MEMORANDUM OF EVIDENCE FROM THE BRITISH MEDICAL ASSOCIATION TO COMMUNITIES AND LOCAL GOVERNMENT SELECT COMMITTEE INQUIRY:

Adult social care

The BMA (British Medical Association) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 170,000, which continues to grow each year.

Introduction

Social care is an increasing area of concern for the BMA, as failures within the social care system impact negatively on an already stretched, overworked and underfunded NHS. To look after patients well, doctors need social care to be well-funded and adequately staffed. The BMA welcomes the opportunity to submit written evidence to the Communities and Local Government Select Committee inquiry into adult social care.

Executive summary

- By 2040, nearly one in four people in the UK will be aged 65 or over. It is predicted that the number of older people with care needs will rise by more than 60% over the next 20 years. Due to this increasing demand, it is vital that good quality social care services are available.

- Funding and staffing levels in social care need to increase to meet the needs of an ageing population with higher incidences of co-morbidities. However, in recent years funding for the provision of social care in England has fallen.

- More must be done to improve the recruitment and retention of social care staff, particularly in the aftermath of the EU referendum result, which has created much uncertainty for many staff. The BMA believes that care workers should be given nationally agreed terms and conditions of service, in order to encourage more people into careers in social care.

- Inadequate social care provision can cause patients to experience delays in being transferred from hospital to appropriate social care settings. This impacts negatively on patient care and places a significant financial strain on the NHS. The BMA believes that improved integration between health and social care services would help patients move from hospital to social care settings more easily.

- The BMA believes that the current crisis in social care is a direct result of inadequate funding. Social care funding initiatives, such as increased funding through the Better Care Fund, the social care precept and changes to the local government grant, are unlikely to be sufficient in filling the gap in social care budgets.
Increasing demand for social care

1. Since the NHS was founded there has been a substantial demographic shift in the UK, with the number of people over the age of 65 significantly increasing. There are now over 11.6 million people over the age of 65, and more than 1.53 million people over the age of 85 living in the UK.\(^1\) By 2040, nearly one in four people in the UK will be aged 65 or over.\(^2\)

2. The increase in the proportion of older people will have a significant impact on health and social care services. Annual costs of health and social care are significantly greater for older people\(^3\) and the number of elective and non-elective hospital admissions has also increased. It is predicted that the number of older people with care needs will rise by more than 60% over the next 20 years.

3. Due to this increasing demand it is vital that good quality social care is available. Quality social care services need to interact with the wider health system to ensure that care is joined up and to prevent unnecessary cost. The lack of capacity within social care is already increasingly impacting on the provision of healthcare, particularly during times of peak demand.

Delays in transfer of care

4. One of the consequences of inadequate social care provision is that patients can experience delays in being transferred from hospital to appropriate social care settings. The number of days which older patients have spent in hospital unnecessarily due to delayed transfers of care has increased by 32% between 2013 and 2015. This results in worse patient outcomes and problems further down the line as older people can, for example, quickly lose mobility and the ability to do everyday tasks, as a consequence of being in hospital. It has been reported that in healthy older adults 10 days bed rest leads to a 14% reduction in leg and hip muscle strength and a 12% reduction in aerobic capacity.\(^4\)

5. Keeping older people in hospital longer than necessary also places significant financial strain on the NHS. The National Audit Office estimates that around 2.7 million of hospital bed days are occupied by older patients no longer in need of acute treatment. This equates to £820m of the gross cost to the NHS. The Department of Health commissioned Carter Report highlighted the problem caused by delays in transfer of care and warned that a significant proportion of the necessary £5 billion efficiency savings will not be achieved if these delays are not managed more effectively.\(^5\)

6. It is, therefore, vital that health and social care providers adopt good practice principles in discharging older people from hospitals. Hospitals should identify patients’ needs as quickly as possible to determine whether hospital is the best place to meet them, and health and social care staff should work together to maintain the momentum of treatment and discharge planning. It is crucial that the Department of Health, NHS England and NHS Improvement work together, alongside local authorities, to reduce the rising delays in transfer of care for older patients.
Funding of social care

7. The BMA believes that the current crisis in health and social care is a direct result of inadequate funding and calls on the government to commit to match or exceed the average percentage of GDP spent on health and social care made by comparable European countries.

8. Between 2009/10 and 2014/15, funding for the provision of adult social care in England fell in real terms by an average of 2.2% a year, leading to a 25% reduction in the number of people receiving publicly funded social care. Combined spending on health and social care in the UK is predicted to be 7.6% as a proportion of GDP by 2020/21. This is far below the recommendation in the 2014 Kings Fund commissioned Barker Report that called for a ring-fenced budget for both health and social care, representing 11% to 12% of GDP.

9. The funding crisis in the NHS is being exacerbated by cuts to local authority budgets. Nine in 10 NHS trust finance directors have said that cuts in local authority social care budgets are adversely affecting NHS services. These cuts have resulted in the fees being paid by local authorities for care home places being frozen or reduced, destabilising the sector. This has led to a reduction in the number of appropriate social care facilities for patients. We know that in the six months to March 2015, there was a net loss of 3,000 from 487,000 beds spread across the UK. With the increase in demand for social care services, the situation is likely to get worse.

