

Cordis Briefing

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The Autumn Statement and the Hewitt Review

Presented by: Tom Noon

tomnoon@cordisbright.co.uk



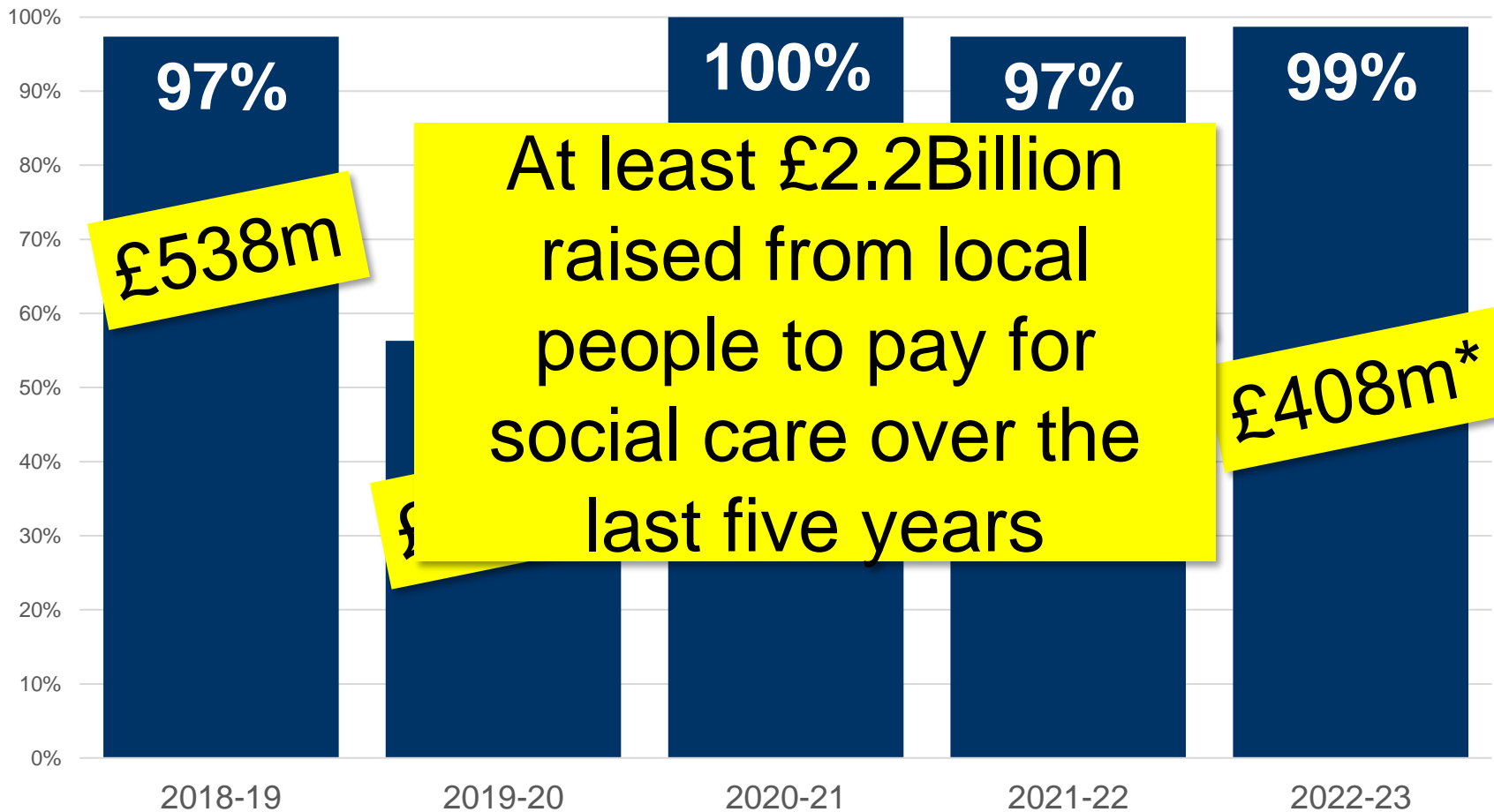
Autumn statement

- In summary: £54,000,000,000 of tax increases and spending reductions.
- In England Local government will be able to increase council tax by up to 3% without the need for a local referendum and a further 2% for the social care precept - we expect this to happen in the majority of councils.

