

Written evidence submitted by the British Psychological Society (ASC0060)

BPS response to the Health & Social Care Committee's inquiry on Adult Social Care Reform: The Cost of Inaction

The British Psychological Society (BPS) is the representative body for psychology and psychologists throughout the UK. We are committed to providing and disseminating evidence-based expertise and engaging with decision makers. We believe psychology has a fundamental role in helping to tackle some of the most crucial policy issues we are facing in our communities.

The BPS are responding to this inquiry as social care has a key responsibility to some of the most disadvantaged people in our society. We value the pivotal role that social care plays in helping people to lead as independent and fulfilling lives as possible, and we know that where the NHS and social care work well together, there is potential to keep people well for longer.

However, research has consistently shown that access to publicly funded social care through local authorities varies across different parts of the country and is often limited to those with the highest need.¹ With the scarcity of resources currently available for social care services, the UK government must urgently reform our current social care system.

The BPS believe that the government must commit to additional investment to enhance effective social care. Further, the BPS believe that greater efficiency could be achieved within existing resources, if various structural changes and service reorganisation were implemented. This includes:

1) The merging of current NHS and local authority social care budgets and staffing

Health and social care services have in recent years been working more closely together. Since 2015, the Better Care Fund (BCF) has been crucial in supporting people to live healthy, independent and dignified lives, through joining up health and social care. The BCF encourages integration by requiring integrated care systems and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.²

Fragmentation between health and social care budgets can result in a lack of co-ordination because separate organisations have different processes, and siloed working can lead to different priorities. Pooled budgets have the ability to improve the quality of care and to reduce duplication of functions, which in turn can represent better value for the system.³ According to research published by the North West London Clinical Commissioning Group, pooling budgets for health and social care services has enabled Torbay Care Trust to dramatically improve the speed of decision-making on care packages cutting across health and social care.⁴

For the merging of current NHS and local authority social care budgets and staffing to be successful, the BPS believe that the development of a single management and governance structure is essential. This would involve fewer layers of general management, and the appropriate use of clinical and professional leads, to positively impact the way the health and social care system works.

2) The creation of a new integrated Adult Community Health and Social Care Service with ring-fenced funding, separate from Acute Health Services. The aim of the Community Health and Social Care Service, with merged financial and staff resources, would be to provide locally and creatively managed services, with an emphasis on delivering

treatment, compassionate care, and individually tailored support in people's own homes and communities.

Moving care to the community has been a UK-wide health and social care policy priority for more than a decade, however, progress has been slow.⁵ Community-based treatment where appropriate can provide adults with the comfort of being in their own home, remaining socially engaged with their families and communities, and can allow them to continue with activities that give their life meaning.⁶ The BPS would urge the government to consider the importance of continued progress in this area.

In addition to these suggestions, the BPS is responding to the specific questions posed in this inquiry.

Question 1: How much is inaction on adult social care reform costing the NHS and local authorities, and what impact does this have on patients and the public?

Undoubtedly, inaction on adult social care reform is placing a severe strain on both the NHS and local authorities. In April 2024, combined waits for care home beds and home-based care accounted for 45% of delays in discharging patients who had been in an acute hospital for 14 days or more (this is equivalent to nearly 4,000 people on average a day being delayed from discharge).⁷ Staying in hospital longer than is necessary can lead to poorer patient outcomes and contribute to a loss of independence.⁸ With current funding constraints on local authorities - it is likely that we will continue to see the number of delayed discharges from the NHS continuing to increase, as will unnecessary hospital stays, long waiting times and delayed treatment.

Additionally, where people are released from hospital, social care supply has not always kept up with pace. This has resulted in adults not getting the support they need through a failure of timely and effective assessment and subsequent care planning.⁹ The time that people are waiting for an assessment of their needs and support, or for a review of their care to take place, has a profound impact on their future prospects, including health, wellbeing, independence, and their ability to play an active role in their communities.¹⁰ Without further investment into social care services, we are likely to see a further rationing of care in the form of many individuals failing to receive the essential support they need to remain in their homes and local communities.

