

Who Cares?

The need for real reform for
social care in England



Introduction

The social care system in England is in dire need of reform. The COVID-19 pandemic has had a devastating impact on social care, exacerbated by years of chronic underfunding, workforce issues, and system fragmentation. The pandemic has emphasised the need for well-funded, integrated services and demonstrated the crucial role social care plays in the health and wellbeing of the population.

Successive Governments have promised to ‘fix social care’ in England. In light of the pandemic, the Government has put forward several measures to improve the system going forward. Details of the Government’s plan for social care are set out across a range of documents – the [Health and Care Act](#), the [Build Back Better](#) report, the [autumn Spending Review](#), the [adult social care reform white paper](#), and the [health and care integration white paper](#). The most significant of these plans is a measure to invest significant additional funds in health and social care, through a new UK-wide levy of 1.25% on earned income, expected to be worth approximately £39bn per year over the next three years.^a Of this, £5.4bn is expected to be invested directly in social care. The Government also announced a new cap of £86,000 on the amount anyone in England will need to spend on their personal care over their lifetime.

In bringing forward these proposals, the Government had an opportunity to commit to a comprehensive and effective range of measures to improve the provision of social care. However, the proposed changes are inadequate to meet the growing needs of the population. Additional funding and structural reform are required to improve the system in a way that makes it work for generations to come.

In this report, the BMA Committee on Community Care share our experiences and insights into the social care system. We outline the underlying problems that we feel have led to the current situation and discuss the consequences of these problems on staffing, individuals in need of social care support, and clinical practice. Finally, we argue that the proposed solutions set out by the Government are insufficient to tackle the scale of these problems and that additional reform is needed to ensure that the social care system can meet the growing care needs of the population.

To improve the social care system in the long term, we propose that the Government must:

1. Increase long term funding
2. Provide free personal care at the point of need
3. Ensure social care workers are paid the Real Living Wage as a minimum
4. Introduce a standard work contract and improved training opportunities for social care staff

^a House of Commons Library, 2021. [Health and Social Care Levy](#)

1. Underlying Problems

Chronic underfunding of local government

In 2014 the Care Act was passed into law, providing new rights for people in England requiring social care. The Care Act aimed to improve people's independence and wellbeing by requiring local authorities to provide or arrange social care services.

While a localised approach to care provision was generally welcomed, local authorities have not been financially supported to manage their new responsibilities. Government funding for local authorities was cut by 55% between 2010/11 and 2019/20, resulting in a 29% real-terms reduction in local authority spending power.¹ Local authority spending on social care has fallen as a result, as has the number of adults aged 65 and over receiving long-term support from local authorities.

Reductions in the central government grant disproportionately impact areas of higher deprivation. This is because these areas are less able to make up the shortfall by raising council tax.² The councils with the highest levels of deprivation made cuts to social care of 17% per person between 2009/10 and 2019/18, compared to 3% per person in the councils with the lowest levels of deprivation.³ This problem is compounded by the fact that the need for publicly funded social care is greater in areas of high deprivation, due to a lower number of people in these areas having the means to pay for privately funded care.

The lack of a long-term funding strategy for social care has exacerbated this problem. Short-term and one-off funding initiatives and successive one-year spending reviews have hindered local authorities' ability to plan for care costs beyond the current financial year, constraining much-needed innovation and investment.

"The current funding system to support older and disabled people is failing to deliver the quality and continuity of care needed for the 21st century. Despite the 2014 Care Act introducing a national system of eligibility, local variation is still leaving many older people without any support."

Louise Brady (Clinical Development Lead, The Royal British Legion)

"The funding needs to go on long term staffing levels and infrastructure, not one-off projects or pockets of money you need to bid for and expensive restructuring and rearranging the deck chair exercises."

Dr Angela Dixon (General Practitioner, NHS Fife)

"Funding for social care should never be filtered off to other areas, so flexible that it can easily be removed to meet demands from other sectors, or seen as expendable when cuts are required."

Sue Gallagher (BMA Patient Liaison Group)

Means-tested provision of care deepens inequalities

Unlike NHS care, which predominantly remains free at point of use, social care is not free for everyone in England. People may be cared for by family and friends without payment for the carer (informal care), or through services they or their local authority pay for (formal care). Local authorities are not obliged to provide universal care, but rather assess those who need social care to determine whether they can either pay for their care or contribute towards the cost of care services. This assessment looks at income levels, including tax credits and some benefits, as well as capital levels such as savings and property.