The social care precept

- 2017-18 – Up to 3%
 - 2018 -19 – Up to 3%
 - 2019-20 – Up to 2%
 - 2020 -21 – Up to 2%
 - 2021 -22 – Up to 3%
 - 2022 -23 – Up to 3%
 - 2023 -24 – Up to 3%
- Total increase across this period capped at 6%

Percentage of councils charging precept



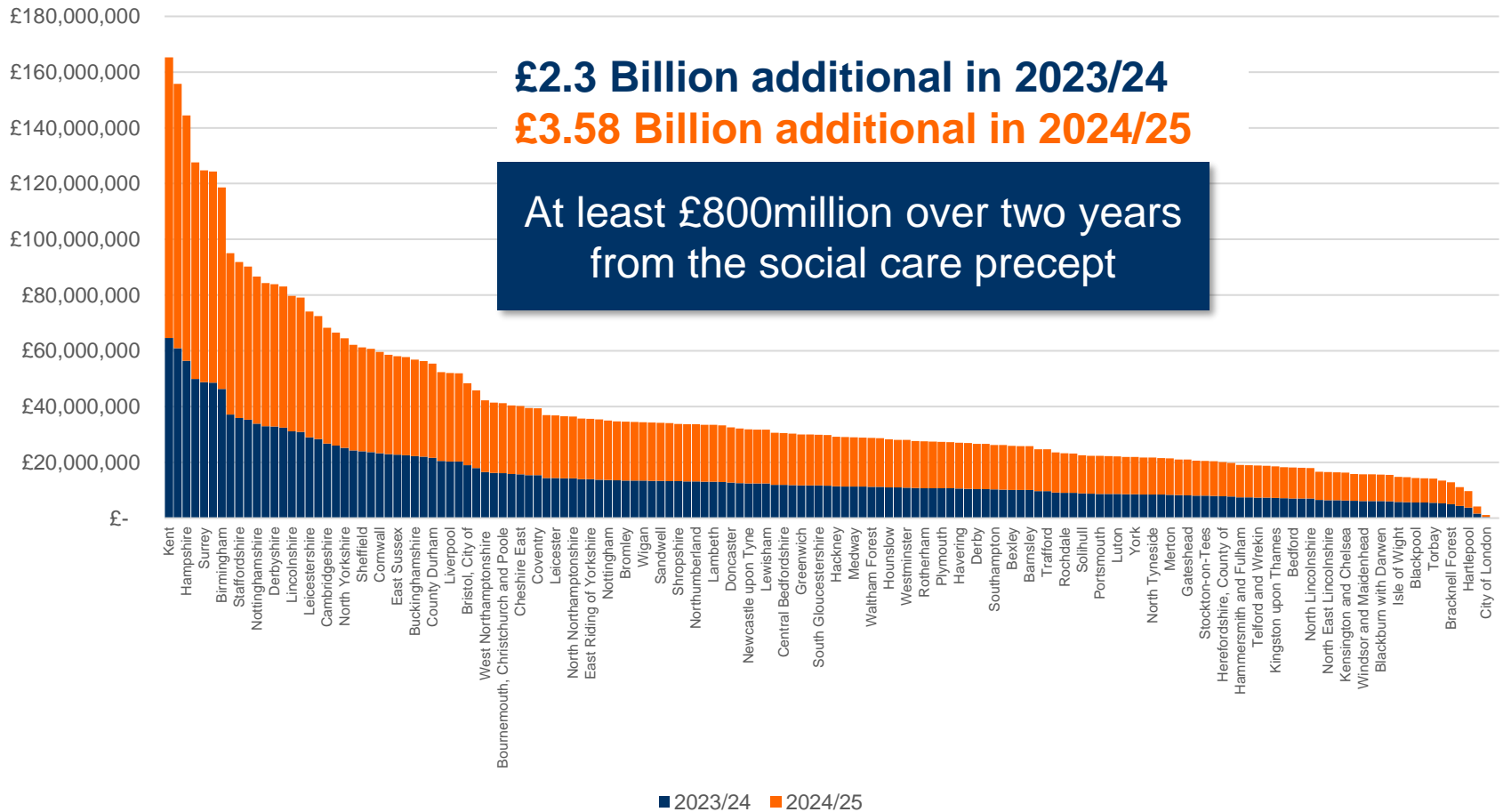
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- In England Local government will be able to increase council tax by up to 3% without the need for a local referendum and a further 2% for the social care precept - we expect this to happen in the majority of councils.
- This additional local tax rising power is 'counted' by the government when they talk about additional funding for social care.
- This means that poorer areas with lower council tax will be able to raise less money than wealthy areas – where demand for state funded social care is generally higher.
- Local government is calling for adjustments to the grant allocation of social care funding from central government to reflect this.

