

Remedying a sector in crisis:

**A case for the reinstatement of
a Minister of State for Social
Care**

Foreword

In 2008, the then Labour Government, led by Gordon Brown, appointed Phil Hope as the Minister of State for Social Care² – the first time social care had been given such a senior post. The portfolio continued until July 2016, when Prime Minister Theresa May appointed David Mowat in the new role of Parliamentary Under-Secretary of State for Community Health & Care.

Hft believes that this reshuffle has ‘demoted’ social care to a lower tier of minister, and is a step back in terms of addressing the challenges facing the social care sector.

This demotion could not have happened at a more urgent time for the social care sector:

- Local authorities, who commission the majority of adult social care, have seen their budgets cut by central Government.
- Unfunded increases in the National Living Wage will create a £1.3 billion shortfall in funding by 2020.
- Ongoing legal uncertainties regarding payments for Sleep-In shifts could see the sector face back payments of between £400-600 million.
- As a charity in the learning disability sector Hft is increasingly supporting individuals with complex needs and challenging behaviours, many of whom require larger, more expensive care packages.
- Like the population at large, adults with learning disabilities are leading longer, healthier lives, meaning that they will require more support throughout their lifetime.

 **No-one who hasn't been a Parliamentary Under-Secretary of State has any conception of how unimportant a Parliamentary Under-Secretary of State is.** 
- Andrew Cavendish, Parliamentary Under-Secretary of State 1960-1964.¹

 **In the eyes of a Secretary of State, the Minister of State is chosen to drive a specific policy area.** 
- Dan Corry, former Head of Number 10 Policy Unit; Senior Advisor to the Prime Minister for Economics (2007 – 2010)³

Meanwhile, stakeholders in the sector are unclear as to who in Government to speak to, as these issues affect different aspects in the portfolios of several Parliamentary Under-Secretary of States, in different Whitehall departments.

In our General Election Manifesto, Hft will make the case for a reinstating of a Minister of State for Social Care – a simple but eloquent step that the next Government can take to give the portfolio of social care some much-needed clout and oversight in order to address the challenges that the sector currently faces.



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What's the difference?:

Minister of State vs. Parliamentary Under-Secretary

A **Minister of State** is a member of Her Majesty's Government, junior only to a Secretary of State but senior to a Parliamentary Under-Secretary of State and Parliamentary Private Secretaries (PPSs)⁴.

A **Parliamentary Under-Secretary** is the lowest of three tiers of government minister in the government of the United Kingdom, junior to both a Minister of State and a Secretary of State⁵.

The table below⁶ highlights some of the key differences between the roles and responsibilities of a Minister of State, compared to a Parliamentary Under-Secretary:

	Minister of State	Parliamentary Under-Secretary
Senior Post?	✓	✗
Can speak on behalf of their Department?	✓	✗
Can attend Cabinet meetings?	✓* (*with the permission of the Prime Minister)	✗
Can appoint their own Private Parliamentary Secretary?	✓	✗
Has access to their department's Special Advisors?	✓	✓

A **Private Parliamentary Secretary (PPS)** is appointed by a Minister of State to support them in their work. A PPS serves as the 'eyes and ears' of the minister in Parliament, but also acts as an important means of communication with the party and outside bodies. They also work closely with Special Advisors and may attend ministerial meetings, if the Secretary of State deems it appropriate.

Special Advisors (SPaD) are political appointments made by the Secretary of State or Minister of State. All ministers, including Parliamentary Under-Secretaries, have access to SPaDs. They work closely with civil servants and can be seen as the 'bridge' between the government and civil servants.

Their close relationship with the PPS and other advisors makes them key for cross-departmental working.

It is clear then that, compared to a Parliamentary Under-Secretary, a Minister of State can potentially have :

- more influence within Government
- access to both a PPS and a SPaD, who are better placed to develop cross-departmental policies.

Hft therefore considers moving the social care portfolio from a Minister of State to a Parliamentary Under-Secretary to be a demotion.

Has Social Care been downgraded?

