Submission from Ealing Reclaim Social Care Action Group

Addressed to the Health and Social Care Commons Select Committee – Inquiry into Social Care: Funding and Taskforce

5 June 2020

Introduction[1]

Prior to the arrival of coronavirus and the lockdown, the general public was little aware of the essential role of social care[2] in the lives of many in our community. That has changed radically in the last three months, and it is therefore timely to examine the reforms to the provision of care, and its funding, that have been long 'on hold'. In 2018/2019, 1 million people in England were in receipt of social care (long or short term); roughly one third of these are working age people with disabilities and the rest older people.[3] These numbers are steadily increasing. The current problems in the provision of social care (obviously exacerbated by a global pandemic) are multiple: the postcode lottery with regard to charging practices and the quality and provision of care; the status, training, and working conditions of the workforce; the support available to family and informal carers; and major funding constraints.

In this paper, Ealing Reclaim Social Care Action Group (ERSCAG) will address some of the practical problems on the ground and then turn specifically to funding and workforce issues.

Social care: problems on the ground

The NHS was born out of WWII when it was decided to provide free healthcare to all, and the coronavirus has now highlighted publicly that we need radical change in the ways we fund and respond to people's social care needs. There are numerous studies available (see footnotes and bibliography) about possible organisational structures: should we integrate social care with healthcare in the NHS; or create a distinct and complementary National Care Service (or, as some would prefer, a National Independent Living Service); or continue some version of what currently exists in a decentralised way at the level of Local Authorities, but with the imposition of national standard setting, regulation and funding? Whichever of these (or other) models is pursued, the key objective of any such re-organisation must be the provision of better care and support to enable people to live fulfilling and independent lives.

Currently care is being rationed unacceptably - the Kings Fund noted that only 25% of people who approach their local authorities for care actually receive it; personal testimonies

[1] Ealing Reclaim Social Care Action Group (ERSCAG) was set up in 2018 to work for improvements in the provision and monitoring of social care in the London Borough of Ealing, within the broader framework of a campaign for a national social care system, well-funded from general taxation, and free at the point of delivery. Nationally, we are affiliated to Reclaim Social Care; and internationally, we look to the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including the right to independent living.

[2] We understand social care to include "domiciliary care in people's homes; support in day centres; residential care in care and nursing homes; 'reablement' services to help people regain independence; provision of aids and adaptations; providing information/advice and support for care-users, and family carers" (Kings Fund, Key Facts and Figures about adult social care, 20 November 2019).

[3] This submission will deal with concerns that apply to care provision across the UK, whilst recognising that policy, practice and organisational arrangements vary extensively across the different jurisdictions; statistics from Kings Fund, November 2019.

carried out by ERSCAG of people in receipt of social care (see appendix) show people living in fear of having their charges increased and a concern that care assessment reviews are held largely with the aim of reducing Council expenditures;[4] there are cuts to the funding of vital local advocacy groups; funding and workload pressures are thought to encourage institutionalisation; and the fragmentation of social care across such a diversity of care-settings, without adequate coordination and support, makes for very different levels in the quality of care provided.

Whatever structures and systems are introduced, they must seek to improve the provision of care by addressing questions such as: how to end people's financial worries; how best to hear the voice of disabled people and others in receipt of care; what role could co-production and co-design have in the provision of good care; how to improve the status, training and working conditions of those providing care; how to support family and other informal carers; and how to oversee and regulate these arrangements to ensure the best use of public monies and proper accountability.

Social Care: funding

Many of the problems underlying the current provision of social care stem from under-funding. The fragmentation and inadequacies of the market; the pressures on local authority budgets; the problem of self-funders subsidising local authority placements in residential care; the financial worries created for individuals by charging for care; the failure of the benefits system to reach many disabled people and family carers in need of financial support;[5] the low status and poor working conditions accorded to professional carers - all undermine the provision of good care.