10. In the 2015 Spending Review the government announced increased funding for the Better Care Fund from 2017/18 (to reach £1.5 billion by 2019/20). It also announced the introduction of a new social care precept that enables local authorities to increase Council Tax by up to 2% a year to help fund adult social care. Despite these new attempts to fund social care, the Spending Review still leaves social care severely underfunded, particularly in the short-term, and there are negative knock-on effects for the healthcare system:

   a. While the Better Care Fund appears to be genuinely new money rather than money transferred from the NHS, this money is back-loaded. It only starts to come through from 2017/18, yet there is an urgent crisis in social care funding now. The BMA is also concerned that the Better Care Fund is being used to prop up depleted social care budgets. It has helped lessen the impact of social care cuts, but this has placed further pressure on already stretched NHS budgets.

   b. The social care precept was presented as a flexible way for local councils to raise resources to meet the increasing demands on social care. However, the BMA has concerns about the effectiveness of the precept in raising the amount needed to cover the cost of social care services.

   c. The Spending Review also revealed a reduction in the local government grant of £6.1 billion by 2019/20 alongside a suggestion that this will be compensated for by councils retaining all income from business rates. This could lead to wide variation in social care funding and may result in councils being more dependent on their tax base, which could raise issues around equity due to the large variations in income-generating potential between richer and poorer areas of the country.
11. The BMA is concerned that the social care precept is unlikely to raise the amount needed to cover costs for social care services. The Institute for Fiscal Studies has estimated that the precept will raise £1.7 billion by 2019/20 if used in full, however, a significant amount of this would have to be used to cover the cost of the new national living wage, which is estimated to be £1.4 billion by 2020. It is estimated that once the National Living Wage is accounted for, there will be a social care funding gap of £2.8–3.5 billion by the end of 2020.

12. The BMA is also concerned about the wide variation in funding raised by the precept between individual councils. The overall budget for adult social services has risen slightly in cash terms from last year due to the precept, from £13.65 billion to £13.82 billion. 93% of councils opted to implement the social care tax precept. However, although nearly all councils implemented the precept, there is wide variation between councils. For example, last year, 70 out of 151 councils reported a fall in budgets; 62 councils needed to draw on reserves to fund budget shortfalls; and 52 had to cut services to balance budgets. In addition, the precept may provide the least funding in the areas of greatest need of social care. The BMA is concerned that this could exacerbate existing health inequalities.

**Social care workforce**

13. In addition to meeting the increased demand for social care with adequate funding, staffing levels in social care must be sufficient. There are huge challenges with recruiting and retaining social care professionals. There is an estimated vacancy rate of 5.4%, which rises to 7.7% in domiciliary care services. High turnover is also an issue, with an overall turnover rate of 25.4%; around 300,000 workers leave the profession each year. The BMA believes this can be addressed by giving care workers nationally agreed terms and conditions of service, in order to encourage more people into those careers.

14. Migrant workers make up a large proportion of the adult social care workforce. One in five of the adult social care workforce in England were born outside of the UK and a number of social care professionals currently working in the UK come from other EU countries. In 2015, 6% of those working in adult social care were from other EU countries, equating to nearly 80,000 jobs. The government must take steps to give EU nationals working in the health and social care sector certainty regarding their future status in the UK as quickly as possible to prevent any potential further reduction in the social care workforce.

**Unpaid carers and the voluntary sector**

15. Unpaid carers play an important role in delivering care services. The BMA would like to see more done by governments to put the financial, practical and workplace support in place that carers need.

16. The economic value of the contribution made by unpaid carers in the UK is now £132 billion per year, almost double its value in 2001 (£68 billion). By way of context, £132 billion is close to the total annual cost of health spending in the UK, which was £134.1 billion in the year 2014-2015. The contribution of unpaid carers is increasing as unpaid carers now provide more hours of care. This is partly due to the increased hourly cost of paid homecare. This increasing demand on carers has an inevitable impact on their working lives, including their income and earning capacity. It is vital, therefore, that the Government sets out a clear strategy for improving carers’ incomes.
17. The voluntary sector also makes a significant contribution to adult social care. For example, Age UK and others have staff and volunteers working across a wide range of support activities including care navigation, benefits advice, peer support, IT skills training and day centres. Cuts in local authority funding puts increasing pressure on these services and impacts on the patient care that they are able to deliver.

**Good practice of integration**

18. The BMA welcomes greater integration and collaboration between health and social care. However, it is crucial that health spend should not be diverted to cover shortfalls in other areas where there is no explicit connection with the local health system. Therefore, the BMA does not believe that full integration of health and social care budgets is necessary or desirable.

19. The devolution of health and social care budgets to Greater Manchester and the implementation of the new models of care announced in the Five Year Forward View, have the potential to provide patients with services better suited to their needs. However, these benefits will only materialise if high levels of trust exist between the relevant local partners and enough time is allowed for integration to be embedded. Planning, evaluation and the identification of models of good practice will be key to the successful integration of services and the avoidance of fragmentation.

20. Consultation is also crucial when planning integration of services. The BMA has called for full consultation with relevant stakeholders in primary and secondary care with regard to the implementation of new models of care outlined in the Five Year Forward View. Any changes must be based on good clinical evidence that patient care will improve and a thorough impact assessment should be undertaken.

21. The government has now announced plans to integrate health and social care by 2020. The BMA has called for a national framework for how the NHS, public health and social care will be funded, commissioned and organised in the future to meet the future needs of the population. The development of such a framework should not be rushed and the integration of services should not increase pressure on an already stretched NHS. Any future integrated commissioning must also build on examples of best practice locally, making sharing of best practice and collaboration between localities and systems essential.

**References**

14. The Kings Fund, McKenna (2016) Five big issues for health and social care after the Brexit vote.
16 Skills for Care (2016) Nationality of the adult social care workforce.
17 Her Majesty’s Treasury Public Expenditure Statistical Analyses (2015)