

**Submission to the Health and Social Care Select Committee
by Ealing Reclaim Social Care Action Group (ERSCAG) to its**

**Inquiry into Social Care reform: The cost of inaction
4 December 2024**

Introduction

Ealing Reclaim Social Care Action Group (ERSCAG) is a very small voluntary group in the London Borough of Ealing (www.erscag.org.uk).¹ We cannot claim to access the research resources available to the Select Committee, so this note merely highlights issues which we believe the Select Committee should explore in their study of “Social Care Reform: The cost of inaction”.

Firstly, we believe the Committee should explore what the cost of inaction on social care reform means in terms of people unable to lead flourishing lives. Can you determine what numbers of people are:

- Currently in receipt of social care packages; and
- awaiting social care assessments and their lengths of wait; and
- ‘rationing’ their care packages to the bare minimum to save on costs – either informally or formally.

To explore some of these statistics, the Committee will presumably receive submissions from expert bodies (such as the Kings Fund, the Nuffield Foundation, the Association of Directors of Adult Social Services).

ERSCAG’s concern lies particularly with the issue of rationing, given that reliable statistics are hard to determine. Councils are under a legal obligation to respond to all “eligible” care needs and therefore seem unwilling to (publicly?) record “unassessed needs”.² It is also difficult to determine to what extent Councils limit the care package to basic personal needs (washing/dressing/feeding) rather than evolving a broader social care package that will ensure the disabled or elderly care-user can live as good a life as possible. It will also be difficult to assess how much people informally ration their own care packages because of the costs involved and the fear of penury. Thanks to the introduction of the NHS in 1948 no-one in Britain hesitates to go to the doctor or hospital merely because of their economic situation; this is not true of social care provision, which can prove financially prohibitive to all concerned.

Secondly, what is the cost to the NHS of inaction on social care reform? The Select Committee will want to gather any available statistics on -

- The number of days lost annually to NHS in-patient care due to ‘delayed discharges’;
- The number of ‘unnecessary’ hospitalisations (ie people in hospital because preventive measures were not in place to avoid or reduce in-patient treatment);³
- The workforce days lost to NHS, because of the caring responsibilities of staff.⁴

Where these statistics do not exist, should the Select Committee recommend that they be collated in future?

¹ Accordingly this short paper relates only to the situation of social care provision in England.

² Useful material can be found in the May 2021 report by ADASS “Waiting for care and support” which cited 1.5m hours of commissioned homecare not provided between August and October 2021 because of a lack of staff and service backlogs; and 300,000 were left without care as they awaited care assessments.

³ To cite a very recent local example: a Sheltered Housing resident fell from his wheelchair and was on the floor for four hours before a neighbour arrived and called 999. The incident led to several days of hospitalisation. An emergency alarm service had been withdrawn a few months’ earlier, and no alternative pendant was provided: if it had been, the alarm could have been raised earlier to avoid hospitalisation.

⁴ Carers UK (www.carersuk.org/) report that 1 in 3 NHS staff provide unpaid care (NHS staff survey, 2022).

Thirdly, and more generally, the government has emphasised the need for growth and enhanced national productivity. While political parties represented on the Select Committee may disagree on HOW to ensure such growth, none presumably disagree with this as an objective? Skills for Care reported “*adult social care in England had a minimum total economic value in 2020/2021 of £50.3bn*”.⁵ So, what is the cost of social care reform inaction in terms of national productivity?

- How many people could return to, or participate for the first time, in the workforce if they had a decent social care package of support?
- How many people currently providing care and support to family members or neighbours would be able to work if better adult social care provision were available? The financial and other stresses on family carers also impacts directly and indirectly on productivity.⁶
- How would the economy (most particularly local economies) benefit with decent pay/conditions/career progression for the care workforce?
- How much money is leached out of the care industry to shareholders (often foreign equity companies) rather than invested in better provision?⁷

Should the Committee comment on the studies which argue how much a reformed social care service could contribute to a thriving national economy, and how inaction will only delay progress of this kind?

Fourthly, and even more generally, what will be the cost of inaction on social care reform to our very democracy? After years of the issue of Adult Social Care being largely invisible, the theme has increasingly become a central concern of many. The last Conservative government, the Liberal Democratic party, and the current Labour government have all made important commitments to reform social care. The last government did not deliver, and public statements by the current government talks of a long-term approach to the issue and implies that social care is largely a peripheral concern to its reform of the NHS. If no progress is made – or progress is deferred indefinitely – an increasing number of people directly affected by the poor public provision of social care will lose faith in the genuine willingness of political institutions to effect positive change in this vital arena.

Conclusions:

The demographic timebomb of an ageing society has long been recognised and particular concern lies in its impact in the care sector. Improving longevity brings its challenges for the health services which, it could be argued, are responding in resource terms but there is - and will be increasingly - a significant impact on social care provision which has definitely not been matched with adequate resource provision.

The issues raised in this short ERSCAG paper can be found in the 2022 British Medical Association Report ‘Who Cares? The need for real reform for social care in England’. That report warns that we are facing a ‘ticking time bomb’ in social care as chronic underfunding, severe staffing shortages, and a growing elderly population means that many in the future will not get the care and support they need. The report highlights three consequences: first, because of underfunding, overly narrow criteria for means testing, and staff shortages, unmet need among those requiring social care is growing; second, staff shortages in the social care system have resulted in a sharp increase in the number of

⁵ Skills for Care “The value of adult social care in England” (published October 2021).

⁶ Carers UK report that “*On average, 600 people a day leave work to care*” (Juggling Work and Care); and “*75% of carers in employment worry about continuing to juggle work and care*” (State of Caring 2022).

⁷ See ERSCAG paper on “Adult Social Care: some economic considerations” (page 5) for references to reports by the Competition and Markets Authority; the Care Quality Commission, the Health Foundation and a New Economics Foundation report about market concerns. A predecessor of your Select Committee (in report dated October 2020) on “Social Care Funding and Workforce” talked of the risk of “market collapse”. The continuing trend of outsourcing services in the care sector has meant the state having to subsidise a burgeoning for-profit sector which seems unsustainable?

people providing unpaid care to loved ones (many of whom could otherwise be a part of an economically productive sector); and third, the mounting pressure on the NHS because of poor care due to overstretched services increases the likelihood of patients ending up back in hospital further health problems.

So, social care reform is needed:

- because people's lives are being constrained and unfairly limited;
- because the burden on families caring for loved ones cannot be maintained indefinitely; and
- because we are not adequately supporting the large percentage of the nation's workforce which is engaged in providing care.

As the population in the UK lives longer healthier lives - and medical treatments steadily improve - investment in social care will allow people to live as independently as possible for longer. This will enrich their lives, those around them, and society more generally.

Any number of studies exist to analyse the problem, and indeed to suggest workable solutions.

Inaction merely exacerbates and complicates the situation.

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