ERSCAG has limited financial expertise to offer but is aware of various studies that have examined in depth the economic costs and benefits of fully publicly funded social care. For example, a member of Reclaim Social Care, Gordon Peters, wrote an excellent paper in September 2019 entitled Fully Funded Social Care (see Centre for Welfare Reform).[6]

Perhaps of particular interest to the Committee will be the report issued in July last year, of the House of Lords Select Committee on Economic Affairs "Social Care Funding: time to end a national scandal today". The report concluded: "*that publicly funded social care support is shrinking, as diminishing budgets have forced local authorities to limit the numbers of people who receive public funding…..More than 400,000 people have fallen out of the means test, which has not increased with inflation since 2010…..Social care funding is unfair. People receive healthcare free at the point of use but are expected to make a substantial*

[4] Extracts from the case-studies: "After a jump of 45% in my social care costs, I am running into debt"; "I sense staff are concentrating primarily on cutting costs and it makes me feel very vulnerable" – see Appendix for "The human story".

[5] See for example annual reviews "State of Caring Survey" by Carers UK (www.carersuk.org). Their survey published in July 2019 noted the "huge personal and financial cost of caring unpaid for a loved one…..with more than two thirds (68%) of carers using their own income or savings to cover the cost of care, equipment or products for the person they care for. As a result, many are struggling financially and are unable to save for their own retirement". At the same time many eligible claimants fail to take up carer and/or attendance allowances.

[6] See also bibliography plus article in Financial Times, 25/26 April 2020 about underfunding and the failure to meet real social care needs; contributions at All Party Parliamentary Group on Adult Social Care, 24 February 2020; reports by the IPPR ("Who cares? Financialisation in social care" September 2019 and "Free at the point of need" in May 2019); report by the Policy Exchange – 21st century social care (June 2019) pp 52-60 for discussion of insurance/hypothecated tax etc. etc.; Local Government Association (Future of Adult Social Care, March 2020) pp 13 to 15 for details relating to costs of addressing existing pressures and extending different kinds of entitlements.

personal contribution towards their social care. In addition, national funding for social care is distributed unequally across local authorities. The funding shortfall has meant local authorities are paying care providers a far lower rate for local authority-funded care recipients than self-funded care recipients, and those care providers with a high proportion of local authority-funded care recipients are struggling to survive. To address unfairness in the system the Committee proposes bringing the entitlement for social care closer to the NHS by introducing free personal care, which would include help with washing, dressing or cooking……Additional funding for social care should come from national government which should raise the money largely from general taxation. The money should be distributed to local authorities according to a fair funding formula."

On the basis of such well-researched materials, we conclude that:

- There is no obvious logic why healthcare is provided free at the point of need (via the NHS and thanks to UK taxpayers), but social care is not
- Numerous extensive studies have been carried out over at least the past three decades into the practicalities of providing free social care at the point of delivery, and many, if not all, policy options have been well researched: it is time to stop studying the issue and move to action.
- We have been assured by politicians in all political parties[7] that there is a commitment to finding a cross-party consensus on social care funding.
- Accordingly, if political parties and government know what needs doing, and are committed to working together, logic suggests that all that is needed is sufficient political will. The pre-existing crisis in social care has been exacerbated by the pandemic, but on the positive side, it has alerted the British public to this important social necessity that must be funded on a par with its medical equivalent, the NHS.

Social Care: workforce

According to the Kings Fund, there are 1.5m people working in social care,[8] and some 400,000 workers or almost one in three leave the profession each year.[9] In April of this year, the Financial Times reported that there were 122,000 social care vacancies even before Covid. It is difficult to think of any clearer indication of the problems facing the social care workforce than to see such a high attrition and turnover rate. Post-Covid, and post Brexit (94,000 EU nationals are engaged in social care nationally),[10] this situation is likely to deteriorate further.

Again, coronavirus has succeeded in highlighting many of the issues around social care and its workforce, so that the weaknesses of the current system have become even more apparent:

[7] Given that the Conservative party is in government, we draw particular attention to their 2019 manifesto on social care (p.12): "We will commit to urgently seek a cross-party consensus in order to bring forward the necessary proposals and legislation for long term reform".
[8] Key Facts and Figures about adult social care, 20 November 2019.
[9] Kings Fund speaker at Policy Exchange event launching its 21st century Social Care report, 26 June 2019.
[10] Statistics thanks to Socialist Health Association briefing paper October 2018.

