



Taking seriously the social determinants of care and their consequences

Tania Burchardt

CASE 25th Birthday, 8th September 2022





Policy context: social care all sorted?

- Johnson announcement Sept 2021
 - Health and Social Care Levy – initially mostly for health £11bn p.a. for 3 years
 - £1.8bn p.a. for social care for 3 years – almost all for funding reform. From October 2023:
 - 1. No change to needs test**
 - 2. Means test a bit less mean**
 - Assets < £20,000 – care fully funded
 - Assets < £100,000 – care partially funded
 - 3. Cap on lifetime care costs**
 - £86,000
 - not including accommodation costs
 - at a rate determined by the local authority

- People at the Heart of Care *white paper*, Dec 2021
 - “10 year vision”
 - approx. £1.1 bn **total**

Policy context: social care all sorted?

- Truss during leadership campaign:
 1. Scrap NI health and social care levy *and*
 2. Re-allocate £13bn [per year?] from levy from NHS to social care

...raises a few "questions"

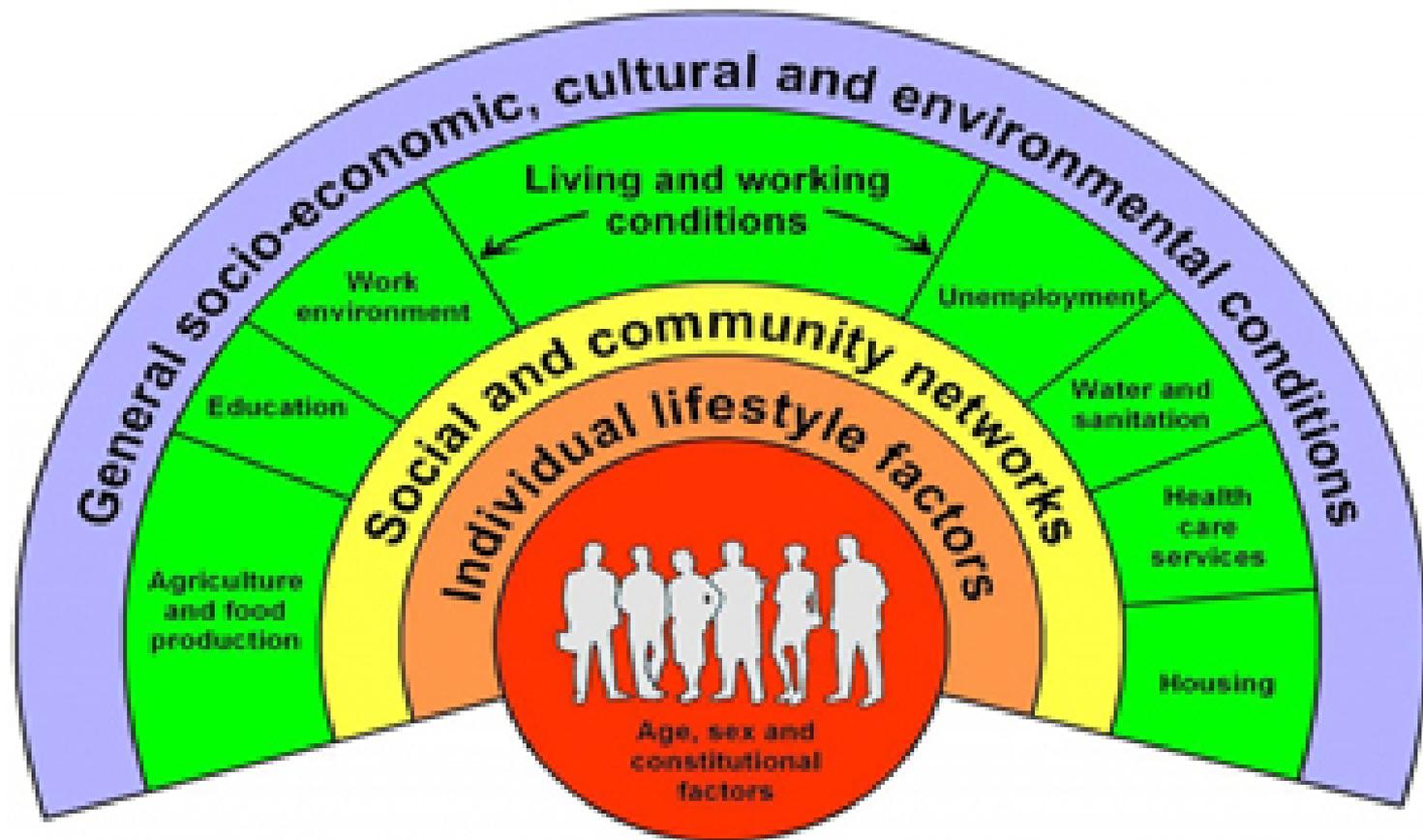
- NHS was only getting £11bn pa from levy, £1.8bn was for social care anyway
- if not levy, what alternative source of funding?
- will social care funding and service reform proceed in the absence of the levy?
- how is re-allocation of funding from one service to the other consistent with health and social care integration?

