level it was in 2010/11 in real terms, despite increasing demand for services¹¹.

Doctors say social care services in their local areas are under-resourced

Results from a 2019 BMA survey show that doctors see the impact of this underinvestment. Nearly 53% of doctors say social care services in their area are significantly under resourced.

**Figure 2: Level of resource available to social care services in your local area?
– BMA quarterly survey (Q2) 2019**



What level of funding is needed?

This reduction in spending has taken place at a time when the cost of social care has increased. For example, between 2017/18 and 2018/19 the cost of residential care for a person over 65 increased by 5%¹².

Recent analysis from the Health Foundation estimates that to meet the expected growth in demand from an ageing population, improve services by getting spending back to 2010/11 levels (the highest in per capita terms) and increase social care workforce pay, an extra £12.2 billion is needed in 2023/24¹³. This does not yet account for the impact of COVID-19, which is unclear at present.

9 The King's Fund (2018) [A fork in the road: next steps for social care funding reform](#)

10 The Health Foundation (2019) [Investing in the NHS long term plan](#)

11 The King's Fund (2019) [Key facts and figures about adult social care](#)

12 NHS Digital (2019) [Adult social care activity and finance report, England](#)

13 The Health Foundation (2020) [The social care funding gap – our updated estimates and figures explained](#)

Even greater levels of funding will be needed to ensure at least some social care services are provided free at point of need. For example, it has been estimated that £5 billion will be needed in 2023/24 to implement free personal care in England¹⁴. Widening access to free social care will help to keep individuals independent for longer and will prevent or delay them from needing to access more costly NHS or long-term social care services.

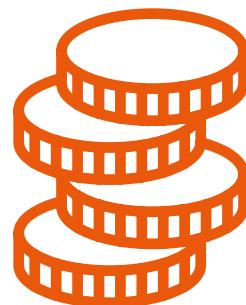
The public support increasing tax to fund better social care

Funding for social care should come from general taxation. It is up to Government to decide which taxes this funding should be leveraged from.

There does appear to be support from the general population for paying more taxes to maintain and improve health and social care. A recent Health Foundation study into the current NHS system (in England) found that almost 7 in every 10 people (67%) of the population surveyed favoured an increase in taxes to maintain current levels of NHS care¹⁵.

Summary

- Significantly boost social care funding by a minimum of £12.2 billion in England in 2023/24 to ensure services are improved and can cope with rising demand and to ensure that pay for social care staff is increased.
- Provide further funding to widen access to care services and provide care free at the point of need. For example, an extra £5 billion in 2023/24 will be needed to implement free personal care in England.



14 The Health Foundation (2020) [*The social care funding gap – our updated estimates and figures explained*](#)

15 The Health Foundation (2019) [*Two thirds of people want tax increase to pay for health and social care, according to new poll*](#)

Improved access to care

Widen access to care services by making social care free at the point of need

Only those with the lowest assets and highest need can access free social care

Only limited numbers of people have access to free social care. In 2018/19 only 18% of requests for care from working age adults were granted and 29% of requests for care from older adults¹⁶.

Social care is only provided free to people with low assets and savings. For example, in England everyone with assets of more than £23,250 must pay for themselves, rely on family, or go without. Therefore, some people with significant care and support needs (the Dalton Commission estimated 10% of those over 65 years old) will end up paying very large sums – £100,000 and above. Since 1999, an estimated 330,000 people in the UK have had to sell their homes to pay for social care¹⁷.

Providing better access to care can reduce the need for costly long-term care

Some people are excluded from public support because their condition (or 'need') is not considered serious enough for them to be entitled to publicly funded support. It is estimated that 1.4 million older people in England fall into this category and are not getting the care and support they need¹⁸.

Support for 'lower-level' need may help prevent people's conditions deteriorating, avoid putting unrealistic expectations on family carers and reduce the risk of individuals needing more costly and resource intensive health and social care services in the future¹⁹. It has been argued that personal care (in home help with daily tasks such as bathing and dressing) may reduce the overall per-head cost of social care by ensuring that more people access care at home rather than a more expensive care home²⁰.

