

Submission by Ealing Reclaim Social Care Action Group (ERSCAG) To the Housing, Communities and Local Government Committee Inquiry: Long-term funding of Adult Social Care

Introduction

Ealing Reclaim Social Care Action Group (ERSCAG) is a local group based in the London Borough of Ealing campaigning for a transformed social care system. The group is independent, non-party political, and promotes equality and non-discrimination. We work for radical change locally and nationally in the way that social care and services are offered; the standard of services are monitored and delivered; and how the cost of provision is met.

At the outset ERSCAG would like to welcome and warmly commend many of the conclusions and recommendations of the 'Joint Report of the Health and Social Care and Housing, Communities and Local Government Committees of Session 2017–19' (referred to in our submission as 'the Report'). ERSCAG has found that the pandemic has highlighted the relevance of many of the Report's findings.

ERSCAG through its role of communicating, monitoring and scrutinising issues and events during the pandemic, chiefly locally, has gained a useful perspective of the impact of Covid-19 on local social care provision and how it can be improved. In particular ERSCAG has developed a productive relationship with Ealing Council, putting regular questions regarding their future budget, vaccinations roll-out, visiting of care homes and the status of domiciliary and day-care provision. ERSCAG also lobbied on behalf of housebound service users and their carers eg on the roll out of vaccinations. ERSCAG is updating two papers: a case-study paper on the lived experience of those in receipt of social care prior to covid 19, and an August 2020 document entitled a "Review of Covid Learning" for Ealing. ERSCAG has been especially aware of the impact of the pandemic on service users and their carers thanks to the regular meetings organised with its Direct Payment Users Group; accordingly, we warmly welcome this Inquiry and will briefly address the four questions posed.

1. How has covid-19 changed the landscape for long-term funding reform of the adult social care sector?

At local authority level:

As a parliamentary committee interested most particularly in communities and local government, ERSCAG wants to emphasise the important role that Local Authorities have played in response to the pandemic. ERSCAG's experience of the impact of the pandemic resonates with the Report's comment in point 26 that *'there is a strong case for the local delivery of social care at a local level – this brings the important benefits of links with housing and other local services as well as local accountability'*. Alongside the NHS, Ealing Council coordinated the efforts of public health officials, Clinical Commissioning Groups, hospital services, private social care agencies, residential care providers, housing officers, elected officials (Councillors/MPs), voluntary organisations and many others. By working in local languages, liaising with respected faith groups and other trusted intermediaries, and adapting key community services to assist those shielding and to maintain essential services, Ealing Council promoted good health practices, supplemented test-and-trace schemes and helped promote and organise the vaccination programmes. In its Review of learning from covid 19, ERSCAG felt that many of the early teething problems (around PPE supplies, precipitate discharge of care home residents from hospitals etc) were national top-down failures or weaknesses that were resolved relatively quickly when more authority was delegated from central authorities to local ones.

The Committee will be well aware of the long-standing funding challenges faced by local authorities, and all independent observers have expressed their concern about the fragmentation of the social

care sector and continuing cuts. Covid 19 has only exacerbated this situation, whilst simultaneously providing evidence of the potential effectiveness of local authorities in enhancing and improving oversight, coordination, and communication between local organisations and agencies.

For example:

- Despite residential care-homes being largely privatised, Ealing Council worked well to improve hospital discharge arrangements; to introduce 'step down' measures as a safe transition point between hospitals and residential homes; to limit the movement of care-home staff between homes; to centrally purchase and supply PPE & oversee other infection control measures; to support the financial resilience/temporarily close homes as and when necessary etc.
- The Council ensured the provision of social care to people in their own homes despite the emergency. Ealing held the contact details for agencies providing domiciliary care; traced individual carers for the purposes of testing and subsequently vaccination (some live in different Boroughs and/or are not registered with their own GPs as professional carers); strengthened administrative systems to improve contact with Direct Payment users, who may be amongst the most vulnerable and isolated of social care recipients. Moreover, by creating special networks of volunteers to assist with shopping and practical help, they provided extra support for social care users to help them continue to live as independently as possible.
- Day Care provision in Ealing, as elsewhere, has been largely delegated to local charities. Ealing Council tried to support providers maintain their services (often virtually) and adapt to social distancing and other necessary infection control measures. However, many providers will be left with serious problems of financial sustainability in the future.