Furthermore, despite a substantial increase in international recruitment for the adult social care workforce – this sector is struggling with high vacancies and turnover.¹¹ Given current demand and predicted increase in the demand for adult social care, it is essential that the government prioritise addressing issues around low pay, challenging working conditions and other factors that drive poor retention rates within the adult social care workforce.¹² The ability for the adult social care workforce to access high-quality training is important. According to the Alzheimer's Society, around 60% of people who draw on care at home in the UK and 70% of residents of older age residential care in England, are people living with dementia. However, there is no legal requirement for social care staff to undertake dementia training in England.¹³ This impacts quality of care; lack of staff understanding of the specific needs of people with dementia was highlighted as a key area of concern in a Care Quality Commission 2024 report on the state of adult social care services.¹⁴

Overall, pressures and limitations on timely accessibility of adult health and social care services, and a lack of continuity and coordination of care, will continue to negatively impact both quality-of-care outcomes and quality of life for patients and clients.

Question 2: What NHS and local authority service reforms are not happening as a result of adult social care pressures, and what benefits are patients and the public missing out on?

With scarcity of current resources - social care assessments focussed on early detection and maintaining healthy lifestyles, are missing from some current health and social care models. Thus,

opportunities to identify health and social care issues early on, promote proactive intervention, avoid unnecessary hospital admissions, and improve health and care outcomes are being lost.

Question 3: What is the cost of inaction to individuals and how might people's lives change with action on adult social care reform?

The lack of locally accessible, integrated health and social care, in many areas, inevitably leads to individuals experiencing worsening health conditions, struggling with increased frailty, or failing to receive necessary personal care.

The failure to adequately resource and implement reform for adult health and social care has resulted in a postcode lottery in standards of provision.¹⁵ For example, publicly funded care for older adults is limited to those with the lowest means and highest needs, and the provision of mental health support for older adults funded through local authorities is patchy across England.^{16,17} The older population is growing rapidly. Research has suggested that older adults have unmet care needs related to their physical and psychological health, social life, as well as the environment in which they live and interact.¹⁸

Healthy ageing can increase the likelihood of individuals being able to engage in the labour force for longer, improve the likelihood of sustained cognitive and physical function and increase the chances of participation in community activities and informal caregiving.¹⁹ Therefore, it is evident that the continued inaction in adult social care investment will have a profound negative impact on the lives of individuals.

Practitioner Psychologists who we liaised with in formulating this response have raised concerns about how a loss of personal independence can exacerbate social isolation and feelings of loneliness, in turn impacting negatively on mental health and well-being. It is therefore particularly worrying that many adults experience stress and confusion as they try to navigate an overstretched, underfunded, complex and disjointed social care system.²⁰

Question 4: Where in the system is the cost of inaction on adult social care reform being borne the most?

As mentioned previously in our response, the primary burden of inaction is seen in the NHS, where the lack of community-based social care leads to delayed discharges and preventable hospital admissions. Additionally, local authorities are heavily impacted, as the growing demand for health and social care services stretches resources to the point that many people do not receive the support services they require.

Furthermore, individual adults who should be supported through our social care system bear a considerable portion of the costs of lack of appropriate reform. This includes failing health, loss of independence, concerns about being a burden to families and friends, and poor physical and psychological well-being.

Question 5: What contribution does adult social care make to the economy and HM Treasury and how might this change with action on reform?

Adult social care services not only bring benefit to the lives and wellbeing of people. Adult social care provides employment for millions of people (around 1.59 million people).²¹ In 2024, it was estimated that the adult social care sector contributes £68.1 billion gross value added per annum to the economy in England.²²

With appropriate health and social care support, people are more likely to live healthier lives. Thereby increasing the number of people who can contribute to social capital in meaningful ways - including through caregiving, sharing their expertise and experience, and participating in community activities.

Thus, the BPS believe that better health and social care service models could create more opportunities for adults to remain active and engaged in society, leading to increased productivity and economic participation, which would ultimately benefit HM Treasury.

Question 6: To what extent are the costs of inaction on adult social care reform considered by the Government when evaluating policies, including within the Budget and Spending Reviews? How should these costs be assessed and evaluated?

The costs of inaction on adult social care reform does not receive sufficient prominence in policy evaluations or within the Budget and Spending Reviews. This is of particular importance given demographic drifts in lifespan expectation and the increasing proportion of older people in the population. While the NHS and local authorities receive a certain amount of attention with regard to service pressures - broader costs, for example, the ongoing costs of the lack of early intervention, the impact on individuals' well-being, on family burdens, and lost productivity - are not focused on enough.

The UK government should engage with a broad range of professionals, service providers and service users to ensure better informed decision-making on health and social care, which is based on a comprehensive assessment of the costs of inaction (both financial and non-financial impacts). The provision of high-quality social care for the most vulnerable in society is a key policy area and essential to improving social justice.

