



FUTURE  
CARE  
CAPITAL



EXECUTIVE SUMMARY

## Securing the future:

planning health and care for every  
generation

## Executive Summary

A new settlement for health and care or 'Care Covenant', underpinned by Future Care Guarantees, will offer greater security for everyone in society. We need political consensus upon our direction of travel – a long-term plan to guide the policies of successive governments to improve health and care outcomes, and enable individuals to plan ahead. We will, otherwise, remain forever in 'fire-fighting' or 'crisis' mode rather than on the front-foot.

Whilst some have called for an independent OBR-style check on health and care spend, we believe it pertinent to first ask:

- *Where are we trying to get to?*
- *To what extent can we plan ahead? and*
- *How might any national plan for health and care in future underpin a political consensus – one capable of cementing public support for any increase in and targeting of spend in the years to come?*

We invited leaders from the public, private and third sectors to help us explore this terrain in more depth. Their contributions to our report outline what developments we might expect in 5, 10 and 15 years' time and, in doing so, point toward how we might plan to impact different determinants of well-being in the short, medium and longer-term.

## Intergenerational fairness and the economics of ageing

The challenge of delivering adult social care provision flows from our rapidly ageing population. If we do nothing now, Lord Filkin argues, care services will become increasingly rationed and service quality will be impacted. If people of all ages need to contribute more to support adult social care services in the face of growing demand – politicians from all parties will need to be honest about this with the general public. We need a national debate to determine how the burden of any increased costs are to be distributed. We also need a plan that recognises the inherent value in our living longer – a plan that is capable of tackling the 'care deficit' now and in the future.

## Health and care futures

Arup's Dave Pitman highlights the capital funding and time needed to transform the NHS estate from a district general hospital model to one that is better suited to communities in which technology will increasingly facilitate self-care and independent living. There should be consideration given toward strengthening planning policies and building regulations to ensure that new communities are 'designed for age and mobility'. We should also introduce 'pre-care' measures – by which, we mean, take steps to both anticipate and reduce future care needs. In particular, there should be ambitious programmes to adapt and retrofit existing dwellings to better facilitate independent living before significant care needs arise.

The pioneering work underway to discover new drugs and treatments in respect of pressing health challenges like dementia and Alzheimer's, is expected to reap benefits within a decade according to Professor Hill. His contribution includes a case study from Alzheimer's Research UK. We need to accelerate such advances whilst planning ahead for the additional costs that will flow from the fruits of successful endeavour.

When it comes to the development of new and effective medications to tackle mental ill-health, the signals from the pharmaceutical industry are less encouraging, such that a more considered societal response is needed – in particular, to tackle the associated growth in loneliness and social isolation.

Dr Müller is optimistic about the introduction of new technologies including artificial intelligence, robot surgeons, nano implants and automated vehicles. Whilst some might help us to compress the length of time we live with one or more health conditions, others are expected to facilitate independent living. He does, however, express concern that deployment of the Internet of Things, new wearable technologies and more extensive use of health and care data to track and monitor individuals might result in a dystopian form of ‘health surveillance’. In practical terms, this could rapidly take us from a social contract that is premised upon tax and entitlements to one that is machine- rather than means-tested and verified. We urgently need to involve the general public in a debate about the ethical implications of such technologies for health and care service provision in future.

## Planning ahead

There are persistent and growing recruitment and retention challenges facing adult social care providers. According to Jim Thomas and Liz Burtney of Skills for Care, we need to recognise that care is, increasingly, everyone’s job and formulate a wider societal response to the situation. Looking ahead, to a time when we anticipate a growth in self- and community-based care facilitated by new technologies, it will be key to involve younger generations in planning tomorrow’s care services to ensure that they are fit for purpose as both needs and expectations change.

The future ‘careforce’ will also need to be more digitally skilled than is perhaps the case at present, particularly if robots begin to play more of a role in homes and formal care settings. Investment in the wider ‘careforce’ needs to be seen as a foundation for the Government’s Industrial Strategy. Emily Holzhausen of Carers UK also makes plain that the number of people forced to take a career break to support a family member is expected to increase. We will need to plan for the growing number of people who are not economically active by virtue of caring responsibilities, as well as fashion innovative solutions to bring about a ‘work-life-care balance’.

## Future Care Guarantees

Whilst most people, irrespective of age, are prepared to pay more to fund our NHS, there is less agreement about how any increase in funds should be deployed. Meanwhile, there is a general lack of understanding and consensus amongst the general public when it comes to state funded adult social care – who should benefit from such services and when – and, with that, who should pay for them. We urgently need a national debate and plan of action that moves us beyond treating longevity as an increasingly unaffordable burden, to a situation in which living longer is approached as an opportunity for every generation to flourish.

We believe cross-party consensus in respect of Future Care Guarantees could underpin a new Care Covenant and National Plan for health and care as well as cement the support of the general public. Based upon the developments we might expect in 5, 10 and 15 years’ time, we recommend such Guarantees include:

## **1. A new funding formula**

Government will introduce a new funding formula and national entitlements to health and adult social care services that are funded by the state – the aim: to reduce the postcode lottery in respect of services in both formal and community settings, and create certainty for individuals in planning for their future health and care needs.

## **2. Healthier, longer lives**

Government will introduce ‘health positive’ regulations, personalise public health and invest to compress morbidity - the aim: to reduce the amount of time that people are unable to live in good health and the overall cost of care, both to the individual and the state, with a particular focus upon tackling health inequalities within and between geographical areas.

## **3. Championing independent living**

Government will work with industry to introduce and uphold an Independent Living Guarantee enabled by a transformational programme of investment in ‘pre-care’ measures – the aim: to ensure our homes and communities are ‘designed for age and mobility’ so that more people are able to take care of themselves and their families at home for longer.

## **4. Tackling loneliness and social isolation**

Government will introduce measures and invest to create the environment for local government and civil society to tackle loneliness and social isolation – the aim: to reduce the impact of what is widely regarded as a key characteristic of growing mental ill-health in our communities.

## **5. An Ethical Technology Commission**

Government will establish a dedicated Commission to examine the ethical implications of new and emergent technologies for health and care service provision – the aim: to involve experts and the general public at the earliest possible opportunity in a considered debate and, in particular, explore the extent to which access to services should be predicated upon machine-testing and verification in the future.

## **6. Co-designing future care services**

Government will involve younger generations in the co-design of future care services on an iterative basis – the aim: to help Government design responsive care services, and raise awareness of the need for individuals to plan ahead and make provision for their future health and care needs.

## **7. Careforce planning**

Government will provide leadership and work with training and skills providers to build the capacity of the ‘careforce’ - the aim: to ensure we have sufficient health and care professionals as well as unpaid carers, with the appropriate skills, to meet future demand and deliver high standards of care.

## **8. Enabling a work-life-care balance**

Government will recognise the economic contribution of carers to the overall economy and work with employers to introduce measures to improve carers’ ‘work-life-care balance’ – the aim: to support the growing number of carers at home and in community settings.

We need to plan and design the provision of health and care for every generation if we are to tackle the ‘care deficit’ and secure the future. Agreement upon the direction of travel and Future Care Guarantees to support improved planning by commissioners and providers as well as the general public would represent a significant first step.