Impact on individuals in receipt of social care:

ERSCAG assumes that the Committee will receive extensive evidence on the impact of covid on individuals receiving social care in a residential setting, as well as their families and care-home workers, and the consequences of this for long term funding issues. Similarly, many groups are well placed to inform the Committee of the human & financial consequences of covid for daycare provision.

Less media attention has been devoted to the impact of covid on people receiving social care in their own homes. In February 2020 (ie pre covid) ERSCAG developed a case-study paper entitled "Social Care System in Crisis: the human story in Ealing". We intend to update this document but have no doubt that covid has exacerbated the situation. For example, ERSCAG learned that, despite all the Council's efforts noted above, Direct Payment users reported that the pandemic revealed great fragility in the coordination of care services and provision of carers. This resulted in many care users at best feeling left-behind or left-out in the roll-out of infection control and vaccinations despite their vulnerability. Many experienced a loss in consistency of everyday provision of services, for example carers availability, sometimes leaving service users extremely anxious.

ERSCAG is aware of local examples of changes to Direct Payment arrangements, and we also understand that some care packages may have been reduced, though this has not been formally confirmed by the Council. All of this adds to the anxiety of service users in their homes particularly in the context of isolation and restrictions of the lockdowns. ERSCAG is obviously aware of the pressure of limited funding for local authorities across the country but believes that the most vulnerable residents must not suffer unfairly or disproportionately, and notes the recent successful judicial review against Norfolk Council showing discrimination (*SH, R (On the Application Of) v Norfolk County Council & Anor* [2020] EWHC 3436).

It is also worth noting that the concentration during covid on older people (because of their particular vulnerability to the pandemic, and their high numbers in residential care) may hide the fact that social care is a vital public service for a wider demographic. ERSCAG notes the comments in Principle 2 (point 2) in the Report that the *'provision of care for working age adults amounts to over half of all spending on social care and is set to grow in future years'*. Accordingly, the Report notes that to *'be sustainable, reforms to social care funding, including decisions on where the funding should come from, need to take into account the costs of meeting the needs of working age adults.'*

Impact on public perceptions of social care as a result of Covid-19

ERSCAG has observed locally and nationally that the pandemic has raised awareness in the public's mind of the significant role that social care provision plays, as well as its current inadequacies. Consequently, we would fully endorse the Report's comment in point 32:

'Engaging the public in the reform process will be critical to its success. The Government should commit to a public engagement process, which builds the public's understanding of social care and the challenges it faces and explain why reform is needed. This is an essential step in gaining public support for proposals which are going to ask them to pay more in order to improve the system. This must be supplemented by the publication of clear and comprehensible costings of different funding options, which are communicated in a clear, impartial, and jargon-free way to the general public.'

We understand that in other countries (for example Australia) major changes to funding social care have come about as a result of extensive public consultation (along the lines of Citizens' Assemblies etc). If social care is to receive the same level of public commitment as does medical care (by way of the NHS) then a deliberate effort to inform, engage and mobilise public support is essential.

Need for a clear distinction between the provision of medical and social care services

Alongside local government efforts, ERSCAG believes that the pandemic has shown the need for a distinct national social care service. Whilst cooperation between medical and social care bodies is clearly vital, the language of 'integration' for two very distinct functions has been misleading. Our medical needs are catered for by a national **health** service and we need also a national **social care** service to ensure people live fulfilling lives. Elsewhere Adult Social Care (whether provided as day-care services, residential care, or support provided in one's own home) has been compared with the support provided by the NHS in the following terms: *"the NHS is life-saving, social care is life-changing"*. Accordingly, ERSCAG believes that the vital work of local authorities should be supplemented by a National Care Support and Independent Living Service which is publicly funded and sets common standards for care, staff status/pay/training/conditions, and promotes innovation via co-production etc. ERSCAG believes that this will ensure that Principle 1 (point5) and the option in point 12 of the Report can be realised. ERSCAG also concurs with the Report's support of the *'provision of social care free at the point of delivery'*, though we urge it as a short term goal. ERSCAG believes that organisation and funding of social care must go hand in hand.