Autumn statement

- Funding specifically for social care as identified by central government is as follows:
- 2023/24: A notional £2.8billion
 - £600million via the Better Care Fund to get people out of hospital
 - £1.3billion for Adult and Children's Social Care
 - £400million for adult social care which will also support hospital discharge
 - £500million Social Care Precept?
- 2024/25: A notional £4.7billion
 - £1billion via the Better Care Fund to get people out of hospital
 - £1.9billion for Adult and Children's Social Care
 - £680million for adult social care which will also support hospital discharge
 - £1.12billion Social care precept?
- Next year this means a guaranteed additional £2.3 billion plus what councils decide to collect from local people.

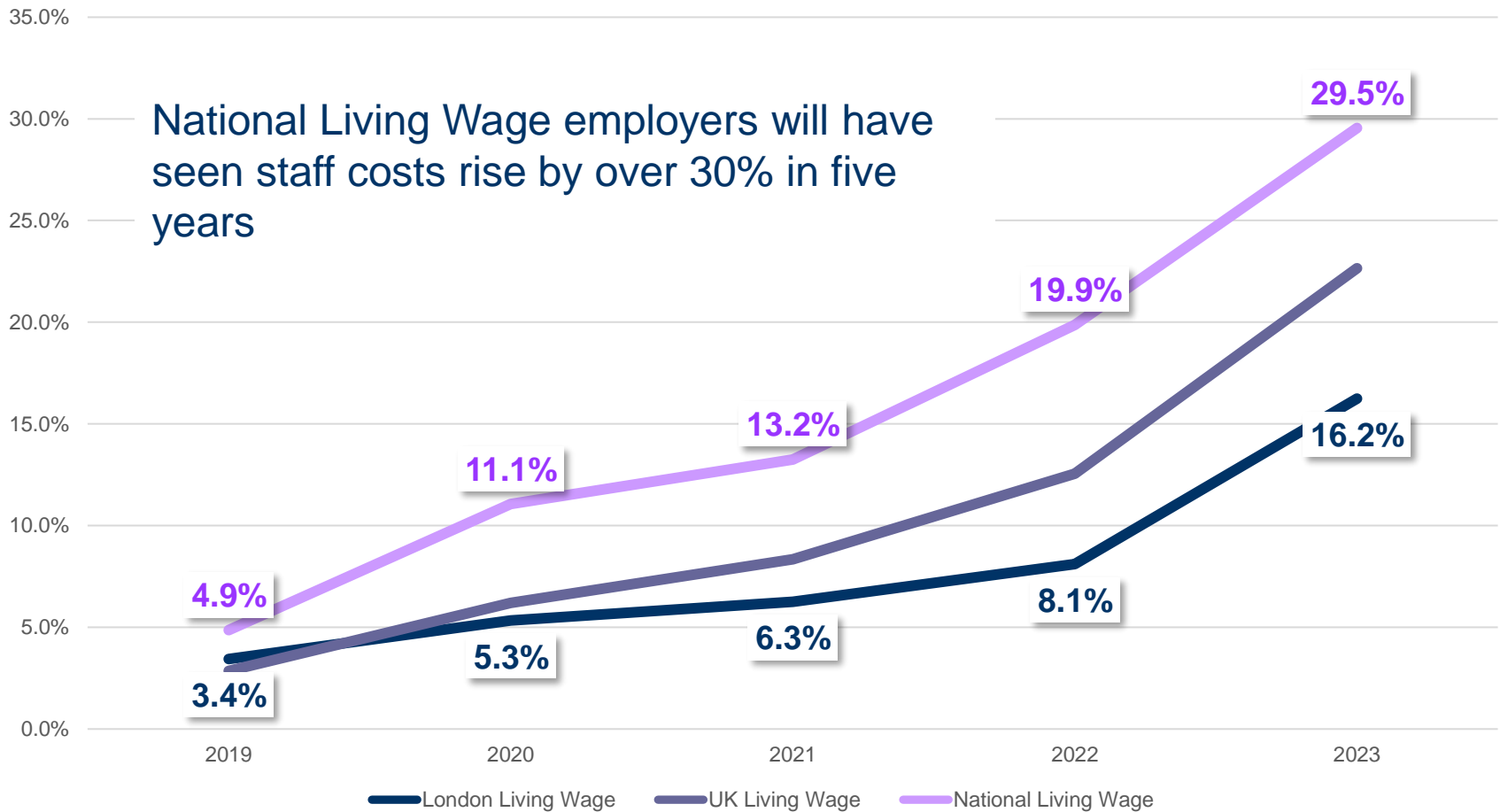
'Guaranteed' additional funding over two years