¹ Nuffield Trust (2023) The decline of publicly funded social care for older adults

<https://www.nuffieldtrust.org.uk/resource/the-decline-of-publicly-funded-social-care-for-older-adults>

² NHS England. Better Care Fund <https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/better-care-fund/>

³ NHS North West London Clinical Commissioning Group. What do we want to achieve by pooling budgets? <https://www.nwlondonccg.nhs.uk/professionals/primary-care/whole-systems-integrated-care-wsic-dashboards-and-information-sharing/wsic-toolkit/chapter-7/what-do-we-want-achieve-pooling-budgets>

⁴ NHS North West London Clinical Commissioning Group. What do we want to achieve by pooling budgets? <https://www.nwlondonccg.nhs.uk/professionals/primary-care/whole-systems-integrated-care-wsic-dashboards-and-information-sharing/wsic-toolkit/chapter-7/what-do-we-want-achieve-pooling-budgets>

⁵ Royal College of Nursing (2013) Moving care to the community: an international perspective <https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/pol-1213#tab1>

⁶ UK gov. Monitor - Moving healthcare closer to home: literature review of clinical impacts https://assets.publishing.service.gov.uk/media/5a800b3de5274a2e8ab4dd99/Moving_healthcare_closer_to_home_clinical_review.pdf

⁷ Care Quality Commission (2024) The state of health care and adult social care in England 2023/24 <https://www.cqc.org.uk/publications/major-report/state-care/2023-2024/access/asc>

⁸ NHS England (2023) Delivery plan for recovering urgent and emergency care services – January 2023 <https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-urgent-and-emergency-care-services-january-2023/>

⁹ Care Quality Commission (2024) The state of health care and adult social care in England 2023/24 <https://www.cqc.org.uk/publications/major-report/state-care/2023-2024/access/asc>

¹⁰ Association of Directors of Adult Social Services (2023). Adult social care budget and waiting times <https://www.adass.org.uk/wp-content/uploads/2024/06/autumn-survey-report-2023-adult-social-care-budgets-waiting-times-2.pdf>

¹¹ The King's Fund (2024) The adult social care workforce in a nutshell <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/social-care-workforce-nutshell>

¹² The King's Fund (2024) The adult social care workforce in a nutshell <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/social-care-workforce-nutshell>

¹³ Alzheimer's Society (2024) Why dementia training for care workers matters and how to deliver it <https://www.alzheimers.org.uk/about-us/policy-and-influencing/dementia-training-for-care-workers-how-to->

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¹⁴ Care Quality Commission (2024) The state of health care and adult social care in England 2023/24
<https://www.cqc.org.uk/publications/major-report/state-care/2023-2024/access/asc>

¹⁵ House of Lords (2019). Social care funding: time to end a national scandal
<https://publications.parliament.uk/pa/ld201719/ldselect/ldconaf/392/392.pdf>

¹⁶ Nuffield Trust (2023) The decline of publicly funded social care for older adults
<https://www.nuffieldtrust.org.uk/resource/the-decline-of-publicly-funded-social-care-for-older-adults>

¹⁷ Centre for Mental Health and Age UK (March, 2024). Mental health in later life – understanding needs, policies and services in England https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/03/CentreforMH_MentalHealthInLaterLife-1.pdf

¹⁸ Rahman MM, Rosenberg M, Flores G, Parsell N, Akter S, Alam MA, Rahman MM, Edejer T. A systematic review and meta-analysis of unmet needs for healthcare and long-term care among older people. Health Economics Review. 2022 Dec 9;12(1):60 <https://pubmed.ncbi.nlm.nih.gov/36482044/>

¹⁹ Rahman MM, Rosenberg M, Flores G, Parsell N, Akter S, Alam MA, Rahman MM, Edejer T. A systematic review and meta-analysis of unmet needs for healthcare and long-term care among older people. Health Economics Review. 2022 Dec 9;12(1):60 <https://pubmed.ncbi.nlm.nih.gov/36482044/>

²⁰ Age UK (2018) Older people receiving social care and their family carers set out the problems they face and how to fund a better system

<https://www.ageuk.org.uk/latest-press/articles/2018/march18/older-people-receiving-social-care-and-their-family-carers-set-out-the-problems-they-face-and-how-to-fund-a-better-system/>

²¹ House of Commons Library (2024) Adult social care workforce in England

<https://commonslibrary.parliament.uk/research-briefings/cbp-9615/#:~:text=Around%201.59%20million%20people%20worked,47%25%20of%20home%20care%20workers.>

²² Skills for Care (2024) The state of the adult social care sector and workforce in England 2024

<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-in-England-2024.pdf>

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