- Carers are 'essential' and 'skilled' workers: while pre-covid 19, this fact was little understood beyond the caring profession and those they care for/and their families, the public understanding has changed. Consequences must follow.
- It is clearly unacceptable that many paid carers are not in receipt of the Living Wage (and their travel time is not paid for), and are not in receipt of adequate conditions of work (regarding sick leave/holiday pay/zero hours contracts).
- The nature of their employment means many are not unionised or have inadequate professional or other form of collective bargaining arrangements to help in asserting their rights. This may be one of the reasons that it came as a 'surprise' to members of the public that foreign-born carers (and NHS staff) were facing visa problems and/or being surcharged for their own healthcare.
- Whilst some carers are provided with in-service training, this is not universal, and is not necessarily comprehensive given the varied nature of the care needs of those they work with. Many would benefit from having help to gain recognised professional qualifications and be given support in securing career progression and recognition (one idea during the media debate about carers' status was the creation of a Royal College of Caring alongside the RCN etc).
- As with NHS staff, carers are often disproportionately from black and ethnic minority communities and are 84% female. It is also the case that those in receipt of care are disproportionately either older, female and/or people with a disability. It is a reasonable assumption that low pay, low status, and limited political progress to date has something to do with the systemic inequalities that this pen picture provides.[11]
- Changes in working patterns will now be needed in light of the pandemic and concerns about cross-infection: the system must allow for a reduction in the number of contacts made by individual domiciliary workers and the number of workers attending any one individual (this move to more continuity in care ensures better care generally, as well as less risk of cross-infection). The Womens Budget Group[12] also called on care providers to no longer require workers to work at more than one care home.
- Oversight of care should be clear and effective. In the recent pandemic, the division of responsibilities between Local Councils, the Care Quality Commission and individual care-homes caused delays in taking control of a rapidly deteriorating situation.[13] Local Councils' duty of care towards those in receipt of domiciliary care (and protection for those caring for them) was also put under a lot of strain in the pandemic.[14]

Conclusions

[11] See Women and Equalities Committee "Inquiry into the different and disproportionate impact that the Coronavirus – and measures to tackle it – is having on people with protected characteristics under the Equality Act".
[12] See Womens Budget Group briefing (page 5) "Social care and covid 19" 16 April 2020.
[13] As of 15 May 2020, the London Borough of Ealing had an extremely high level of deaths in care-homes (nearly 24% of total covid-19 deaths in the Borough) though the reasons for this still need to be assessed see also https://www.theguardian.com/world/2020/apr/22/without-a-plan-its-not-going-to-stop-care-homes-fear-worst-yet-to-come-covid-19
[14] At a Direct Payment Users Group meeting in Ealing (3 June 2020), people commented on their earlier uncertainties and fears surrounding who was to supply/pay for PPE & the standards required, and about who could provide emergency cover if care arrangements failed.

Ealing Reclaim Social Care Action Group believes that the time for action on social care is long overdue, and that the coronavirus has provided a unique insight for the general public into the essential and skilled nature of the work required. The policy options are clear and have been clear for some time: all that is needed now is the political determination to introduce much needed radical change. We hope that this parliamentary inquiry can provide the impetus for such change.

Appendix:

Social Care System in Crisis: The human story in Ealing. This document was prepared in February 2020 by Ealing Reclaim Social Care Action Group and consists of a series of anonymised case-studies of real people living in the London Borough of Ealing. Together they put a 'human face' on the wide range of problems facing people using social care services. Several of the concerns (see pp12-13) relate to funding and workforce issues specifically.

Short bibliography (see footnotes also)

- A report by the Lords Economic Affairs Committee issued 4 July 2019 "Social care funding: time to end a national scandal" https://www.parliament.uk/business/committees/committees-a-z/lords-select/economic-affairs-committee/news-parliament-2017/social-care-report-launch/
- Gordon Peters paper (September 2019) entitled Fully Funded Social Care, available from the Centre for Welfare Reform.
- Labour Party policy paper "Towards the National Care Service" (Sept 2019)
- Kings Fund: "Key facts and figures about social care" (November 2019)
- Local Government Association – Future of Adult Social Care (March 2020)

5 June 2020

Ealing Reclaim Social Care Action Group (ERSCAG)
For further information contact: Maggie Beirne (ERSCAG Secretary)