Autumn statement

- As predicted for 2022/23 we have in addition to these monies £500million for winter pressures before Christmas and a further £250million to be used to 'block buy' beds announced in early January
- Entirely possible that there will be further monies delivered in this fashion in future financial years.

National Living Wage



Autumn statement

- The 'fixing of social care' kicked into the long grass of October 2025.
 - No lifetime cap on the costs of care of £86,000
 - No change to the means testing threshold for capital – if you have any more capital than £23,250 you will contribute to the costs of your care
 - The plan to introduce a 'Fair Cost of Care' for over 65's residential care and domiciliary care is not happening

The Autumn statement - conclusions

- Social care had dodged large cuts, and indeed it has been offered a modest uplift in funding, albeit one dependent upon the decisions made by local government about Council Tax and the Precept.
- Some commentators already believe that the uplift in funding will barely cover the additional cost of a 9.7% increase in National Living Wage
- We do not yet know what the local government settlement will be and this may be less good news than the social care position.
- We do not know how many councils will charge the full additional amount – 4th May 2023 local elections in 78 councils with social services responsibility.
- It could have been much worse, but instead it effectively patches up the status quo.

Hewitt Review

- Jeremy Hunt also took the opportunity to announce the ‘Hewitt Review’, which was ‘commissioned’ jointly with Steve Barclay and Amanda Pritchard – although they may have only been told the day before the announcement.

Hewitt Review – Terms of reference

- The review will consider how the oversight and governance of integrated care systems (ICSs) can best enable them to succeed, balancing greater autonomy and robust accountability with a particular focus on real time data shared digitally with the Department of Health and Social Care, and on the availability and use of data across the health and care system for transparency and improvement. It will cover ICSs in England and the NHS targets and priorities for which integrated care boards (ICBs) are accountable, including those set out in the government's mandate to NHS England.

In particular it will consider and make recommendations on:

- how to empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending
- the scope and options for a significantly smaller number of national targets for which NHS ICBs should be both held accountable for and supported to improve by NHS England and other national bodies, alongside local priorities reflecting the particular needs of communities
- how the role of the Care Quality Commission (CQC) can be enhanced in system oversight

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Hewitt Review - Timing

- The review has already reported to the Secretary of State for Health and Social Care on 16th December.
- Interim report by 31st January
- Final report no later than 15 March.

