

Written evidence submitted by The Royal College of Physicians (SCF0036)

Social care: funding and workforce

The Royal College of Physicians (RCP) welcomes this Health and Social Care Committee inquiry on 'Social care: funding and workforce'. The RCP is a member of the Health for Care, a coalition of 15 national health organisations calling for a sustainable social care system, backed up by a long-term funding settlement.

Summary

In the NHS Long Term, the RCP were pleased to see a focus on changing models of working and emphasis on greater integration between health and social care. Increased integration can help to improve the patient experience as well as alleviate the pressures caused by delays in transfer to care. However, integration alone will not prevent patients from being admitted to hospital. Adequate additional funding is needed to provide enough hospital beds and meet the demand in social care. Clinicians remain concerned about the support being provided to realise these ambitions. COVID-19 has further magnified these longstanding challenges with social care and the government must **immediately place social care on a sustainable footing without delay**.

Recommendations

- **Provide a new financial settlement for social care** - Finding a long-term, sustainable solution to how we pay for and provide care and support to people in England is among the greatest challenges our country faces. Any new settlement should provide secure funding to enable the social care system to operate effectively and deliver the outcomes that people need, taking into consideration the increasingly ageing population.
- **Valuing the workforce** – COVID-19 has once again highlighted the need to strengthen the social care workforce. There is a clear need to ensure that social care and NHS workforce planning is joined up and considers the needs of the whole system rather than just parts of it. One aspect of social care workforce planning that needs to be urgently considered is how the future immigration system supports social care providers to recruit internationally. The health and social care system are heavily reliant on staff from outside of the UK therefore we must create a welcoming environment that values the contribution of workers from across the world. This must include fair pay, opportunities for higher quality training and career progression.

Inquiry questions:

What impact is the current social care funding situation having on the NHS and on people who need social care?

Years of underfunding for social care has meant that thousands of people have failed to receive adequate funding for their care. Findings from NHS Digital reveal that local authorities received 1.9 million requests for adult social care support from new clients in 2018/19 – the equivalent of 5,245 requests for support each day. This is an increase of 3.8% since 2017/18 – an extra 195 requests a day¹. Despite the

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018->

growing demand for services, levels of funding have not been enough to place the sector on a sustainable footing or to address wider pressures on adult social care.

Our members and fellows work in acute admission and assessment units of hospitals throughout the NHS, both on inpatient wards and in outpatient clinics. They experience the daily impact of underfunding of social care provision which has been heavily impacted over the past decade, even as demographic need has increased. For example, under-resourced social care services in the community has led to growing delays in transfers to care, where patients are kept in hospitals for longer than required, exposing them to harms of hospitalisation. Findings from a membership survey carried out by the RCP in December 2019 found that the lack of social care provision was stated as one of the main barriers to providing inpatient care².

In addition, the UK has an ageing population where people are living longer but often with one or more long-term conditions which requires day-to-day support to help manage the complexity of their needs. Older patients in hospital with multiple health conditions usually have a range of consultations and treatments which can be overwhelming. This is further exacerbated where they are stuck in the system and unable to access care following discharge from hospital and confused by funding rules at the interface between health and social care and an over-complex system. It is therefore crucial that the government recognise the scale and impact of this problem and give social care parity of esteem with healthcare.

The Covid-19 pandemic has disproportionately impacted the poorest and most vulnerable in our society – between the period 2 March and 1 May 2020, 72.2% (9,039) of COVID-19 related deaths occurred within a care home³. Care homes and adult social care services provide support for people who are most at risk of catching the virus, it is therefore crucial that social care reform accounts for the long-term consequences of COVID-19 on this sector. A long-term funding settlement must ensure that councils are given all the resources they need to support providers to properly protect vulnerable people.

A properly funded long-term plan for social care must consider the wider determinants of health to keep people fit and healthier for longer, and include the need to reduce health inequalities. As part of our commitment to address these challenges, the RCP recently established an Inequalities in Health Alliance (IHA), which includes representation from a number of charities, think tanks, social care and public health organisations. Together we are calling for a national strategy for action on the social determinants of health and an increase to both the ‘national minimum wage’ and the ‘national living wage’ to be at least in line with the real living wage - which will be hugely beneficial for the social care workforce⁴.

What level of funding is required in each of the next five years to address this?

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² <https://www.rcplondon.ac.uk/news/survey-reveals-barriers-providing-good-care-and-confidence-new-solutions>

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<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvedcovid19inthecaresectorenglandandwales/deathsoccurringupto1may2020andregisteredupto9may2020provisional#main-points>

⁴ <https://www.livingwage.org.uk/news/real-living-wage-care-workers>

The RCP welcomed announcements for temporary funding to help support adult social care providers during the COVID-19 crisis. However, the very need for this funding injection has highlighted urgency for a more sustainable investment to address the funding gap in adult social care, which the Local Government Association has estimated will reach £8 billion by 2024/25⁵. We are therefore calling for a new financial settlement for social care which meets the current and future needs of an ageing population.

With increasing numbers of people are unable to access social care, and care providers are at risk of collapse, funding has not kept pace with demand and data has shown a fall in real terms for most of this decade. Findings from the Health Foundation show that in order to restore access to 2010/11 levels of service, and invest to stabilise the social care workforce, this would require an increase of £12.2bn compared to estimates of funding available in 2023/24 for councils to spend on social care⁶.

As with the NHS, technology-related challenges have become more prominent in social care over recent years. In order to ensure that the shift to digital care encompasses both healthcare and social care simultaneously, the government must invest in innovations such as remote monitoring and technology to better support people in their own homes. Patient care is increasingly dependent on the contributions of both health and social care professionals across a broad geography, the government must therefore also recognise the need to invest in systems which facilitate shared access to records which is becoming ever-more pressing.

What is the extent of current workforce shortages in social care, how will they change over the next five years, and how do they need to be addressed?

The COVID-19 crisis has once again shone a light on the importance of health and social care working in equal partnership. We remain concerned that Brexit will exacerbate shortages in the social care workforce and negatively impact on patient care. As highlighted by the Migration Advisory Committee's⁷(MAC) report, EEA migrants contribute significantly to social care services, which hospitals heavily rely on for adequate transfers to care. This is why we are also calling for the NHS Visa to be extended to the social care workforce.

To address significant shortages in the workforce, the government must also ensure that any future immigration system supports social care providers to recruit internationally. A recent report by the MAC⁸ exploring the government's ambitions to implement a points-based immigration system to replace free movement from the EEA, admitted its proposals would disproportionately impact social care, adding that the sector's problems were rooted in low pay and lack of funding, as opposed to immigration policy. To ensure that the UK is able to attract international social care workers the government must support employers to offer sufficient pay and conditions.

⁵ https://www.local.gov.uk/sites/default/files/documents/Conference%20paper_13.1%20WEB.pdf

⁶ <https://www.health.org.uk/sites/default/files/2019-11/GE03-Health%20and%20social%20care%20funding%20-%20long%20read.pdf>

⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741926/Final_EEA_report.PDF

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873155/PBS_and_Salary_Thresholds_Report_MAC_word_FINAL.pdf

About the RCP

The RCP plays a leading role in the delivery of high-quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the UK and overseas with education, training and support throughout their careers. As an independent body representing over 37,000 fellows and members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare. Our primary interest is in building a health system that delivers high-quality care for patients.

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