

Age UK evidence to the Health and Social Care Committee on budget and the NHS Long-Term Plan

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Budget and NHS Long Term Plan inquiry

About this consultation

In January 2019 the NHS published the Long Term Plan, which lays out how the NHS aims to improve health outcomes and quality of care over the next 10 years. The Parliamentary Health and Social Care Select Committee are now conducting an inquiry on what additional funding is needed from Government, alongside that already allocated to the NHS, to ensure the Long Term Plan can be successfully implemented. This response provides recommendations on what funding is needed in the areas of social care, preventative health services (e.g. stop-smoking and weight management services) and for the training and development of NHS staff.

Key recommendations

The NHS Long Term Plan and increased investment in the NHS provides an important opportunity to improve the health and well-being of older people. However, the NHS does not operate in isolation and the Long Term Plan was developed on the basis that there would be similar investment in social care and local authority budgets. If the Government does not also invest in the NHS workforce, social care, and public health, they will not only limit the potential of the Long Term Plan but will derail other Government ambitions, including the Grand Challenge to ensure people live an additional five years of healthy and independent living by 2035.

As such, we are calling on the Government to:

1. Urgently address the social care funding crisis and accelerate work towards achieving lasting and sustainable reform of social care
2. Ensure that local authorities are able to prioritise public health by restoring funding to the public health grant and developing a strategy on how to best meet older people's health needs
3. Develop a costed strategy to address shortages and training gaps in both the health and social care workforce

1. Funding for social care

Lack of Government investment in social care

The NHS and social care are closely interlinked, with the NHS relying on social care to keep patients well at home, reduce hospital admissions, and support patients after hospital discharge. When the social care system breaks down, older people often have nowhere to turn and end up in hospital rather than having their needs met at home. This is not a workable solution for older people or for the NHS.

With an ageing population, living with more complex long-term needs, social care has never been more important, yet it is chronically underfunded. While the NHS has been awarded a £20.6 billion uplift, social care has faced real term cuts of £0.5 billion since 2010/11ⁱ. Taking account of population growth, this equates to a spending cut of 17.5% per head of the populationⁱⁱ. For older people, the largest users of social care, the decrease is even more acute, with local authority spending on care per person for people aged 65 and over falling by 24% between 2010/11 and 2017/18ⁱⁱⁱ.

Funding cuts have left 1.4 million older people with unmet care needs, an increase of nearly 20% over the last two years^{iv}. Of these, 300,000 need support with at least three activities of daily living, such as getting out of bed, going to the toilet, or getting dressed, but are not getting all the help they require^v. We are also seeing the emergence of "care deserts" across the country, where older people are unable to access residential or home care, irrespective of their ability to pay, because adequate services do not exist in their area. When older people are unable to access the care

which they need, their health is at risk of deteriorating, with individuals more vulnerable to illness and injury.

The repercussions of this are felt directly by the NHS. Delayed discharges from hospital (known as delayed transfers of care) due to the absence of suitable social care are estimated to cost the health service nearly £290 million a year^{vi}. In 2018/19 there was an average of 4,564 delayed transfers of care per day in England^{vii}.

Reducing access to social care additionally places an unreasonable burden on unpaid carers. There are an estimated 2 million carers over the age of 65, of whom 417,000 are aged 80 and over. Older carers tend to provide more intense care than other age groups, with 34% of carers aged 80 and above providing 35 hours or more of care per week^{viii}. This can take its toll: 65% of older carers have a long-term health problem or a disability themselves, while 69% say that being a carer has negatively impacted their mental health^{ix}. Carer's own health needs are often deprioritised and one third of older carers say they have cancelled an operation or treatment for themselves because of their caring responsibilities^x.

Relying on unpaid informal care is not only impacting older people's health but it is an unsustainable option. Demographic trends, such as smaller and more dispersed families, longer working lives, women's rising participation in the labour market and a growing number of people ageing without children will all impact on the supply of unpaid carers.

To address this, the Government needs to urgently develop a sustainable funding solution for social care, which ensures that older people have access to high-quality care when they need it. The Health Foundation has estimated that to restore funding for social care to the levels of 2010/11 social care funding will need to reach £29.6 billion by 2023/2024^{xi}. The House of Lords Economic Committee agree and have reported that this should be achieved by an additional £8 billion annually and that any solution must be simple for users to understand; address the current levels of serious unmet need; and ensure that access is based fairly on the service-users need^{xii}.

Threats to the social care workforce

Staff shortages are exacerbating the social care crisis further. There are already over 110,000 social care vacancies across the UK and 3 in 10 care staff leave their roles every year^{xiii}. Poor pay, terms and conditions as well as lack of opportunities for training and progression are all critical factors affecting recruitment and retention. A long term failure to invest in social care and it's the workforce is reaching crisis point. Parts of the country, for instance, have seen nursing home beds reduced by as much as a third over the last three years, often as a result of difficulties in recruiting and retaining essential staff^{xiv}.