- Johnson reform might/might have partially addressed "dementia lottery"
- Truss proposal – if funded - might address inability of local authorities to deliver current statutory minimum levels of care
- Neither proposal engages at all with socio-economic and ethnic inequalities

Theoretical context

- Realisation that health is not mainly determined by formal healthcare has been a 'slow burner' in health policy and research but is now accepted wisdom
- Appreciation of the social determinants of health goes along with recognition of the significance of health inequalities
 - UK: Black Report on health inequalities in 1980 – commissioned under Labour, buried under Conservatives
 - Dahlgren and Whitehead social determinants of health 1991 in an obscure Swedish discussion paper

Social determinants of health



Source: Dahlgren and Whitehead

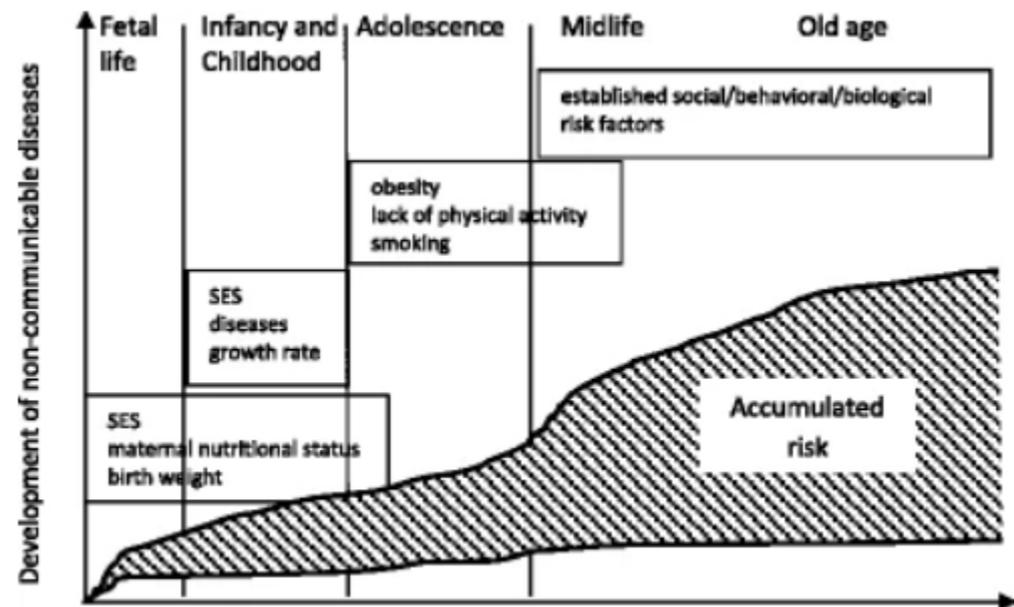


Theoretical context

- Health is not mainly determined by formal healthcare: accepted wisdom
- Social determinants of health → recognition of health inequalities
 - UK: Black Report on health inequalities in 1980 – commissioned under Labour, buried under Conservatives
 - Dahlgren and Whitehead social determinants of health 1991 in an obscure Swedish discussion paper
 - Trickle of academic papers, little take up in policy...
 - UK: Acheson report (with Marmot and Whitehead, among others) 1998
 - WHO 'Concepts and principles for tackling social inequities in health: Levelling up' 2007
 - UK: Marmot Review 2010
 - Avalanche of academic papers...
 - Marmot Review 10 years on (i.e. 2020)
 - Health Disparities White Paper 2022 ???

Theoretical context – key insights

- Economic and social circumstances significantly affect a person's physical and mental health
- ... and can interact with a person's own characteristics such as ethnicity to produce particularly unfavourable outcomes
- These same circumstances and characteristics are often ALSO associated with more limited access to high quality healthcare
- And advantages or deficits tend to accumulate over the lifecourse, from being in the womb onwards



Source: Heikkinen 2010, adapted from Darnton-Hill et al and Aboderin et al

Theoretical context: social care?

