

## Written evidence submitted by Reclaim Social Care Greater Manchester (ASC0123)

### Adult Social Care Reform: The Cost of Inaction

#### Call For Evidence Submission From Reclaim Social Care Greater Manchester

I am secretary of Reclaim Social Care Greater Manchester. Our group contains disabled activists, trade union activists, family carers, care workers and older people. If we are not currently affected by the social care system it is likely that many of us will be in the future. Not only do we want to see the right action but we want to see changes to be made in a timely fashion to put a halt to the prolonged suffering many people are experiencing due to the shortcomings of the current social care system.

It is a postcode lottery regarding the type of care people can access, how long they have to wait for assessment and also what is available depending on a person's wealth. It can even vary widely for people living in the same local authority. Our group feels strongly that disabled people should not be put in a position of having a huge debt to hopefully ensure their most basic needs are met. Indeed it should be free at the point of use; publically provided; publicly funded and not for profit.

The purpose of adult social care is to provide the support people need, regardless of their disability; to have the freedom, choice and control over their life to be able to achieve what they can; to enjoy their life; to feel fulfilled and to live with dignity and not despair. It should provide the same level of choice, control and financial support to unpaid carers. Poor staffing levels must be addressed to enable the service to function well for all those concerned. That means investing in training, providing competitive pay rates and conditions of service and valuing the care profession.

There are examples of good practice which need to be less invisible, such as Trafford Council buying back care homes which were threatened with closure; Salford Council devising a scheme to ensure those allowed to provide social care services in the borough meet criteria on employment rights, pay and conditions of service and trade union recognition; Hammersmith and Fulham which has scrapped charges for non-residential social care provision. Others need to be encouraged to follow suit and to work in true co-production with service users, care workers and unpaid carers.

We also support the findings and submission of the End Social Care Disgrace Campaign for a National Care, Support and Independent Living Service and their paper which can be read here:

<https://endsocialcaredisgrace.org/wp-content/uploads/2023/10/Adult-Social-Care-and-its-funding-ESCaD-draft-for-comment.pdf>

#### **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?**

Cost is not just a monetary issue. The high debt many face means they cannot afford to heat their homes or eat well and that can only serve to add pressure to an already struggling NHS. It leads to poor long term health and early deaths. Research published in 2021 found that for the five years from 2010, the loss of social care funding caused 23,662 additional deaths. It is likely this trend continued after the years under study up until the pandemic as cuts only worsened over that period. People being unable to leave hospital when they are well enough to do so, due to a lack of care and support after discharge, also has the adverse impact on those requiring hospital treatment being unable to access it as hospital beds are not becoming available when they should be.

If people are unable to live a full life it in turn affects the local economy. The cost of inaction is huge to people in terms of physical and mental health and to communities which are enhanced by

everyone in that community being able to take a full part. Poor social care reduces the potential of economic activity for working age disabled people as a result of poorer health and less autonomy and independence; reduced taxes to the Treasury; increased reliance on more expensive institutionalised care; pauperisation of disabled and older people given inadequate sick pay levels and clawing back of benefits. The Institute for Public Policy Research (IPPR) estimated the earnings loss associated with the onset of long-term health conditions at £43 billion in 2021.

There is a cost as a consequence of people giving up economic activity to care, with resultant lower taxes being received; more people becoming reliant on benefits and some 16% of informal carers in debt. There was an increase in unpaid carers of 3.7 million between 2011 and 2020 (Office of National Statistics). We know that the costs to the state of young carers being excluded from work were £1.048 billion each year. We cannot find an estimate of the cost to the Treasury of adult carers leaving work, but a conservative estimate might be £5 billion.

The inability to recruit and retain staff in adequate numbers, increasing workforce vacancies leading to economic pressures on those needing care, families, and other workers. Over a quarter of the UK's residential care workers lived in, or were on the brink of, poverty in 2020. This has a considerable cost to the Treasury, and on the country's wider productivity and prosperity.

## **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?**

The promise in the government's manifesto to improve mental health and focus on ill-health prevention is not happening and will not happen unless social care and support is improved substantially and as quickly as possible. Inequalities in life expectancy and healthy life expectancy will not be addressed.

Our answer to the first point also covers this issue. People are not given choice over their lives or able to live them to the full if they do not have the support services they want and need to do so.

Modern slavery is a recent consequence of adult social care pressures which impact on care workers and their families who are often not allowed to join them when they move here to work.

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

Disabled people are significantly more likely to live in poverty than non-disabled people (27% compared with 21%). Many struggle to pay rising care charges. A BBC investigation in August 2021 found that in 83 Councils charges for support had risen from £369m in 2018-19 to £420m in 2020-21 and in 22 Councils charges for people with learning disabilities had risen by the equivalent of £500 per person supported during the same period. In 20/22 more than 60,000 adults with disabilities and long-term illnesses in England were chased for debts after failing to pay for their social care support at home and Councils took legal action against 330. Some disabled people said they felt they had little choice but to live without home care, others feared bailiffs being called in over unpaid debts.

If social care reform were to include it being publicly provided and free at the point of use it would make unbearable lives bearable. This is not only pertinent to disabled and older people but also to their family carers, many of whom also require care and support, and to care workers.

If the insistence on re-assessing people with long term health conditions that cannot improve to ascertain if they are entitled to benefits could be removed as part of the reform it would result in less stress for disabled people and their family carers. Also benefits need to increase at least in line

with inflation and people who have to give up work to become carers are hardly recompensed with the current level of Carers' Allowance which is payable only if someone is caring for at least 35 hours a week. Offering a stipend may be the solution to increasing carers' financial support.

#### **4. Where in the system is the cost of inaction on adult social care reform being borne the most?**

The Care Quality Commission is probably best placed to answer this point if specific areas or types of social care support are being considered. However this is only if they are given the required number of staff, appropriate training and allowed to concentrate their expertise in specific areas of care quality rather than the whole service areas they currently cover. The media shows when certain care providers have filed abysmally resulting in neglect and death.

As already covered in previous points the cost of inaction is also being borne generally by disabled and older people, unpaid carers and care workers.

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

The End Social Care Disgrace paper on finance, referred to in the introduction looks at this. Some detail is also in point one. Rather than merely considering the costs of not providing adequate social care, we should also recognise the important contribution social care makes already and could make in future to the national economy. Skills for Care estimate that the economic contribution of social care is more than its cost.

#### **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?**

I only wish I knew how the government considers the costs of inaction when evaluating policies. Previous answers and the finance paper look at how they could be assessed. However I reiterate that the cost should not just be assessed in financial terms.

***December 2024***