Lack of investment in social care staff, compared to their NHS counterparts, risks reducing the available pool of workers. The NHS and social care often compete for the same group of people, such as care assistants, nurses, occupational therapists and support staff, as well as people aspiring to those roles, but terms and conditions for social care staff are typically worse. While NHS staff have been awarded a real-terms pay increase up until 2020/2021, around two-thirds of social care employees are paid at the minimum wage and many are on zero-hours contracts^{xv}.

The Department for Health and Social Care should respond to these challenges by developing a comprehensive and funded workforce strategy for the social care sector. This should address current recruitment and retention challenges by ensuring that social care is an attractive and properly paid career option. As recommended by the House of Lords Economic Committee, there should be a clear career structure which highlights the social importance of the sector^{xvi}.

Without Government intervention, there are expected to be further staff losses when the UK leaves the European Union. EU nationals help to sustain the social care system, with 104,000 currently working in social care roles, and numbers increasing^{xvii}. Dependence on EU nationals is particularly high in London, where one in seven workers are EU nationals^{xviii}. However, when the UK leaves the EU, the ability of European nationals to take-up caring roles in England will be under

threat. This is because under a new rule recommended by the Government's Migration Advisory Committee carers will be categorised as 'low-skilled EU workers', which means they will not get preferential entrance to the UK labour market. The Nuffield Trust has estimated that this will increase vacancies in the workforce by 70,000^{xxix}. While care workers are low-paid, they are by no means low-skilled and their contribution to older people's well-being cannot be underestimated. **It is therefore essential that the Government exempts care workers from new rules that will otherwise exclude them from entering the UK and takes steps to ensure that social care is an appealing career for both British and foreign nationals.**

2. Funding for public health and prevention

Currently, 80% of people over the age of 65 are living with more than one long-term condition, while most people over 80 are living with three or more^{xx}. The NHS Long Term Plan rightly commits to supporting people to manage long-term conditions but this is only one part of the puzzle. The Government must also invest in services which help to prevent older people from becoming unwell in the first place.

By making our communities age-friendly and investing in preventative services it is possible to reduce incidences of many common conditions which impact people in later life. This is not only positive for older people but it generates financial savings: spending on preventative activities through the public health grant is up to four times more cost-effective than NHS spending^{xxi}.

For instance, although frequently preventable, falls account for the largest cause of hospital admission for older people, with nearly 1,000 older people admitted daily at an annual cost to the NHS of £2.3 billion^{xxii}. Falling can have serious implications for older people: they can cause hip fractures, which leads to lengthy stays in hospital, and increased care costs when the person returns home. Only a third of older people recover fully from a hip-fracture^{xxiii} and 14 older people die every day because of a fall^{xxiv}. Preventative services, such as foot care, mobility adaptations in the home, and step-free public transport can all help to reduce falls. Meanwhile, Public Health England have found that falls prevention programmes, including physical activity that promotes strength and balance, can cut down hospital admissions caused by falls by a third and produce a financial return on investment of £3 for every £1 spent^{xxv}.

There are also over 1.4 million older people in England experiencing loneliness^{xxvi}. Loneliness impacts on physical and mental health, including increasing the risk of dementia, depression and early death^{xxvii}. It additionally increases pressure on the healthcare system - older people who are lonely are 1.8 times more likely to visit their GP, 1.6 times more likely to visit A&E and 3.5 times more likely to enter local authority-funded residential care. Services to help alleviate loneliness, such as befriending, and breaking down barriers to participation, such as poor transport and digital exclusion, can help to reduce loneliness.

Evidence is clear that investing in public health and prevention makes sense, but the erosion of local authority budgets, including significant cuts to the public health grant, means older people are missing out on services which could improve their quality of life and reduce dependency on the NHS:

- Local authority budgets (excluding social care) have decreased by 56.3% between 2010/2011 and local authorities are facing an overall budget shortfall of £5.8 billion by 2019/2020^{xxviii}
- The public health grant, awarded to local authorities to support local population health, has been cut by 22% since 2014/15, amounting to an £850 million reduction in real terms^{xxix}
- Areas with the greatest need have been the worst hit. Service spending by local authorities has fallen on average by 31% in the most deprived areas, compared to 17% in the least deprived areas^{xxx}.