Widening access to care is achievable

Providing more free social care services will require an increase in funding. For example, providing free personal care is estimated to cost £5 billion in England in 2023/24²¹.

Raising additional funding to improve access to free social care services is achievable. Increasing income tax by two pence only, for example, would boost the number of people with access to state-funded care in England from 185,000 to 440,000²².

Summary

- Everyone who needs care should be able to access it free at the point of use, funded through general taxation.
- Widening access to care services can reduce the need for costly long-term care services and NHS care.
- As a minimum, free personal care should be provided – estimated to cost £5 billion in 2023/24 in England.

16 The King's Fund (2019) [Key facts and figures about adult social care](#)

17 Independent Age (2019) [Homing in on free personal care](#)

18 Age UK (2018) <https://www.ageuk.org.uk/latest-press/articles/2018/july-2018/new-analysis-shows-number-of-older-people-with-unmet-care-needs-soars-to-record-high/>

19 The King's Fund (2019) [What's your problem, social care? The eight key areas for reform](#)

20 The King's Fund (2018) [Should personal care be free in England?](#)

21 The Health Foundation (2020) [Social care: funding and workforce](#).

22 IPPR (2020) cited in news article: [Mirror Make social care FREE for everyone over 65 by raising tax 2p, major report says](#)

Workforce

Invest in the social care workforce and value those who work in social care

Social care is currently experiencing major workforce issues

Workforce shortages in social care in England stand at around 122,000 vacancies. It is estimated that 1,100 people leave their job in social care in England every day – an annual leaver rate of almost a third – and a quarter of staff are on a zero-hours contract²³.

If demand for the social care workforce grows proportionally to the projected number of people aged 65 and over, then the number of social care jobs in England will need to increase by 36% to around 2.2 million jobs by 2035²⁴.

Poor terms and conditions for social care staff exist

Social care falls under the category of a low paying sector – directly affected by government funding²⁵. Most workers are paid at or around the national living wage level, and opportunities for progression and pay increases are very low. The pay difference between care workers with less than one year of experience and those with more than 20 years of experience has reduced to just £0.15 an hour²⁶. This is a major influence on retention of the workforce.

A quarter of care staff are employed on zero hours contracts and this rises to 40% in the domiciliary care workforce²⁷. This is a particular concern during the COVID-19 crisis as the high proportion of people on zero hours contracts means that the need to self-isolate due to COVID-19 can impact care staff income and may dissuade people from self-isolating, which is vital to controlling the spread of COVID-19²⁸.

Mirroring NHS terms of employment could have a significant impact on the social care workforce

Typically, the NHS provides better working conditions compared to those currently provided in the social care sector in terms of pay, career progression and terms and conditions. For example, health care assistant roles in the NHS can be extremely attractive to staff in social care and there is a 7% gap between pay for nurses in adult social care and in the NHS in England.

It has been estimated that £3.9 billion²⁹ will be needed in 2023/24 to meet increased demand for services and increase pay for social care staff³⁰. However, extra investment is also needed to improve training and professional development. Like healthcare professionals, social care workers should have the opportunity to be recognised for the skills and knowledge that can be gained after a few years' experience working in the sector with possible pathways to specialisms in health conditions such as dementia, learning disabilities or palliative care. It is crucial that there is investment in training and the continuing professional development of social care staff as a step to professionalising the workforce.

This in turn would improve quality of care provided and retention of the workforce. The health and wellbeing of social care staff also needs to be given priority. This can be improved if there is a major focus on retaining staff and reducing turnover. Staff will stay if they feel valued and better supported to do their jobs. Measures implemented to support the longer-term mental health and wellbeing of staff in the NHS also need to apply to social care³¹.

