

Social Care

Opposition Day debate, Tuesday 25 February 2020

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has all trusts in membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.

Overview

Both the NHS and social care are under significant pressure, with demand for health and care services increasing year-on-year. Trusts across the country remain under considerable strain as they seek to absorb additional demands for care, within a context of constrained finances and over 105,000 vacancies in the NHS workforce alone¹, and further vacancies across social care². NHS services rely on a stable and sustainable social care system to function, including enabling people to return home with appropriate support after a period in hospital. It is better for patient care, and for the public purse, for people to be supported at the right time and in the right setting. However, substantial cuts to social care and local authority funding in recent years has put significant, avoidable pressure on the NHS.

The social care system in England is clearly in dire need of reform and sufficient funding. While the prime minister's commitment to fixing "the crisis in social care" and the recent one off £1bn increase in funding for social care announced by the Government is welcome, we remain deeply concerned that social care services require far greater financial support for the short term than what has been made available. Moreover a long-term solution is long overdue. Any settlement announced in a future spending review should take into account this funding gap and make a meaningful contribution towards closing it. This should be accompanied by reform to ensure the system works well for those who need it.

We are particularly concerned that the recent announcement of a new immigration system will simply amplify pressures on social care by failing establish a clear route into the UK for

¹ NHS Vacancy Statistics England February 2015 - September 2019, Experimental Statistics (Nov 2019)

² Skills for Care (Oct 2019) [The state of the adult social care sector and workforce in England](#)

prospective social care professionals. Failure to resolve the crisis in social care risks exacerbating pressures on both the health and social care sector and calls into question the ability of the NHS will deliver on the commitments in the NHS Long-Term Plan, and the ambitions in the forthcoming People Plan.

Social care and the impact on the NHS

The NHS and social care are two sides of the same coin: NHS services rely on a stable and sustainable social care system to operate, including enabling people to return home with appropriate support after a period in hospital and to ensure people remain well and independent with support in the community when that is most appropriate.

Yet, the estimated funding gap for adult social care is £1.5bn, set to rise to £3.5bn by 2024/25³. Funding for social care has been reduced over the past decade despite an ageing population and increasing numbers of adults with more complex needs. This has forced local authorities to tighten eligibility criteria for services and put immense pressure on a fragile care home market. Similar pressures can be found children's social care services. A recent report by the National Audit Office found that in 2017-18, the total national overspend on children's services was £872 million⁴. The same report found that the proportion of local authorities that overspent on children's social care had increased from 63% in 2010-11 to 91% in 2017-18.

Over 90% of trust leaders cite under investment in their local social care partners as a key cause for concern⁵. Constraints on the social care budget risk exacerbating pressures on the NHS by driving further increases in demand for secondary care, which could be better met through appropriate investment in a preventative approach, in primary care, social care and in additional capacity within the community.

Underinvestment and lack of social care provision has a direct impact on delayed transfers of care (DTOC) in the acute sector. Delayed transfers occur when patients who are ready to be discharged or transferred to another care setting are unable to do so. They can occur in a number of different care settings, including where patients are awaiting discharge from hospital, or where they are awaiting a home based care package following a residential or nursing home placement. Unnecessarily prolonged hospital stays actually serve to damage patients' health and wellbeing, increasing the chance of bed ulcers, and falls, prompting muscle wastage if patients cannot regain their physical independence, and impacting mental health. They also put other parts of the system under increased strain and can restrict 'flow'

³ House of Commons Library (Oct 2019) [Adult Social Care Funding \(England\)](#)

⁴ National Audit Office (Jan 2019) [Pressures on children's social care](#)

⁵ NHS Providers (Oct 2019) [The state of the provider sector](#)

through the system for those in need of medical treatment. Although trusts are working closely with their local partners to transform and integrate local health and care services, it is clear that the lack of capacity in social care and care homes is having a real impact on demand and getting patients out of hospital.

