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

### **Submission to the Health and Social Care Committee Inquiry**

#### **Evidence Submitted by**

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The University of Salford is the largest provider of nursing and midwifery bachelor's degrees and second largest provider of allied and public health programmes in the north-west of England. Through our interdisciplinary research network and three research centres, we focus on improving health, social and individual outcomes. We currently host the RCN Foundation Chair in Adult Social Care nursing and have a team of academics leading on social care research, education and professional practice.

This response to the inquiry focuses on the following areas

- How much is inaction on Adult Social Care reform costing the NHS and local authorities, and what impact does this have on the adults who receive social care and the public?
- Where in the system is the cost of inaction on Adult Social Care reform being borne the most?

#### **What impact does inaction on adult social care reform have on the adults who receive social care and the public?**

The lack of focus, parity of esteem, and subsequent incivility towards staff working in social care in comparison to those working in the NHS has led to challenges regarding recruitment and retention.

Skills for Care (2024) highlight that the social care service provision currently does not attract or retain enough staff to provide the level of care required by those needing social care. This has resulted in service closures, and service users being subjected to 'unmet', 'under met' and 'wrongly met' needs (Dixon & Jopling, 2023). Age UK (2024) estimates that around 2 million people aged 65+ have unmet care and support needs. Their report, 'State of Health and Care of Older People in England 2024', identified a 21% increase in the number of people over 75 (since 2013), yet despite this increase, there is reduction in the number of people receiving long term local authority care (542,420 2022/23 compared to 565,240 in 2017/18) (Age UK, 2024).

The current fiscal challenges and cost of living crisis has also impacted on social care and individuals' use of social care services. The Care Quality Commission (2023) highlighted that rising operating costs have significantly affected social care providers, leading to challenges in staff retention as many providers struggled to offer wages that have kept pace with inflation. The Care Quality Commission (2023) also argued that local authority budgets have failed to match rising costs and increasing demand, raising concerns that individuals in deprived areas who rely on publicly funded care may not receive adequate support. Additionally, the report highlighted that individuals funding their own home care have been forced to reduce care visits due to escalating costs, negatively affecting their quality of life.

Staffing challenges in social care contribute to delays in hospital discharges, with data from October 2022 revealing that 25% of delays were due to people awaiting a care package at home (including community health services, social care, or both). Additionally, 18% were waiting for a short-term care package while their long-term care needs were assessed. These delays, as highlighted by the King's Fund (2023), have a detrimental impact on individuals' quality of life. While this is an important area, there is often an overemphasis on framing social care primarily in relation to the NHS. This prevailing narrative, which often positions social care as a support system for the NHS, is exemplified by a participant's comment in a statement from Shaping Our Lives (2022): *"Social care is seen as a means of getting people out of a hospital bed; a short-term bridge to get old people back home (or at least out of the NHS). It's seen as funding to relieve NHS of their care"*. Such a perspective reinforces the perception of social care as secondary and undervalued compared to the NHS, perpetuating a lack of parity of esteem and the incivility experienced by social care staff. This further exacerbates recruitment and retention challenges within the sector. While the interdependent relationship between social care and the NHS is undeniable, it is vital to recognise and value social care for its distinct and critical contribution to the well-being and quality of life of millions of people across the UK.

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

It is evident that many groups of people are affected by the inaction on social care reform. Firstly, unpaid carers bear the emotional, physical, and financial burden of inadequate adult social care services and this disproportionately affects women. Between 2020-22 (at age 50) women will spend 4.7 years of their remaining life providing unpaid care compared to men who will spend 3.5 years (ONS, 2024). The impact is significant, as unpaid carers face considerable health risks themselves, with one in four reporting that they are "not in good health." This risk increases in correlation with the number of hours of unpaid care provided (ONS, 2024).

Secondly, the cost of inaction for individuals living with dementia and their families is considerable, as many face a shortage of tailored, accessible services. Despite the rising number of people living with dementia, the social care system is ill-equipped to support them, leading to reduced access to professional care and greater reliance on unpaid carers (Nuffield Trust, 2024). Additionally, there are intersectional challenges related to the lack of culturally sensitive care for individuals living with dementia, further exacerbating barriers to support (Nuffield Trust, 2024).

Thirdly, inaction in reforming adult social care would disproportionately affect socially excluded and marginalised groups, such as people experiencing homelessness, individuals with disabilities or mental health issues, and those from lower-income backgrounds. While the focus of social care discussions typically centers on care homes or home care services, there is a growing body of social care provision around inclusion health, particularly through charity and community organisations. For example, organisations like Pathways and Groundswell provide vital social care for people experiencing homelessness. However, those who are socially excluded face multiple barriers to accessing care, including lack of stable housing, discrimination, and financial instability (Heaslip et al., 2024; 2022; 2019). Engaging with these groups is often challenging, requiring social care practitioners to build trust and effective communication, as well as additional skills to navigate complex needs (Social Care Wales, 2024). Without reform, these inequalities will only deepen, leaving vulnerable individuals with unmet needs, exacerbating their health issues, and further limiting their opportunities for social inclusion and well-being.

Fourth, the current adult social care workforce is bearing the impact of inaction on reform. Chronic underfunding and increasing demand have created unsustainable workloads, leading to high levels of stress, burnout, and turnover among care staff. Vacancy rates in social care are escalating, with an estimated 165,000 vacancies, representing a 4.3% higher rate than the national average across the

broader economy (Dixon & Jopling, 2023). In 2024, Skills for Care reported a vacancy rate of 8.3%, nearly three times the average vacancy rate across the wider economy (Skills for Care, 2024). This increasing pressure on social care staff contributes to poor retention rates within the workforce. Additionally, workforce shortages and instability are directly linked to the quality of care provided, as high staff turnover and stress disrupt continuity and undermine care standards (Costello et al., 2020). These challenges also lead to reduced service delivery, including the closure of home care services due to recruitment difficulties (Dixon & Jopling, 2023). Intersectionality must be considered in this context, as staff from racialised ethnic minority groups experience disproportionately high levels of incivility and workplace abuse (Saloniki et al., 2022). These negative experiences not only exacerbate recruitment and retention problems but also contribute to workforce instability and a lack of culturally sensitive care for racialised ethnic minority groups.

Finally, it should be highlighted that inaction on reform continues to reinforce embedded negative perceptions of those who work in the sector being perceived as less knowledgeable or skilled (Roberts, 2023). Given such perceptions fail to demonstrate the rewarding career pathways available, this creates a barrier in the recruitment and retention of staff, especially newly registered health and social care professionals who have graduated from preregistration programmes across UK universities. Consequently, placements in social care organisations within preregistration programmes of study are limited and current curricula fails to reflect the holistic picture of a national health and care service.

The current market model has not only become unsustainable but has actively broken down in some areas, leaving essential care needs unmet. Immediate action is required to stabilise the sector and prevent further regional disparities in access to care (Age UK, 2019). The cost of inaction on Adult Social Care reform is being felt by a multitude of groups, including unpaid carers, individuals with dementia and their families, socially excluded and marginalised groups, the social care workforce, and the wider public. The current system is failing to provide adequate support to those who need it most, leading to a decline in quality of life, increased health risks, and social isolation. Urgent action is needed to address the systemic issues within adult social care, including increased funding, improved workforce conditions, and a focus on preventative care. We need to invest in adult social care now to ensure it is sustainable, equitable, and accessible to all.

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