23 The Health Foundation (2019) [Health and social care workforce](#)

24 The Health Foundation (2019) [Health and social care workforce](#)

25 Low Pay Commission (2019) [National minimum wage](#)

26 The King's Fund (2019) [Average pay for care workers: is it a supermarket sweep?](#)

27 Skills for Care (2019) [The state of the adult social care sector and workforce in England](#)

28 The Health Foundation (2020) [Response to the Health and Social Care Select Committee inquiry on social care: funding and workforce](#)

29 The Health Foundation (2020) [Response to the Health and Social Care Select Committee inquiry on social care: funding and workforce](#)

30 This forms part of the extra £12.2 billion needed in 2023/24

31 The Health Foundation (2020) [Response to the Health and Social Care Select Committee inquiry on social care: funding and workforce](#)

Shared training between health and social care staff can aid integration

Shared training between NHS and social care staff could encourage better communication between the sectors and lead to improvements in patient care. For example, having a better understanding of how each sector works could improve areas such as discharge processes. Additionally, equipping social care staff with more health care information, particularly on complex issues such as dementia, could result in fewer unnecessary hospital admissions.

Immigration policy must support the social care workforce

The social care sector employs a quarter of a million people from beyond the UK, with around 115,000 workers from the Union. The UK Government's plans for the future immigration system could also lead to workforce shortages in social care³² given many occupations in that sector would be unable to meet the salary threshold for the highly skilled route (currently the Tier 2 route) and there is no proposed mechanism to recruit into so called low skilled occupations. During the pandemic the government announced the introduction of a health and care visa designed to make it easier and quicker for global health professionals to work in the NHS. However, the list of professions eligible for this visa, excludes many occupations in the social care sector. The BMA is a member of the Cavendish Coalition³³ which has stressed that future immigration policy must be designed to support the recruitment of the international workers that the social care system relies on.

Summary

- Help address the workforce shortages in social care by improving the terms and conditions of employment:
 - Increase pay – an estimated £3.9 billion funding is needed for this in 2023/24
 - Invest in training and professional development
 - Invest in health and wellbeing of staff to increase retention
 - Ensure future immigration policy supports the recruitment of international workers
- Improve integration of health and social care through shared workforce training



funding and workforce

32 The King's Fund (2019) [Brexit: the implications for health and social care](#)

33 The Cavendish Coalition is made up of over 30 health and social care organisations united in their commitment to provide the best care to communities, patients and residents.

Greater focus on prevention

There needs to be a greater focus on prevention in health and social care to reduce the risk of an individual's needs from escalating and to keep them independent for longer

Prevention is key to reducing need for long-term care

Even with major reform of the social care sector it is important to reduce the risk of people needing to access hospital care or long-term care, such as residential care. Despite the large residential care population, most older people would prefer to stay at home with polls confirming that more than nine in every 10 people (97%) do not want to move into residential care³⁴.

More should be done to help people in their homes

It is crucial that investment is provided to services that can keep people independent for longer, living in their own homes.

For example:

- **Home care (domiciliary care)**

This is a key aspect of preventative care and is one of the core activities provided by local authorities. It covers a wide range of activities, including provision of personal care to people with long-term care needs, but it also extends to reablement services for people leaving hospital or receiving crisis interventions to avoid hospital attendance in the first place³⁵.

Much less is currently spent on this care. In 2018/19 only 21% of local authorities' long-term care budget was spent on home care, compared to 42% going on residential care³⁶. Increasing capacity in home care through greater investment could result in fewer individuals needing to access more costly residential care.

- **Housing associations**

Housing associations can significantly contribute to keeping people in their homes for longer and should work in partnership with local health and social care services to identify those at risk and put preventative measures in place. Housing associations can install preventative adaptations in 'at-risk individuals' homes to reduce the risk of falls, for example. Failure to fit adaptations or take other preventive measures is estimated to cost the NHS £414 million annually³⁷.

Investment should be provided to keeping people healthy for longer

Public health services can play a key role in maintaining an individual's independence and reducing the need to access social care and long-term health care. For example, an individual's need for social care is often based on their level of activity and function and becoming frail can be prevented or reversed with exercise and activity programmes³⁸.

Greater focus on and investment in public health services is needed, particularly for middle and older age adults, to prevent or delay the need to access care services. Since the 2015, the public health grant was subject to severe funding cuts, which by 2020/21 are estimated to amount to a £1 billion real-terms cut relative to 2015/16 levels. The government must restore these cuts in full to enable local authorities to deliver vital preventative services that protect and improve health³⁹.

³⁴ The Good Care Group – [Improving Wellbeing through Care at Home An evidence-based analysis of live-in care versus residential care](#)

³⁵ Jefferson et al (2018) Home care in England: Views from commissioners and providers. The King's Fund.