- These insights seem to get lost when it comes to research and policy on adult social care
- Health literature would lead us to expect
 - inequalities in need for care – especially at older ages, when health deficits have accumulated
 - inequalities in access to (high quality) care
 - inequalities in experiences of care
 - inequalities in the availability of, and provision of, informal care
- Yet adult social care policy debate (and research) is largely oblivious to socio-economic and ethnic inequalities

Definitions

Need for care:

- need for help with daily activities (eg dressing, remembering things) arising from mental and/or physical condition(s) in a given living environment. 'ADLs'
- need for help with instrumental activities of daily living (eg paperwork, shopping). 'IADLs'
- often long term.

Formal care:

- public/private residential /community /domiciliary [in own home]

Informal or unpaid care:

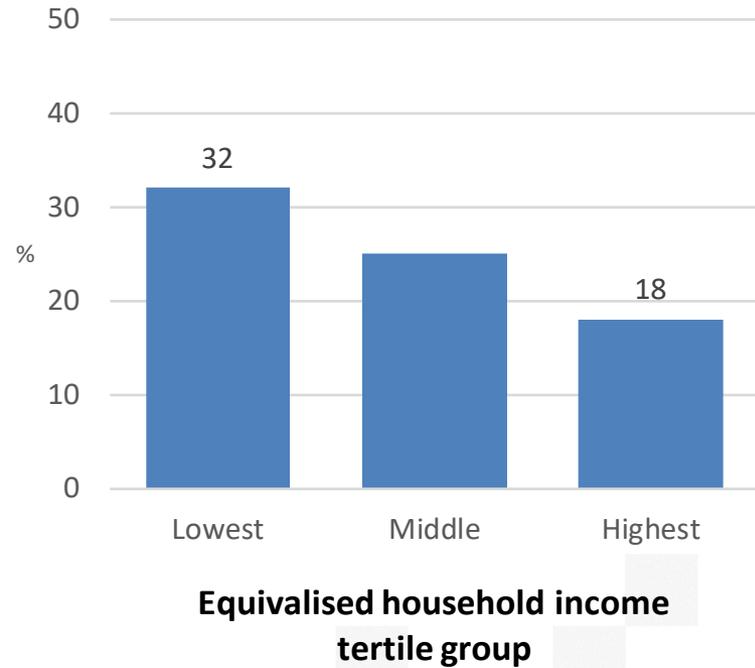
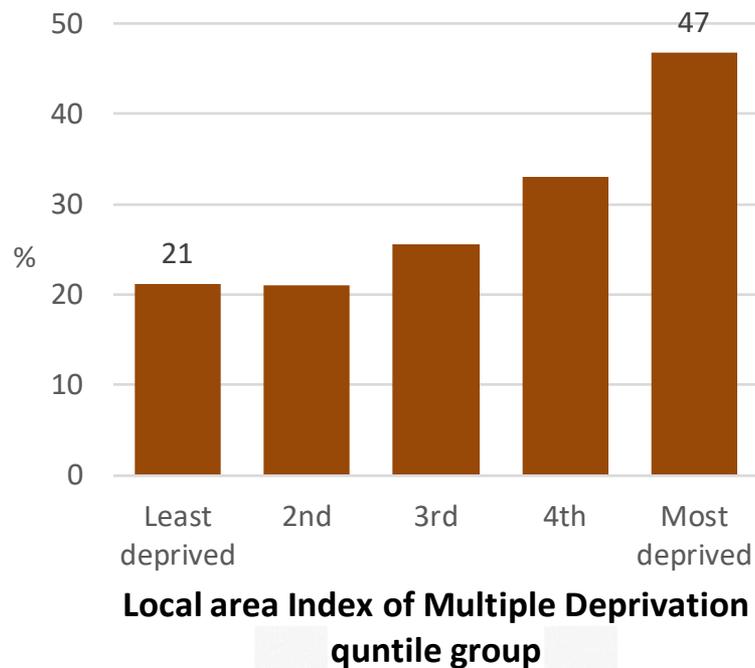
- provided by family, friends or neighbours, with little/no payment ('carers')

Scope:

- adult social care
- working age and older people
- data for England – though issues have relevance to other jurisdictions

Inequalities in need for care

Needed help with at least one Activity of Daily Living in last month
Over 65s, England, 2018