This approach to provision exacerbates inequalities and is deeply unfair. Complex rules to determine eligibility for publicly funded social care services create a complicated system that is confusing and difficult to navigate. A means tested approach to social care provision also creates arbitrary delineations between healthcare and social care, creating further complications for providers and those receiving care. For example, people with dementia are not automatically entitled to NHS funded domiciliary care.⁴ Although some people may be eligible, a large number receive care through social care funding rather than NHS funding and must thus undergo means testing.

“The idea that those with a diagnosis of dementia are not deemed to have a condition with parity with other long term/chronic conditions which receive health funding is discriminatory. Their needs should not be categorised as ‘social’ and therefore not meeting funding criteria.”

Sue Gallagher (BMA Patient Liaison Group)

Poor working conditions and staff shortages

The current vacancy rate in adult social care is 6.3% (with over 105,000 roles vacant and the staff turnover rate at over 34%).⁵ Projections indicate that vacancies in adult social care could rise to almost 500,000 by the end of 2030, due to rising demands from an ageing population.⁶

These staff shortages are the result of poor pay, few training opportunities, and a sector suffering from a lack of workforce planning and enforcement of employment rights. Almost a quarter (24%) of the social care workforce are employed on zero-hour contracts, rising to 41% in London.⁷ Many social care workers are provided with limited sick pay. According to a Unison survey in 2020, more than two fifths (44%) of social care workers reported that their employer offered only statutory sick pay (SSP) of £95.85 per week.⁸

The social care workforce also receives the lowest wages of almost any sector in the UK. Mean hourly pay for social care workers in the independent sector is just £9 per hour and there is a 7% gap between pay for nurses in adult social care and those in the NHS in England.⁹ There is also a dire lack of pay progression within the sector, with care workers with at least five years’ experience earning just 12p per hour more than those with less than one year’s experience.¹⁰ Significant funding is required to enable the sector to meet rising demand and to improve the working conditions for social care workers.¹¹

These issues are compounded by the challenging nature of social care work. Rates of burnout are high within the profession, with levels of staff sickness doubling between 2020 and 2021. Almost a quarter of the social care workforce (22%) are from ethnic minorities.¹² Staff from ethnic minorities frequently report discrimination and racism in their workplaces, issues that were worsened during the pandemic when staff from ethnic minorities were less protected against COVID-19 infection.¹³ Long term workforce planning must prioritise the wellbeing of the social care workforce, with particular consideration of the need to support staff from ethnic minorities.

“Improved workforce planning is critical considering the acute shortage of social care workers. Many social care staff are from ethnic minority backgrounds. These staff members disproportionately face discrimination and unfair working conditions. This is unacceptable – our social care colleagues from ethnic minorities deserve better support.”

Dr Anil Jain (Chair, BMA Committee on Community Care)

“Without workplace protections, employers’ standards and treatment devalue the public perception of and the worth of these staff, the roles they have and the important job they do.”

Sue Gallagher (BMA Patient Liaison Group)

2. Consequences

Growing unmet need among those in need of social care

As a consequence of underfunding, overly narrow criteria for means testing, and staff shortages, unmet need among those requiring social care is growing. The New Economics Foundation estimates that 2.1 million people aged 65 and over in England need help with at least one activity of daily living (ADL), of whom 1.8 million people (84%) have unmet needs.¹⁴ Care needs for younger people have also grown over the past decade, and national targets to support people with a learning disability or autism to live in the community have been repeatedly missed.¹⁵

According to a UNISON survey, 30% of domiciliary care workers do not have time to bring individuals they are supporting to the toilet, and over half do not have enough time to help them to eat or drink.¹⁶ This lack of support can have debilitating impacts on people's lives. A Care and Support Alliance survey carried out in 2018 reported that one in five respondents felt unsafe moving around their own home, while over a quarter were unable to maintain basic tasks such as washing, dressing, or going to the toilet.¹⁷