³⁶ NHS Digital (2019) Adult Social Care Activity and Finance Report, England - 2018-19

³⁷ Garrett et al (2016). The cost-benefit to the NHS arising from preventative housing interventions. Berkshire: BRE

³⁸ <https://publishing.rcseng.ac.uk/doi/full/10.1308/rcsbull.2020.28>

³⁹ The Health Foundation (2019) [Urgent call for £1bn a year to reverse cuts to public health funding](#)

A preventative focus can also keep those in care homes out of hospital

It has been estimated that a quarter of all emergency admissions from care home residents may have been potentially avoidable with better provision of preventative primary care, community support or NHS care in care homes⁴⁰. Better integration of care homes and community teams could provide benefits for residents and reduce pressure on the NHS. For example, community nurses visiting care homes can provide in-house medical treatment for minor issues, preventing the need for more costly NHS care or emergency admissions in the longer-term.

Integration is key to better preventative care

Integration of local NHS, social care and community services can contribute to holistic preventative care. Joined up services help to identify individuals most at-risk and enable them to be treated in the community rather than in hospital settings (see case study below).

Case study: South Devon and Torbay⁴¹

Integrated health and social care teams in Torbay serve between 25,000 and 40,000 older people identified as at-risk of emergency admissions. These people were referred to multi-disciplinary coordinators for assessment and then provided ongoing care and support in their home. Their outcomes include low emergency admissions and low DTOCs.

To help with the integration of services more consideration should be given to jointly commissioning and funding healthcare and social care, so that professionals can work together more effectively, and resources can be used more efficiently⁴². Joint training of the health and social care workforce will also help to provide common skill sets and cultures, helping service users experience more joined up care.

Attempts of joint funding and commissioning of services have been made, such as the New Care Model Vanguards and the Better Care Fund. These have helped to improve joint working between health and social care, reduced emergency admissions and included community models that helped to keep people independent for longer⁴³, but have also been dependent on additional investment to achieve this. It is crucial that schemes such as these are properly resourced and any lessons learned are taken forward.

Summary

- Invest in services that can help keep people independent and healthy for longer such as home care, support from housing associations and public health.
- Provide more community health care in care homes to reduce emergency admissions.
- Ensure better integration of health, social care and community services to prevent individuals needing costly NHS care or long-term care services. This includes jointly commissioning and funding local health and social care services.

40 The Health Foundation (2019) [Emergency admissions to hospital from care homes: how often and what for?](#)

41 Sonola et al (2013) South Devon and Torbay Proactive case management using the community virtual ward and the Devon Predictive Model. The King's Fund.

42 <https://publications.parliament.uk/pa/l201213/lselect/lpublic/140/140.pdf>

43 Department of Health and Social Care and the Ministry of Housing, Communities and Local Government (2019) 2019-20 Better Care Fund: Policy Framework

Conclusion

Taking a joined-up approach to health and social care can improve patient care and outcomes. The issues faced as a result of COVID-19 have highlighted the important roles that both sectors play in patient care and how they are dependent on one another. It is crucial that government addresses the longstanding issues that the social care sector has faced.

In order to achieve this, the government must:

- 1. Boost social care funding** to improve access to and quality of care. A minimum of £12.2 billion is needed in 2023/24 to allow services to cope with demand; improve services and widen access to care; and increase the pay of the social care workforce.
- 2. Widen access to care services** by making social care free at the point of need. More free social care services, such as personal care will improve the lives of those who need care and also help reduce the need for more costly long-term care. As a minimum, free personal care should be implemented, which could cost £5 billion in 2023/24.
- 3. Invest in the social care workforce** and value those who work in social care. Recruitment and retention of staff is a key issue facing the social care sector. Ensuring social care employment terms and conditions are improved through the introduction of salary and career progression would help to improve the situation, alongside better access to health and wellbeing support.
- 4. Focus on prevention** and support people to stay independent for longer. Services that help people remain in their homes and healthy for longer need to be invested in. Partnerships between health and social care can help to identify those in need and provide suitable care. Joint commissioning and funding of these services will be key to their success.

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