Written evidence submitted by Geoffrey Cox (ASC0127)

My name is Geoffrey Cox, a Social care provider of 23 years with 4 Devon Nursing Homes specialising in Dementia, and Mental Health. I have been a sector representative in various forms over 17 years, and sat as a member of Devon's Safeguarding Adults board for 10 years. I speak here on behalf of myself and Southern Healthcare as a Provider.

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?

Inaction on reform has many elements; (in)adequacy of funding levels, (un)fairness of funding, (lack of) support to modernise social care, (non) improvement of social care commissioning, (lack of) collaboration between different parts of the Health and Social Care system, and (lack of support) in meeting the needs of a growing, ageing population, as an example.

Inflation alone (not levels of dependency, complexity or even expectation), which are probably higher still), between 2010 to 2024 was circa 71.9% in 14 years (ave 5.1%).

The population grew from circa 62.77m in 2010 to 69.13 in 2024, (circa 10.5%) in 14 years, (average 0.8%).

In **2010**, there were 1.4 million people in the UK aged 85 and **over**; this number is projected to increase to 2.3 million by 2025 (ONS) (circa 64%) in 15 years (average 4.26% p.a.) which is probably more relevant.

Last year the NHS budget was circa £185bn. In 2010, it was circa £131bn. This is only a 42% increase in 13 years, and indicates a deteriorating picture (average 0.81% p.a.).

Local Authority social care expenditure only increased by a paltry circa £2.7m between 2010/11 and 2022/23, just circa a 12.3% increase in 12 years, average 1% p.a.

Whilst it is hard to quantify exactly, there is likely to have been at least 5% more demand on older people's services annually, and with annual inflation of 5%, the average Health and social care funding expenditure increases below 2% p.a. against such demand and inflation will have led to the rationing and / or depletion of services.

In my own Nursing Homes, hospital admissions are significantly reduced year on year, despite advancing age, plus higher dependency and complexity of residents, who are generally at least 5 years older than 10 years ago.

The impact on a rising number of people unsupported (and their loved ones) is potentially disastrous. That is a number stated now to be near 2m currently.

Of those who are younger, the consequences of unnecessarily / avoidable deteriorating health in older age, will be delay in treatment across the population, which we know is otherwise more likely than not, to be successful.

Oxford University cited the decline or slow down of advancing longevity, (as had been the case over decades), to the rising scale of diminishing support in the community.

There is a growing impact in relation to the number of inexperienced and likely ageing people who are caring for frail relatives, and also in relation to younger people unable to work as a result.

Whilst the proportion of patients spending more than 4 hours in hospital A&E grew substantially between 2015 and 2020 before Covid, and then a new record high of 50.4% was reached in December 2022. The number of patients waiting over 12 hours for admission after a decision to admit had increased substantially over recent years, even if that number is now slowly improving.

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 NHS is unable to improve statistics for viable treatment in general whilst so many older people are hospitalised, and further cannot be discharged, as residential beds have declined from circa 575,000 to circa 425,000, and domiciliary care has seen significant number of closures, or contracts being handed back due to non viability, resulting in a care crisis that in general worsens annually, and both resulting in a persistent breach of Local Authority Care Act duties.

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

England has amongst the lowest per capita spend on social care in Europe, and as seen above, this position has been worsening year on year since 2010. The sector is estimated to be underfunded by circa £8bn pa (Health Foundation), and £18bn by 2032 (ditto)

The cost of £8bn inaction is more linked to life quality than money. Life quality in terms of the risks of lack of support to live a meaningful life with frailty or disability, the impact of delayed health treatment across the population, the economic cost of prolonged sickness, to business, to individuals as well as the incalculable cost of suffering.

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

In effect this has been covered already, by referring to the consequences of inaction on reform in inadequate of funding levels, unfairness of funding compared to free healthcare, lack of support to modernise social care which is still commissioned on a post war era of mechanistic task based care models, the non improvement of social care commissioning as mentioned below, the lack of collaboration between different parts of the Health and Social Care system, which do not always co-ordinate well, inevitably lead to unmet need, or distress, and the lack of support in development to meet the needs of a growing, ageing population, as an example.

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

The social care workforce has 1.6m employees contributing to the economy and tax, but circa 130,000 vacancies, who may not currently do so. Whist there is not a direct link, the vacancies had been reducing with tax paying migrants, (which is now drastically reduced), and within that, there will be an element of people reliant on benefits who are not attracted to social care.

Comparatively small increases in funding and support via higher funding and wage levels, will be mitigated by tax increases and additional income to the economy, instead of (in many cases) people being a burden to the economy.

It is not possible to estimate the exact impact in monetary terms. However, this should not be the only rationale.

Not all savings will equal a net economic gain either, if quality of life, and good health is considered valuable, as most of us believe it should be.

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?

Governments, including this one have perpetuated social care austerity, since 2010. Significant elements of the sector are facing collapse on a scale not witnessed before, as costs etc have risen dramatically, and fees lagged over 15 years or so.

The availability of social care in totality has diminished significantly when the rising, and ageing population is factored in, before one factors in rising dependency, complexity and expectations from social care itself.

It is considered by many social care commentators, the cost of inaction (and deterioration of the societal support infrastructure towards the frail, elderly or disabled) is not considered properly by Government. Particularly, elderly care and support has been cut back, disproportionately.

The Government professes that there will be no return to austerity. In many areas, however, the quality of commissioning of care is either at best stagnant, or worse still, deteriorating significantly.

Many people are denied care and support altogether, or sufficient care and support, whereas it would have been funded, previously.

Local Authorities do not mince their words when they declare the need to provide less care to fewer people, despite their Care Act duties.

In residential care, for example, the long abandoned practice of commissioning ‘shared rooms’ has now returned, to save costs.

The practice of moving people to cheaper homes is increasingly routine, despite the risk of death through the known doubling of the expected mortality risk in moving from a settled ‘home’ (Prof Jolley, Manchester University).

In my opinion, value should be placed on quality of life in older age for example, on avoiding loneliness, helplessness and boredom, and/ or worse, through avoidable decline.

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