





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<sup>vi</sup>. In 2018/19 there was an average of 4,564 delayed transfers of care per day in England<sup>vii</sup>.

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<sup>viii</sup>. 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<sup>ix</sup> & DUHU¶V RZQ KHDOWK QHHGV DU deprioritised and one third of older carers say they have cancelled an operation or treatment for themselves because of their caring responsibilities<sup>x</sup>.

Relying on unpa LG LQIRUPDO FDUH LV QRW RQO\ LPSDFWLQJ ROGHU SH unsustainable option. Demographic trends, such as smaller and more dispersed families, longer ZRUNLQJ OLYHV ZRPHQ¶V ULVLQJ SDUWLFLSDWLRQ peopleW KH ODE 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<sup>xi</sup>. 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<sup>xii</sup>.

#### 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<sup>xiii</sup>. Poor pay, terms and conditions as well as lack of opportunities for training and progression are all critical IDFWRUV DIIHFWLQJ UHFUXLWPHQW DQG UHWHQWLRQ \$ ORQJ W 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<sup>xiv</sup>.

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-

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& RPPLWWHH FDUHUV ZLOOshilgf dazhribn h v n c dzk u f o r z h d q v w k h v  
preferential entrance to the UK labour market. The Nuffield Trust has estimated that this will  
increase vacancies in the workforce by 70,000<sup>xix</sup>. While care workers are low-paid, they are by no  
means low-skilled a Q G W K H L U F R Q W U L E X W L B o n g W a n R o G r d e s S h a P S O H ¶ V Z H C

- x 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<sup>xxxii</sup>
- x 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<sup>xxxiii</sup>

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<sup>xxxiv</sup>. Yet, the National Council for Voluntary Organisations has warned that charities are facing significant funding pressures and uncertainty<sup>xxxv</sup>. Without greater financial support for voluntary and community organisations<sup>xxxvi</sup>. Unless money is transferred to voluntary organisations, there will be insufficient services available to cope with an increase in social prescribing.

**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<sup>xxxvii</sup>. 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 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 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<sup>xxxviii</sup>.

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<sup>xxxix</sup> 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 250,003<sup>(bl25 )</sup> TJETQ EMC 07

Shortages of district and community nurses are particularly stark, with numbers falling since 2013/14<sup>xi</sup> & R P P X Q L W \ Q X U V H V S O D \ D Q H V V H Q W L D O U R O H L Q R O G H U 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<sup>xii</sup>, 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<sup>xiii</sup>. 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<sup>xiii</sup>. 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<sup>xiv</sup>.

**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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<sup>i</sup> The Health Foundation (2019), Investing in the NHS Long Term Plan: job done? London: The Health Foundation. Available at:

[https://www.health.org.uk/sites/default/files/upload/publications/2019/S08\\_Investing%20in%20The%20NHS%20long%20term%20plan\\_WEB\\_0.pdf](https://www.health.org.uk/sites/default/files/upload/publications/2019/S08_Investing%20in%20The%20NHS%20long%20term%20plan_WEB_0.pdf)

<sup>ii</sup> NHS Digital (2018), Adult Social Care Activity and Finance Report, England. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2017-18>

<sup>iii</sup> BBC News (2018). [www.bbc.co.uk/news/health-46378353](http://www.bbc.co.uk/news/health-46378353) Available at: ¶

<sup>iv</sup> <https://www.ageuk.org.uk/latest-news/articles/2018/july/1.4-million-older-people-arent-getting-the-care-and-support-they-need--a-staggering-increase-of-almost-20-in-just-two-years/>

<sup>v</sup> Ibid

<sup>vi</sup> Ibid

<sup>vii</sup> NHS England (2019). Delayed Transfer of Care ±monthly reports ±2011/12 to 2018/19. <https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/statistical-work-areas-delayed-transfers-of-care-delayed-transfers-of-care-data-2018-19/>

<sup>viii</sup> Age UK (2017), Briefing: health and care of older people in England, London: Age UK. Available at: [https://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/The\\_Health\\_and\\_Care\\_of\\_Older\\_People\\_in\\_England\\_2016.pdf?dtrk=true](https://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/The_Health_and_Care_of_Older_People_in_England_2016.pdf?dtrk=true)

<sup>ix</sup> & D U H U V 7 U X V W μ . H \ I D F W V D E R X W F D U H U V D Q G W K H S H R S O H W K H \ F D facts-about-carers-and-people-they-care

<sup>x</sup> Ibid

<sup>xi</sup> Health Foundation, Investing in the NHS Long Term Plan.

<sup>xii</sup> House of Lords Economic Affairs Committee (2019), Social care funding: time to end a national scandal, London: Authority of the House of Lords. Available at: <https://publications.parliament.uk/pa/ld201719/ldselect/ldeconaf/392/392.pdf>

<sup>xiii</sup> Skills for Care (2018), The state of the adult social care sector and workforce in England, Leeds: Skills for Care. Available at: <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2018.pdf>

<sup>xiv</sup> Care Quality Commission (2018), The state of health care and social care in England 2017/18. London: CQC. Available at: [https://www.cqc.org.uk/sites/default/files/20171011\\_stateofcare1718\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20171011_stateofcare1718_report.pdf)

<sup>xv</sup> Ibid

<sup>xvi</sup> House of Lords, Social Care Funding.

<sup>xvii</sup> Ibid