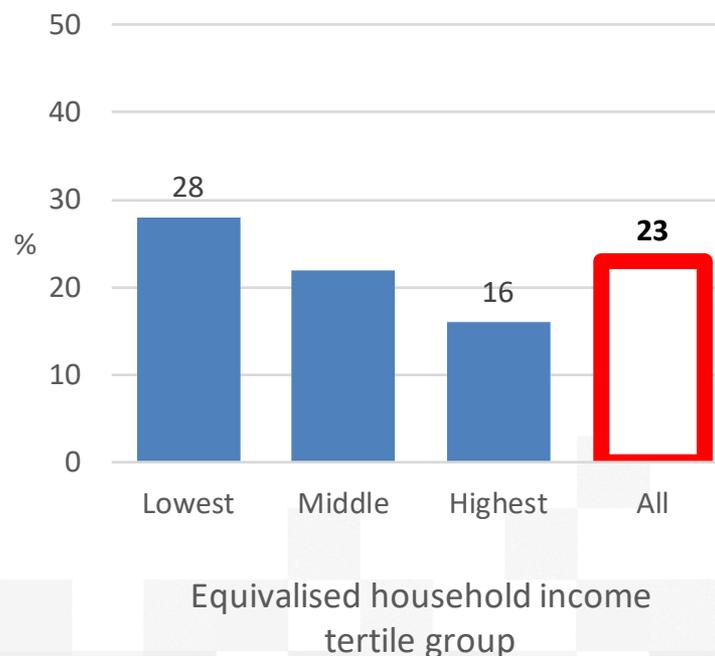
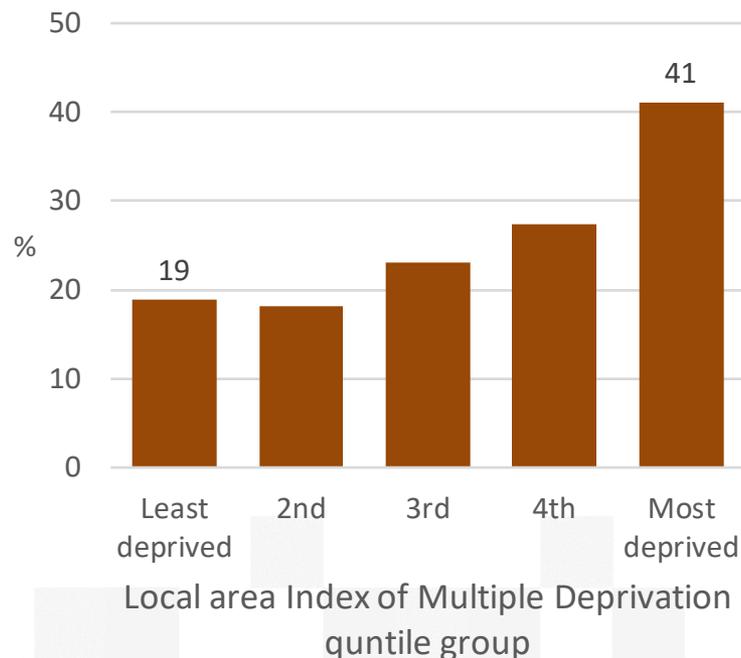


Data source: [Health Survey for England 2018](#). Age-standardised. Chart source: Brimblecombe and Burchardt (2021) *Social Care Inequalities: [evidence briefing](#)*.

- Black/Black British and Asian/Asian British over-65s are significantly more likely than their White counterparts to need help with one or more ADLs (Brimblecombe – Understanding Society)

Levels of, and inequalities in, **unmet** need for care

Needed help with at least one Activity of Daily Living in last month and did not receive it. Over 65s, England, 2018