Reliance on unpaid carers

Staff shortages in the social care system have resulted in a sharp increase in the number of people providing unpaid care to loved ones. A recent analysis from Age UK has found that during the second wave of the COVID-19 pandemic, the number of over-65s in the UK who were providing unpaid care almost doubled to more than four million.¹⁸ Caring responsibilities have a significant impact on carers – over one quarter of carers live in poverty and those with high caring responsibilities are twice as likely to be in poor health compared to those without caring responsibilities.^{19,20} Women are disproportionately impacted by caring responsibilities, making up 58% of carers, and are more likely to give up employment to provide care for loved ones.²¹

Children and young people also provide care for family members when formal care services are not available. Approximately 350,000 young people aged 16–25 in England and Wales provide unpaid care.²² Care responsibilities can have a detrimental impact on young people's health, education, and employment.²³

"I would love to see the phrase 'young carer' disappear from use with adult professional carers taking over this role from the children. We shouldn't be praising and giving awards to these children, we should be protecting them."

Dr Angela Dixon (General Practitioner, NHS Fife)

Mounting pressure on the NHS

Gaps in the care available to people mean that the most vulnerable people – often elderly people and those living with multiple long-term conditions – are more at risk of seeing their health worsening and requiring care in the NHS.^{24,25} These gaps also cause delays in discharging patients back into their communities, disrupting services, while poor care due to overstretched services increases the likelihood of patients ending up back in hospital with further health problems.

"Good quality care homes for adults of all ages with mental health problems can be hard to find and might mean a person having to move away from their family or accept less care and support than they need. It is very common for patients to be 'stuck' in acute mental health wards waiting for a suitable place and then for the funding to be agreed. This can take many months sadly, and is no good for the person who is stuck or the people in the community who desperately need hospital care that is not available as the wards are all full."

Dr Andrew Molodynski (Consultant Psychiatrist, Oxford Health NHS Foundation Trust)

3. Government Proposals for Improving Social Care

In the past year, the Government has announced several plans to reshape the social care system in England. Details of the Government's plans are set out across the [Health and Care Act](#), the [Build Back Better](#) report, the [autumn Spending Review](#), the [adult social care reform white paper](#), and the [health and care integration white paper](#).

In this section we provide a snapshot of the key policy proposals put forward by the Government and our view of these proposals.

Additional funding through the Health and Social Care Levy

In October 2021, the Government announced a funding plan for health and social care as part of its Autumn Budget and spending review. The primary proposal is a new Health and Social Care Levy, which is expected to raise an additional £39bn between 2022/23 and 2024/25 for health and social care. This levy will be funded by a new UK-wide 1.25% increase to National Insurance.²⁶

The Health and Social Care Levy will be split between the NHS and social care, with £5.4bn being directed towards adult social care over the next three years. The Government has stated that beyond the next 3 years, an increasing share of funding raised by the levy will be spent on social care.

Of this £5.4bn investment, £3.6bn will be used to pay for the new cap on social care costs, an extension to means testing, and to support progress towards local authorities paying a fair cost of care. The remaining £1.7bn will be used to improve the social care system in England through investments in the social care workforce, support for unpaid carers, improving digital tools and technology, and increasing supported housing access. Details of these investments are set out in the adult social care reform white paper.²⁷

Our view

The Government's plans to increase funding for social care services are welcome but fall far short of what we and others called for. Only a small proportion of the Health and Social Care Levy will be directed towards social care. This increased expenditure is insufficient to improve the system in the long term. Furthermore, the new funding announcement gives no clarity as to how much money will be invested in social care beyond the next three years. This makes it difficult for local authorities and providers to plan for the long term. We outline our calls for additional funding in Section 4 of this report.

Changes to means-tested provision of care

From October 2023, the Government will fully fund social care for those with assets of less than £20,000 (compared to £23,250 currently) and will provide means tested support for those with assets between £20,000 and £100,000.

A new £86,000 cap will be introduced on the amount anyone in England will need to spend on their personal social care over their lifetime. This cap will only cover care home costs and / or domiciliary care, not cost-of-living expenses in a care home. The Government has proposed that £3.6bn of the Health and Social Care Levy will go directly to local government to implement changes to the means test for care and to support progress towards local authorities paying a fair cost of care.

