



Dear Colleagues,

Paper 3/2018: Health & Social Care

Last year, the CPF published a discussion paper on the important subject of **adult social care**.¹ That was interrupted by the snap general election, during which the debate moved on significantly. This paper picks up and widens that discussion.

As always, discussions will be more greatly informed if groups are able to include members from different age groups. If your CPF Group does not usually include many **members aged under 40**, then we would encourage you to use this opportunity to reach out to younger voters in your constituency.

Please advertise the CPF paper on your **Facebook** and **Twitter** pages and encourage participation of non-members as well. It would be great if you could post a photo online of your meeting too. Let people know that you are interested in *them* and want to understand *their* perspective.

We want to ensure that as many associations and as many members are able to engage in this vital and wide-ranging discussion. Some groups may wish to discuss the questions over the course of two meetings. The closing date for this brief is therefore **31 August**.

Please send your responses to the paper, via CPF.Papers@conservatives.com, using the associated response form published alongside this paper in the News section of the CPF website.

A summary of responses to this paper will be sent to the Secretary of State for Health & Social Care, the Rt Hon Jeremy Hunt MP; CPF Chairman, George Freeman MP; Conservative Vice-Chairman for Policy, Chris Skidmore MP; and the Prime Minister's Policy Unit within a month of the closing date for submissions.

The next paper will be on **the challenge and opportunities of the digital age** and will be published at the start of September. Thank you. We look forward to hearing your ideas on this important topic.

The CPF Team

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¹ Groups may wish to remind themselves of some of the issues raised in that paper: [link](#)

Introduction

"How we care for our most vulnerable citizens is the true litmus test of whether we are a civilised society – not only the care for older people but for younger disabled people who are living much longer." (The Rt Hon Jeremy Hunt MP, Secretary of State for Health & Social Care, 20 March 2018)¹

We should begin by affirming that the Conservatives are absolutely committed to a world-class National Health Service that is free at the point of use both now and in the future. It was, after all, a Conservative Health Minister, Henry Willink, who originally set out the principles of the NHS, four years before its eventual launch on 5 July 1948.

Today the NHS is said to outperform other international health systems, thanks to its cost effectiveness and accessibility to all. This is to be celebrated, yet more improvement is needed: "the U.K. achieves superior performance compared to other countries in all areas except Health Care Outcomes, where it ranks 10th despite experiencing the fastest reduction in deaths amenable to health care in the past decade" (see Appendix).² Yet, compared to the average for Europe, cancer survival rates are lower in the UK for all types of cancer—including bowel, lung, breast, ovarian, prostate and kidney cancer—except for skin melanomas.³

The Challenge

More money is being put into the NHS than ever before, yet the population is growing, health costs are constantly increasing, more expensive treatments are continually becoming available, problems such as dementia and diabetes are becoming increasingly widespread, and local council budgets remain under pressure. Meanwhile our valued NHS staff have never worked harder under greater pressure.

These challenges are felt the world over, by all countries. An ageing society means that we need to reach a longer-term sustainable settlement for health and social care—both in terms of more funding and driving up the quality of services. This is why the Government has announced a long-term funding plan for the NHS and is committed to publishing a Green Paper by the summer setting out its proposals for consultation and reform.

On the NHS, the Prime Minister said that "We have to recognise for the NHS to plan and manage effectively, we need to get away from the annual top-ups to the budget we have seen. We do need to have a sustainable long-term plan." The Government will therefore provide a multi-year funding settlement "to ensure that the NHS can cope with rising demand."⁴

On social care, the Prime Minister has been clear that the Green Paper will include proposals to place a limit on the care costs individuals face. The Health Secretary has set out seven principles for social care reform:¹

- quality and safety embedded in service provision;
- whole-person, integrated care with the NHS and social care systems operating as one;
- the highest possible control given to those receiving support;
- a valued workforce;
- better practical support for families and carers;
- a sustainable funding model for social care supported by a diverse, vibrant and stable market;
- greater security for all – for those born or developing a care need early in life and for those entering old age who do not know what their future care needs may be.

How Other Countries Fund Their Health & Social Care

Although the UK was the first, most western countries provide some version of universal healthcare cover, free at the point of use. The NHS is unique though in its low level of cost sharing. Of nine international health systems profiled by The Kings Fund, including universal systems that are considered comprehensive such as Sweden and France, all charge users fees.⁵ These include co-payments for each visit to a health professional, a per day charge for hospital stays, prescription co-pays, deductibles or coinsurance whereby individuals cover a set proportion of their health care costs. In addition to raising revenue, user charges in other countries can be used to manage levels of demand, the location of care or choice of treatment/drug.

Questions for discussion

1. How has your experience of access and care in the NHS changed in recent years?
2. Given the profoundly different landscape of 21st-century healthcare compared to when the NHS was founded 70 years ago, what should the role of the state be?
3. What more could be done to support individuals and families to take more control of their own health and wellbeing? How might we shift from a system based on treatment to prevention of disease?
4. How might we help people to use the NHS responsibly, e.g. not attending A&E for issues that a GP or pharmacy can clearly resolve? How might we reduce the costs associated with the 1-in-15 patients who miss their appointments?
5. How could we further raise awareness and tackle the stigma associated with mental ill health?
6. What kinds of NHS services do you think could be put online/digital rather than traditional face-to-face?
7. What more could the NHS do to encourage people to want to work for it? What sorts of practices do you associate with really good employers in other sectors, which the NHS should adopt?
8. How might we continue to fund sustainably a growing NHS?
9. As the NHS budget grows, what health services or treatment areas should be prioritised?
10. What could be done to raise awareness among working age adults about the risks of future care costs? How should we fund the need for increased social care?
11. What should be the guiding principles for Conservatives in making these decisions?
12. Is there any other question you think should have been asked or observation you would like to make?

International Case Study: Singapore⁶

In Singapore, the Government encourages greater involvement in the care of relatives through various measures:

- Aged Dependent Income Tax Relief is given to children or grandchildren for the maintenance of their parents or grandparents.
- Grandparent Caregiver Tax Relief enables working mothers whose child is being cared for by his or her grandparents to claim annual tax relief of S\$3,000.
- The Maintenance of Parents Act (passed in 1995) is a preventive policy to ensure that children provide financial support for their aged parents.
- The Multi-Tier Family Housing Scheme encourages co-residence by giving priority allocation for public housing to extended-family applications.
- The Joint Selection Scheme encourages close-proximity living of the generations by allowing parents and married children to have priority in selecting separate public flats in the same estate.
- The Central Provident Fund (CPF) Housing Grant is available to married first-time applicants who buy a resale flat from the open market near their parents' house.

Endnotes

¹ *We need to do better on social care*, Department of Health and Social Care, 20 March 2018, [link](#)

² *MIRROR, MIRROR 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care*, The Commonwealth Fund, July 2017, p.5, [link](#)

³ *Comparator report on patient access to cancer medicines in Europe revisited - A UK perspective*, Association of the British Pharmaceutical Industry, 17 Jul 2017, [link](#)

⁴ *NHS: PM to look at 'multi-year' funding plan for health service*, BBC News, 27 March 2018, [link](#)

⁵ *The social care and health systems of nine countries*, The King's Fund, 2014: [link](#)

⁶ *Aging and Caring at the Intersection of Work and Home Life: Blurring the boundaries*, eds. Martin-Matthews, A., & Phillips, J.E., 2010