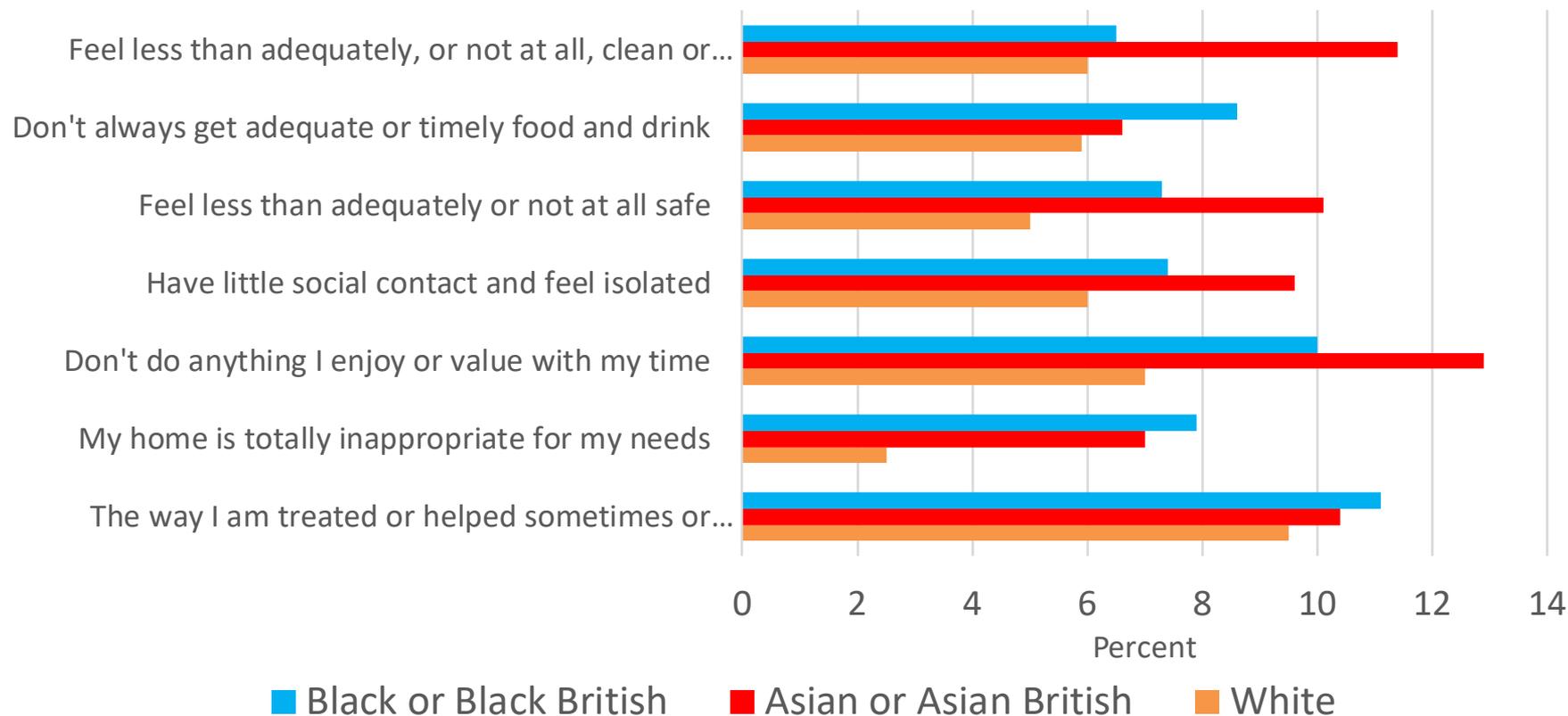


Data source: [Health Survey for England 2018](#). Age-standardised. Chart source: Brimblecombe and Burchardt (2021) *Social Care Inequalities: [evidence briefing](#)*.

- Among ethnic minority groups of **working age** who have at least one long-term health condition that reduces daily activities, 10% receive some kind of care compared to 15% of White working age (controlling for age) (Knight – FRS 2018/19)

Levels of, and inequalities in, poor experiences of care

Differences in the experiences of Black or Black British, Asian or Asian British, and White adult social care users, all ages, England, 2019-20



Data source: [Social Care Users Survey](#) 2019-20.

Chart source: Brimblecombe and Burchardt (2021) *Social Care Inequalities: [evidence briefing](#)*.

Time to change the conceptual frame for social care reform?

Reforms – if implemented – might tackle one particular form in inequity – between those with modest wealth who do and don't end up needing long/expensive care

But leave untouched inequalities

...in need for care (lifetime accumulation of health deficits)

...in unmet need for care (strong gender/age and socio-economic gradients)

...and in experience of care (especially troubling in relation to ethnicity)

➤ social determinants of social care

- applying insights from health inequalities research and policy agenda

➤ participatory governance

- Whose Social Care Is It Anyway? 5 principles <https://socialcarefuture.blog/>

Further reading...

Social Policies and Distributional Outcomes

[Research Paper 07](#) – Burchardt, Obolenskaya and Hughes

Why the new levy won't make England's social care crisis go away –

[LSE British Politics and Policy blog](#)

Social care inequalities in England:

[evidence briefing](#)

Brimblecombe and Burchardt

or email me

t.burchardt@lse.ac.uk