Patricia Hewitt

- Patricia Hewitt 74 year old former Labour Secretary of State for Health for just over two years.
- Also Secretary of State for Trade and Industry, Minister for Women and Economic Secretary to the Treasury. MP from 1997 to 2010.
- Her career outside politics included consultancy for the largest chemists -Alliance Boots, private equity company Cinven which paid £1.4billion for BUPAs UK hospitals, also BT group non-executive director.
- More recently Chair of the NHS Sustainability and Transformation Plans (STP) Oversight Board for Norfolk.
- Suspended from the Labour party in March 2010 over lobbying accusations in the 'Cash for Access' affair, stood down in May 2010 at the General Election

Patricia Hewitt's letter to ICS's

- *By bringing together all parts of the NHS, Local Government and the voluntary, community and social enterprise (VCSE) sector, ICSs provide the biggest opportunity in a generation to improve population health outcomes, transform health and care services, reduce health inequalities and create the best value for public funds.*
- *If ICSs are to fulfil their potential, however, then we all need to change the way we work. On the one hand, there is a risk that NHS Integrated Care Boards become just a rebadged CCG or another layer of regulation and performance management. On the other hand, as NHSE has recognised with its welcome work on the new operating framework, the centre (including DHSC and CQC as well as NHSE) also needs to change in order to give ICSs the freedom and support they need to tackle local problems and pursue local priorities.*

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Hewitt review - dilemmas

- Likely to tread a careful line between greater autonomy and less centralised target setting while acknowledging **not all** ICS's and ICB's are operating as well as they could or in the spirit of the reforms.
- A ramping up of the role of CQC – the expression '**Ofsted for health and care**' has been banded about.
- Almost certainly expansion of the scale of CQC – still funded by charging the organisations which it registers
- Greater local control while retaining a 'National' health service – bigger role for local politicians?
- A smaller NHS Executive – currently heading down to 15,000 headcount after reductions following merger with NHS Digital and Health Education England, some suggestions it could half this size

Hewitt review

- Hewitt says she is open ‘legislative tweaks’ to increase the power exerted by ICBs although she also believes they have a lot of ‘soft power’ they could use
- She wants to “catalyse” CQC to move the focus on systems and integration.
- Recognises that ICS are very different levels of maturity in terms of forming, behaviour and attitude

Hewitt review - conclusions

- We don't have long to wait – 31st January is publication of findings, followed by final report in March.
- Unlikely to fundamentally unpick the ICS/ICB structure, but very likely to give greater performance earned autonomy within a national framework for health with gives local government a clearer if not significantly bigger voice.
- **Will also assume** the 'integration' of social care and health is fundamental to the evolution of good health services