Over 2015 and 2016, the number of days that patients spent waiting to be discharged to another NHS or social care service increased significantly, resulting in many patients being in hospital for much longer than necessary. Following a drive nationally to reduce delays for these patients and additional funding via the Better Care Fund, trusts and their partners in social care managed to significantly reduce the number of delays. However, in line with other operational pressures across the health and care system, delays have begun to increase again over the last six months. The latest data shows that:

- There were 145,876 delayed days in November 2019, compared with 136,183 in November 2018. This is an increase of 7.1%. These days equate to a daily average of 4,863 beds occupied by DTOC patients in November 2019 and 4,539 in November 2018.
- The proportion of delays attributable to the NHS in November 2019 was 60.2% (down from 62.0% in November 2018). Delays attributed to social care was 30.1% (up from 30.0% in November 2018) and the remaining 9.7% were attributed to both the NHS and social (up from 8.0% in November 2018).
- The main reason for delays in November 2019 was "Patients Awaiting Care Package in Own Home", which accounted for 20.8% of all delays. A further 14% of the delays are down to patients awaiting a nursing home placement or availability.⁶

Those who do not receive the support they need to live independently in the community are vulnerable to deterioration in their health conditions, social isolation, and falls. Many hospital admissions could be prevented by effective social care, which is better for individuals and their families and enables more efficient use of scarce resources. The social care system needs sufficient capacity to ensure people can return home as soon as it is appropriate after a stay in hospital and the care home sector needs sufficient funding to remain sustainable and safe.

While the delays to the acute sector are well documented, cuts to social care provision equally impact other parts of the NHS provider sector, including community, mental health and ambulance trusts all of which would benefit from appropriate investment in preventative support in the community, and all of which face additional pressures as they seek to be responsive to the needs of people who could be best supported by social care services.

⁶ [NHS performance statistics](#) (January 2020)

Social care funding

There are a number of options for funding an increase in the adult social care budget, including changes to tax contributions, a social care premium, and changes to the self-

funding model. The merits and drawbacks of these have been explored at length across numerous publications over the last five years. The choice of which option to pursue is ultimately a political decision for the government to take.

As part of the Health for Care coalition, which is led by the NHS Confederation, NHS Providers is calling for a sustainable social care system, with both a solution to address the existing funding gap in the short term and a permanent funding settlement for the future. The coalition has identified seven key principles upon which a new social care system in England should be based including:

- eligibility should be based on need and must be widened to make sure that those with unmet or under-met need have access to appropriate care and support
- any settlement should provide secure, long-term funding at a local level to enable the social care system to operate effectively and deliver the outcomes that people want and need, addressing immediate needs from April 2020 as well as putting the sector on a sustainable path for the longer term
- social care funding would need to rise by 3.9% a year to meet the needs of an ageing population⁷ and increasing numbers of younger adults living with disabilities, and any additional funds must be accompanied by reform and improved service delivery.

Recruitment and increasing supply

There are currently over 105,000 vacancies in the NHS provider sector alone⁸, a number which is predicted to grow in the coming years if urgent and significant policy reform is not introduced⁹. These challenges are similarly felt in social care, with vacancies in adult social care in England currently around 120,000¹⁰. In addition to workforce shortages, the rise to the National Living Wage in April 2020 will place increasing pressure on social care providers and risks destabilising the fragile market even further.

⁷ IFS (May 2018) *Cost pressures on the NHS will only grow: it needs a long term funding solution, and that is likely to mean substantial tax rises*

⁸ NHS Vacancy Statistics England February 2015 - September 2019, Experimental Statistics

⁹ NHS Improvement, *Performance of the NHS provider sector for the quarter ended 31 December 2018* (March 2019)

¹⁰ Skills for Care (Oc 2019) *The state of the adult social care sector and workforce in England*

The primary short-term solution to increasing supply would be to ensure immigration policy enables the health and social care sectors to recruit sufficient staff from the EEA and internationally. However, we are deeply concerned that there is no clear route into the UK for prospective social care professionals – whether currently employed in a similar role overseas or otherwise – in the new immigration system. Social care professionals are not on the shortage occupation list, and will be in effect ruled out from gaining a visa through a likely combination of not meeting the essential criteria requirements, including skill level (similar to A-level qualification or above) and having a job offer from an approved sponsor.

We note that even if a care provider was able to offer sponsorship to an applicant meeting the skill requirement, the applicable salary threshold of £25,600 would be higher than the offer in the vast majority of roles in the care sector. The 2018 immigration white paper proposed a 1-year temporary visa route for “low-skilled” workers, which could have offered a route to limited, short-term employment in the care sector for some migrants. However, this has been completely removed from the new system.

NHS Providers' view

Reform to place social care on a sustainable footing is long over due. We cannot continue to view social care in isolation from the NHS. The NHS will struggle to deliver on the commitments in the NHS Long-Term Plan, and the ambitions in the forthcoming People Plan, if the crisis in social care is not resolved.