2. How should additional funds for the adult social care sector be raised?

As your Committee is fully aware, there have been many reports and inquiries into the funding of social care that have set out the various short and long-term financing options. We note the Report's own reference in a number of places to this discussion including the Report's recommendation of measures such as a Social Care Premium (point 23), but decisions about the financing of social care

have dragged on for decades. The pandemic has made the situation worse. Local authorities are increasingly finding it impossible to keep up with current demands, still less improve provision or move to a situation where social care is provided free at the point of use. Many have called for a long-term settlement as they find funding services in general, and social care in particular, more challenging.

ERSCAG has views about the quality of social care that is needed, and the current problems on the ground created by inadequate funding, but no definitive preferences about future funding arrangements. We do however believe that a better long term funding formula is urgently needed; that many possible funding options have been canvassed extensively; that public support now exists for much needed investment in this vital public service. All that is required is the necessary political will, and we urge this Inquiry to set out one or more funding models that can mobilise wide consensus.

3. How can the adult social care market be stabilised? and

4. How can it be incentivised to compete on quality and innovation?

ERSCAG knows that Ealing Council has had to devote considerable resources to concerns around the sustainability of the care home sector in the wake of the pandemic and will face new problems over the longer-term provision of domiciliary care and day care provision (see earlier comments). ERSCAG is concerned about the nature of the current market in residential care and much of the investment which privileges short term solutions, inefficient cross-subsidy arrangements between private and Council-paid residents, and a postcode lottery regarding payment arrangements, for example. We believe that only a long-term sustainable funding solution, alongside the reform of social care provision, will facilitate a stabilisation of the market and will ensure greater quality and innovation. Covid-19 has shown that the monitoring, oversight and support of private service providers particularly, but not solely, in the provision of residential care has been a challenge and played a role in the problems that originally arose over PPE supply, vaccination roll-out, securing family visiting etc. ERSCAG is also aware that the provision of day care services and centres has been impacted by the pandemic and there is growing evidence that the services will emerge reduced, thus further limiting the quality of social care provision. In addition, ERSCAG has found in domiciliary care there is a hidden pattern of a reduced quality of provision: there is evidence of family carers being stressed and exhausted as they take on extra duties to protect vulnerable people at home but also are conflicted as they know they will not be able to continue this longer term if they return to work or have to home school their children. The overall effect is overstretched carers and official support services being reduced or risking closure even when the lockdowns are ended.

Conclusion:

ERSCAG believe that the political will for reform of social care is a critical factor. Consequently, we were encouraged that the Report identifies that this is essential (point 29). We have been further encouraged that Lords' Economic Affairs Committee's 2019 report on social care funding concluded "*it is time to end a national scandal*". A cross-party consensus for a radical reform of social care was evident at the recent Westminster Hall debate (18th March). The Secretary of State for Health & Social Care and the Minister for Care have both voiced their commitment to bringing forward proposals for reform of social care this year, and the Prime Minister implied at the Liaison Committee on 24th March that we can expect a mention of social care in the forthcoming Queen's Speech. But will this happen? And will the necessary funding options be proposed and discussed at the same time?

ERSCAG believes that the success of any fundamental and sustainable reform of social care has to go hand in hand with a long-term, radical and substantial funding settlement.

Submitted on behalf of Ealing Reclaim Social Care Action Group
More information and reference material can be provided on request from
Maggie Beirne (ERSCAG Secretary)

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