Benefits of having a Minister of State for Social Care⁷

Since the creation of the role of Minister of State for Community & Social Care, five parliamentarians have held the role. Each minister has been able to use his Ministerial position to champion new causes and raise the profile of social care:



It is widely recognised that **Phil Hope (2008 - 2010)** was appointed as Minister of State for Social Care to give the sector 'more clout' within Westminster⁸. Phil Hope was also allowed to lead on the 2008 'Transforming Social Care' Green Paper, and ensure its smooth transition through the House of Commons.



Throughout the Coalition Government, it was noted that **Paul Burstow (2010-2012)** and later **Norman Lamb (2012-2015)** were both allowed to be spokespersons for keystone policy announcements regarding social care policy. This was particularly significant at a time when social care was part of the Coalition's austerity package, which was "greater than any retrenchment since the end of the Second World War"⁹.



During his brief tenure, **Alistair Burt (2015 – 2016)** was able to use his ministerial position to champion the Government's new Carer Strategy¹⁰.

Government response to the reshuffle



David Mowat was appointed Parliamentary Under-Secretary of State for Community Health and Care in July 2016. Whereas it was apparent that the Labour Government's initial appointment of a Minister of State for Social Care was to give the sector a 'boost' ahead of the Transforming Care Green Paper, the decision for the May Government to 'demote' it to a Parliamentary Under-Secretary is unclear.

When questioned, a Government spokesperson explained: "The appointments are made first and then the portfolios are split. There is no correlation between the seniority of ministers and the priority given to policy areas."¹¹

What have we lost?

- **Loss of oversight**

When the portfolio of social care was moved from a Minister of State to a Parliamentary Under-Secretary of State, the majority of the Social Care portfolio was downgraded with it¹².

However, certain key policy areas were removed from the portfolio. Responsibility for **Mental Health** was removed from the Social Care portfolio, and put under the remit of **Jeremy Hunt**, the **Secretary of State for Health**. An overview on **hospital care** was reallocated to the **Minister of State for Health, Philip Dunne**.

Hft is concerned that the removal of these key policy areas prevent the Under-Secretary from obtaining a holistic overview of the sector. A Minister of State for Social Care must have oversight in all areas of social care – which includes Elderly Care, Learning Disabilities, Mental Health and Alcohol & Substance abuse.

- **Lack of Clarity – Case Study: Sleep-Ins**

The ongoing legal uncertainty regarding sleep-in shifts, and whether or not a member of staff is eligible for National Living Wage, is potentially an existential crisis for the social care sector. Conflicting guidance from HMRC, Department for Business, Innovation & Skills (BIS) and later Department for Business, Energy & Industrial Strategy (BEIS), has resulted in potential payments of around £200m being imposed upon the sector¹³. The sector also faces a bill of between £400-600m of back payments, dating back up to six years, which includes a time when government guidance clearly stipulated sleeping time should *not* be considered working time.

Stakeholders' efforts to speak to Government about this have been frustrated by the fact that junior ministers in both BEIS and HMRC are unable to confirm who is ultimately responsible for correcting this policy. It is understood that Parliamentary Under-Secretaries from BEIS, HM Treasury, Department of Health and Department for Communities and Local Government met to discuss this issue before the election but, at the time of writing, decisive Government action has yet to be taken.

Hft believes that, by appointing a Minister of State for Social Care, issues such as sleep-ins would be dealt with more swiftly by Government. With an overview of the whole sector, and both the seniority and the resources to engage in inter-party and cross-departmental working, a Minister of State would be better equipped to respond swiftly to crises in the sector.

Why does the Social Care sector need a Minister of State?

Since Theresa May's July 2016 cabinet reshuffle, and the moving of Social Care's portfolio from Minister of State to Parliamentary Under-Secretary, the social care sector remains a sector in crisis.