To balance their books local authorities are having to cut back on services and find cost-saving measures. This leaves older people facing a postcode lottery where support is dependent on where they live and what their local authority chooses to prioritise:

- A survey of 250 GP partners revealed that more than three quarters had withdrawn or reduced funding for at least one of their public health services, such as smoking or alcohol cessation and weight management services^{xxxii}
- A quarter of NHS commissioners do not provide basic foot care services, even though they are proven to help older people to avoid falls and reduce isolation^{xxxiii}

Furthermore, local authority funding cuts have had a direct knock-on effect on services delivered by the voluntary sector. Preventative services are frequently delivered by voluntary organisations and social prescribing, a key element of the Long Term Plan, depends on the existence of a well-functioning voluntary sector. Demand for voluntary services has increased significantly as local authorities have cut back on the services they can provide^{xxxiv}. Yet, the National Council for Voluntary Organisations has warned that charities are facing significant funding pressures and uncertainty^{xxxv}, while the King's Fund have highlighted that social prescribing will not be possible without greater financial support for voluntary and community organisations^{xxxvi}. Unless money is transferred to voluntary organisations, there will be insufficient services available to cope with an increase in social prescribing.

Prevention initiatives for older people need to be properly funded rather than being seen as a 'nice to have'. **This requires re-investment in the public health grant and an increase in local authority budgets.** Analysis by the Health Foundation and Kings Fund has shown that returning lost funding to the public health grant would cost an additional £1 billion, to be spread across several years, up until 2023^{xxxvii}. After this they recommend that funding for public health be made sustainable by increasing it in line with the NHS budget.

However, the Government need to go further than this and ensure funding reaches those who are most in need and can benefit the most. Public health funding can make a huge difference to older people's health outcomes, yet they have traditionally been overlooked in spending and have been significantly impacted by funding cuts. **To alleviate this, the Government should develop a comprehensive strategy which lays out how they will improve public health for older people. They must also ensure that voluntary organisations are provided with the support needed to deliver preventative and social prescribing functions.**

3. Funding for education and training

The NHS Long Term Plan seeks to improve care for older people through an ambitious delivery model. Changes include working in a multidisciplinary way to support older people living with multiple long-term conditions; giving older people a greater say over the care they receive; and developing rapid community response teams. This will be accompanied by a shift in where care is delivered, moving away from hospital care, towards care being provided closer to home, in the community, and in care homes.

These ambitions are dependent on the ability of the NHS to recruit and retain staff with the skills and expertise to deliver older people's care. This includes, for example, being able to work in an integrated way across different settings to support older people living with multiple conditions. It also means taking a person-centred approach which takes into account the priorities and goals of older people when delivering treatment. The Frailty Core Capability Framework, produced by Skills for Health and supported by Age UK, identifies and describes the skills which practitioners need to deliver high-quality care and support to older people^{xxxviii}.

Currently there is insufficient investment in the recruitment, retention, and training of NHS staff, meaning we are a long way from securing the workforce needed. One in 11 vacancies in the NHS are unfilled^{xxxix} and last year £5.5 billion was spent on temporary staff to cover vacancies and other short term absences. If current trends continue there will be a shortfall of 250,000 staff by 2030^{xl}.

Shortages of district and community nurses are particularly stark, with numbers falling since 2013/14^{xi}. Community nurses play an essential role in older people's healthcare, delivering acute, complex and end-of-life care, in addition to preventative services which help older people maintain independence. The Health Foundation has estimated that an additional 7,000 FTE nurses will be needed in community health by 2023/2024^{xii}, yet a decline in students enrolling on nursing courses means we are moving in the wrong direction. This year, 1,360 fewer people were accepted onto nursing courses than in 2016^{xiii}. Community nurse shortages have severe implications, including delayed discharges among older people and increases in hospital admissions and readmissions. Without nurses working in the community it will also not be possible for the NHS to move care away from hospitals.

At the same time, efforts to upskill staff are being hampered by cuts to Health Education England, whose budget has been reduced by 24% since 2013/14^{xiii}. Lack of training opportunities threatens patient care and must be urgently addressed. Analysis from the Kings Fund and Nuffield Trust shows that an investment of £900 million is needed to restore funding levels, as well as providing additional funding to recruit and retain nurses^{xiv}.

The Government needs to urgently address the recruitment and retention crisis in the NHS to ensure that there are a sufficient numbers of skilled staff to deliver on the Long Term Plan. This will include providing financial investment to fill staff vacancies and improve working conditions. Care of older people should be used as a benchmark for the success of any workforce plan that is aiming to deliver joined-up, person-centred care, focused on preventing poor health and maintaining independence.

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^v Ibid

^{vi} Ibid

^{vii} NHS England (2019). *Delayed Transfer of Care – monthly reports – 2011/12 to 2018/19*.

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^{xv} Ibid

^{xvi} House of Lords, *Social Care Funding*.

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