Our view

The Government's decision to cap social care costs at £86,000 will not resolve the social care crisis. Several organisations have pointed out that this cap does not protect those with lower assets from catastrophic care costs and that those with the fewest assets are disadvantaged by this approach.^{28,29,30} Under the new proposals, those with wealth of £100k will face maximum care costs of £80k – 80% of their assets. The proposals offer little protection against catastrophic costs for those with lower levels of wealth. In comparison, those with wealth of £200k face maximum costs of £86k – 43% of their assets. Those with wealth of £1 million will spend less than 10% of their assets before reaching the cap. This shows the inequity of this approach.

Investment in staffing and improvement of working conditions

£500 million will be invested in the social care workforce over the next three years through the Health and Social Care Levy. This investment will be directed towards improving qualifications, skills, and wellbeing across the workforce.

No additional funding is set out to increase the number of people working in social care or to improve wages for the sector. The adult social care reform white paper states that social care workers currently earning the National Living Wage will receive a pay rise in 2022, due to a 6.6% increase in the National Living Wage from £8.91 to £9.50. However, no details are included as to how this increase will be funded.

The Government has also announced its intention to introduce integrated skills passports. This will enable health and social care staff to transfer their skills and knowledge between the NHS, public health, and social care; increase nurse training opportunities in social care settings; and focus on roles which can support care co-ordination across boundaries.

Our view

The Government's proposed £500m investment in the social care workforce falls far short of the investment needed to improve working conditions in the long term. This investment equates to just over £100 per social care worker per year, just a third of the £300 national average spent on employee training. Research has demonstrated that employers who invest below this average in their workforce have lower employee satisfaction and higher rates of turnover.³¹ We believe that significant additional funding is required to improve training opportunities for the social care workforce.

The plan set out for workforce wages in the adult social care reform white paper is deeply flawed and unsustainable. While increasing the National Living Wage is a first step towards improving working conditions, it falls short of the long-term change needed for two reasons. Firstly, the National Living Wage is widely regarded as being insufficient to allow individuals to cover their cost of living. Due to rising inflation, the Government's proposed wage increases will make little difference to those already experiencing financial hardship. Secondly, the Government has not set out additional funding to cover the cost of wage increases. This lack of funding will make it difficult for local authorities to cover the cost of wage increases.³¹ This has already resulted in some Integrated Care Systems using NHS resources to subsidise the increase in the National Living Wage for social care staff.³²

Integration of health and social care

The Government recently announced proposals for improved integration between the health and social care systems. The health and care integration white paper sets out an intention to embed shared outcomes across health and care services, so that providers in both sectors are working towards common goals and that patient treatment and care plans are co-ordinated.

The white paper does not prescribe specific systems of accountability for integration, as the Department of Health and Social Care maintains that the specific areas for action will differ from place to place. The white paper stipulates that all places (based around towns or local authority areas serving a population of approximately 250,000 – 500,000 people) will be required to adopt a governance model by spring 2023. This must include a clear, shared plan against which delivery can be tracked and which should be underpinned by pooled and aligned budgets across health and social care. There should be a single person accountable for the delivery of the shared plan and outcomes in each place or local area. NHS and local government organisations will be supported and encouraged to do more to align and pool budgets. There is an expectation that financial arrangements and pooled budgets will become more widespread and grow to support more integrated models of service delivery, eventually covering much of funding for health and social care services at place level.

Our view

The BMA strongly supports the principle of integrated care. Our report [Caring, Supportive, Collaborative](#) and the all-member survey underpinning it clearly illustrate that doctors want to work more effectively across organisational boundaries, for the benefit of their patients and their own working lives.

However, the BMA is concerned about pooling budgets across health and social care. This is not a rejection of the concept of aligning resources, or of integration more widely, but rather a reflection of the severe financial disparity between the two sectors and its potential implications.

Alignment of resources can be welcome when done appropriately, but it is no substitute for funding both healthcare and social care sufficiently. Social care is significantly under-resourced and faces an immense funding gap. Our concern is that pooling health and social care budgets could see vital NHS funding diverted to plug this gap in the social care budget – to the detriment of health services.

4. The Need for Further Reform

The measures set out by the Government are insufficient to tackle the scale of the problem within the social care system in England. The solutions proposed to remedy issues around means testing, unmet need, and staff shortages do not go far enough. Additional reform is needed to resolve these issues and to ensure that the social care system can meet the needs of the population in the years ahead.

In this section we outline the policy changes we believe are necessary to improve the social care system in the long term.