- CQC's 2016 report concluded that the social care sector was at a 'financial tipping point'¹⁴
- Unfunded increases in the National Living Wage caused a funding shortfall of £380 million in 2016, which will ramp up to £1.3 billion in 2020¹⁵.
- The Local Government Association has warned that the continued underfunding of social care is making it impossible for local authorities to fulfil their legal duties under the Care Act¹⁶
- The Association of Directors for Adult Social Services (ADASS) 2016 Budget Survey found that only 36% of directors are "fully confident of being able to deliver all of their statutory duties this year (including for Deprivation of Liberty Safeguards), falling rapidly to just 8% who think they can do so next year"¹⁷.
- Ongoing legal uncertainties regarding sleep-ins could impose payments of £200m on the sector and between £400-£600m in back pay.

As an organisation in the learning disability sector, Hft is keen to highlight additional pressures faced by the LD sector:

- Learning disability accounts for one-third of the adult social care spend in England
- CQC figures show that in 2014/15 the average cost of nursing care was £552 per week for adults aged 65 and over with physical support needs, compared to £1,119 per week to support adults aged 18-64 who have a learning disability¹⁸
- Between 2011- 2015, around 25% of all new referrals came from BAME backgrounds, and of those referrals, 1 in 3 will come from homes where children are eligible for free school meals, a typical signifier of poverty.¹⁹

Independent research²⁰ conducted by Cebr for Hft in December 2016 also found that:

- 71% of organisations have seen their financial surpluses reduce over the past year 96% cite unfunded wage increases as their main financial pressure
- 55% of organisations anticipated that they would be running at a deficit within the next three years, with an additional 20% stating they would be running at a deficit within the next five years
- 44% of respondents stated that they will need to reduce the scope of the services they offer as a way of curbing costs
- 75% plan to reduce investment in future services as a way of curbing costs.

What impact would a Minister of State have?

Hft believes that the case is clear.

The challenges facing the social care sector are becoming increasingly urgent and increasingly cross-departmental in nature. As the integration of health and social care continues apace, this overlap between Whitehall departments will continue to increase.

A growing body of work – from think-tanks, academics, trade unions & NGOs, through to CQC and even the United Nations – are all warning that there is a crisis looming in the social care sector.

These challenges can only be addressed by someone with the seniority, the resources and the overview that a Minister of State can provide.

This initiative would be cost-neutral for the incoming government. No additional funding would be needed to appoint a Minister of State for Social Care, just political will.

A Minister of State:

- will have a holistic view of the social care sector, and the seniority to implement real change in government policy.
- is in a unique position to understand the impact of developing policy and legislation in other departments on such a critical and financially vulnerable sector - and the seniority to shape, influence and implement policy changes to benefit the sector.
- The Minister and his/her team will provide a single point of contact for stakeholders to engage with and to hold to account regarding government policy decisions.

Hft is therefore calling on the next Prime Minister to reinstate Social Care as a portfolio for a Minister of State when they begin to form their new Cabinet.

References

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- ² The official title of this role has changed over time, and has included "Minister of State for Social Care", "Minister of State for Care Services", "Minister of State for Community & Social Care" and "Minister of State for Care & Support". For clarity, we use the term "Minister of State for Social Care" throughout this document.
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- ⁵ "Parliamentary Under-Secretary of State", *Wikipedia*
- ⁶ Based on original research for Hft, conducted by Dods Parliamentary Communications Ltd (May 2017)
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- ¹⁸ *State of Care 2015-16*, p. 60
- ¹⁹ E Emerson, C Hatton, *Estimating Future Needs for Social Care among Adults with Learning Disabilities in England: An Update 2011-5*, Learning Disability Observatory
- ²⁰ Hft, *It Doesn't Add Up: The financial crisis crippling the social care sector*, November 2016

Who are Hft?

Hft is a charity that helps adults with learning disabilities to live the best life possible. Our person-centred services support over 2,500 people across England to live with more choice, more independence and with greater access to the local community.

We deliver person-centred services through our unique Fusion Model of support. This can range from residential care to supported living at home – from a few hours a week to 24 hours a day.

We also help people with learning disabilities to find meaningful employment, to lead active social lives and to make their voices heard, so they can live with greater levels of independence and personal fulfilment.



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