SALT Data

Learning Disability Employment and Accommodation 2020/21

Presented by: Jane Harris
janeharris@cordisbright.co.uk

Introduction

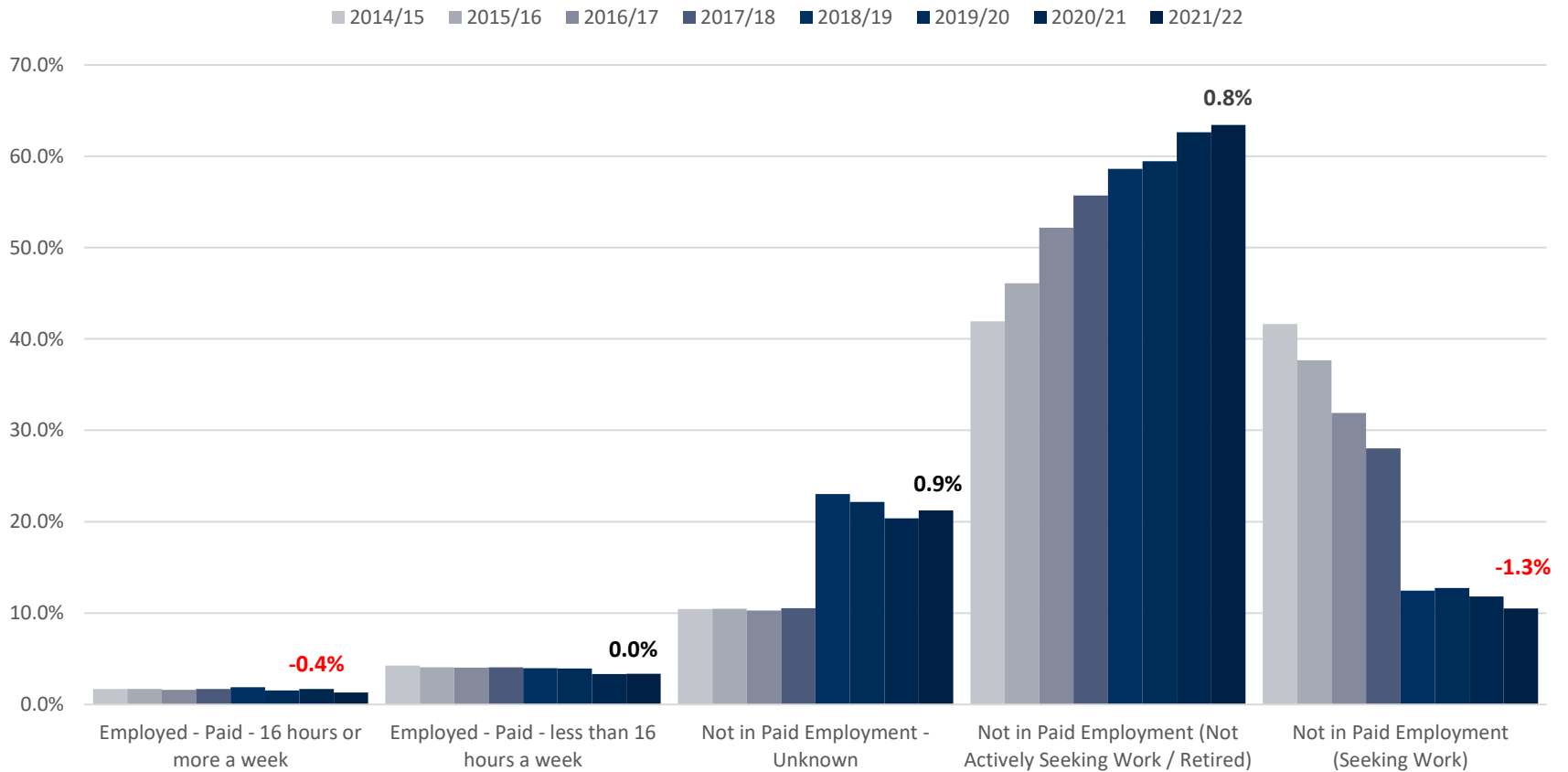
- These data come from the Short and Long Term Support (SALT) release for 2021/22.
- We are going to look at the trends over the last 7 years of employment and accommodation data.
- This data covers the period of the Covid-19 lockdowns and its impact on employment and housing for people with learning disabilities and the subsequent recovery.

Employment

- There is data about the employment status of people with learning disabilities in the SALT data.
- This covers:
 - For employed people, hours employed
 - For people not employed, whether or not they are seeking work
- Overall, in 2021/22, 4.7% of people with learning disabilities were employed, a reduction of 0.3% from 2020/21 (5.0%). During the same time period, general employment **rose** by 1.1%. General employment stood at 96.2% in March 2022.
- The fall in the employment figures for people with learning disabilities was almost all attributable to a fall in the number of people working 16 hours a week or more. The number of people working less than 16 hours a week remained steady.

Employment

Employment Status 2014/15 to 2021/22





CordisBright Limited

23/24 Smithfield Street, London EC1A 9LF

Telephone	020 7330 9170
Email	info@cordisbright.co.uk
Internet	www.cordisbright.co.uk