Increase long term funding

Additional funding is required beyond the Health and Social Care Levy to maintain the social care system in the long term. By updating the Health Foundation's analysis and accounting for recent funding announcements, we have estimated that a further £7.9bn a year in social care funding is needed by 2024/25 to keep up with cost pressures and demand, and to pay social care staff the national living wage, on top of the recent measures announced by the Government.³³ These figures are in current (2022/23) prices. Additional funding is required beyond this to improve the system, which we outline below.

Provide free personal care at the point of need

We propose that the only way to ensure that social care can be accessed by all those who need it is to abolish means testing and to make social care free at the point of need. This will improve the lives of those who need care, simplify the provision of care, and help reduce pressure on the NHS by reducing delays in finding care packages for vulnerable patients.

In 2018, the Health Foundation estimated that introducing free personal care (in line with the Scottish model) would cost an extra £5.5bn in 2020/21 and £7.9bn by 2030/31 (2018/19 prices).³⁴ The Scottish model provides personal care to over 65s based on need rather than ability to pay. The assessment for receipt of personal care includes personal hygiene, continence, diet, mobility, counselling, simple treatments and personal assistance. It does not include accommodation for those in a residential home but does cover their personal care.

Ensure social care workers are paid the Real Living Wage as a minimum

To improve the status of carers and curb the current high rate of turnover in the sector, basic pay for carers must be increased such that all carers are paid the Real Living Wage as a minimum. The Real Living Wage is set at £11.05 per hour in London and £9.90 in the rest of the UK.²⁹ In addition, we believe that wages should also be increased for experienced social care workers.

Organisations have put forward different estimates for the cost of paying the Real Living Wage as a minimum. The Resolution Foundation estimates that under current levels of service provision, ensuring a Real Living Wage as a minimum would cost an additional £1bn (as of 2015).³⁴ This calculation is based on current staffing levels and does not take into consideration the need to increase the workforce to meet demand. A more recent calculation by The New Economics Foundation and Women's Budget Group estimates that raising the rate of pay to the Real Living Wage would require up to £12.3bn (2021/22 prices).³⁵ This latter figure includes raising wages for both the existing social care workforce and for the additional workforce needed to achieve the provision of universal social care.

It is important to note that the true net cost of raising wages is far lower than the gross cost. This is because the pervasiveness of low pay, together with the composition of the care workforce (many parents, mostly mothers, with dependent children), means that a substantial proportion of the workforce currently relies on tax credits or Universal Credit. Improving wages would provide social care workers with greater stability and enable them not to rely on often unpredictable benefit payments. Furthermore, the New Economics Foundation and Women's Budget Group estimate that increasing the workforce to achieve the provision of universal social care would boost tax receipts by £14bn.³⁶ Finally, carers play a vital role in observing and preventing health deterioration, which supports the physical and mental wellbeing of those in their care and averts downstream costs to the NHS.³⁷

Introduce a standard work contract and improved training opportunities for social care staff

Finally, to improve the working conditions for the social care workforce in the long term, the sector must move away from a predominantly zero-hour contract model. We propose that the Government introduce a standard employment contract for care work with the option for every care worker to move onto this new contract. This new contract should include contracted hours, pay for all hours on duty, sick pay, travel time, and employer contributed pensions. Workforce planning should also take into consideration the specific difficulties experienced by social care workers from ethnic minorities, to ensure that they are supported and protected from discrimination.

About the Committee on Community Care

This report was developed by the BMA CCC (Committee on Community Care) Care Homes Working Group. This group is dedicated to improving the provision of social care services and improving working conditions for the social care workforce.

The BMA CCC is a multi-branch of practice group that includes GPs; specialists in elderly medicine, psychiatry, and paediatrics; healthcare professionals working in public health, community medicine, social care, and palliative care; patient liaison representatives; and doctors in training.

The main priorities of the committee include:

- monitoring policy and service trends in community care
- advising on resolving problems at the interface of primary and secondary health and social care
- identifying unmet areas of need
- promoting new approaches to care
- consulting other BMA committees, formulating advice and making recommendations to council
- considering matters relating to mental health in community care.

The CCC is committed to supporting high-quality social care services. These services help people to live independently at home and are essential in delivering a successful, coherent package of care.

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