



advice and support for older age

**Independent
Age**

Select Committee on the Long Term Sustainability of the NHS

September 2016



About Independent Age

Whatever happens as we get older, we all want to remain independent and live life on our own terms. That's why, as well as offering regular friendly contact and a strong campaigning voice, Independent Age can provide you and your family with clear, free and impartial advice on the issues that matter: care and support, money and benefits, health and mobility. A charity founded over 150 years ago, we're independent so you can be.

Website

For more information, visit our website www.independentage.org

Helpline

We give free, confidential advice over the telephone for older people, their families and carers on issues such as getting help at home, adaptations, care assessments, paying for care, staying in touch with other people and welfare benefits.

Call our team of experts on 0800 319 6789, Monday to Friday, 8am-8pm, and Saturday to Sunday, 9am-5pm, or email your query to advice@independentage.org

Registered charity number 210729

1. Introduction

Independent Age welcomes this House of Lords Select Committee on the long term sustainability of the NHS. With the Five Year Forward View providing strong consensus for the direction of travel until 2020, the time is right for a detailed consideration of how to ensure a sustainable NHS beyond that date. This submission reflects Independent Age's interest in ensuring a health and care system that works to protect the dignity and independence of older people in this country. We know that this is a major concern for older people themselves; polling we conducted in 2014 revealed that the provision of healthcare and the NHS was the biggest issue of concern for those aged 65 and over¹.

2. The need to consider social care alongside the NHS

We were pleased to see that the Committee's stated areas of interest include reference to 'how we can move towards an integrated National Health and Care Service'. We strongly echo Richard Murray's comment in the second oral evidence session to the Committee that the NHS can no longer be thought of as 'an island that stands alone from what is going on around social care'.²

In recent months, the impact of a poorly funded social care system on the NHS has become all too clear with record levels of delayed transfers of care from hospitals. As we know from the work on our Helpline, behind these statistics lie numerous individual stories of older people spending longer in hospital than they need to and suffering significant negative health and wellbeing outcomes as a result.

There is now a growing consensus that the pressures on the NHS simply cannot be tackled in isolation. Over the summer Simon Stevens made the case that 'were extra funding to be available, frankly we should be arguing that it should be going to social care'.³ Any serious examination of the long term sustainability of the NHS must include reference to the sustainability of social care. We encourage the Committee to hear evidence from a wide range of voices within social care and to keep the sustainability of both health and social care at the heart of its deliberations.

However, we would also caution against the idea that integration of health and care is in itself an answer to the future sustainability of the NHS's finances. In a meta-review of the economic impacts of integration programmes, Nolte and Pitchforth (2014) conclude that the evidence for cost

¹ 73% of over 65s included provision of healthcare/NHS as amongst their top three biggest challenges for the country over the next 20 years. A quantitative survey of 2,421 UK adults was undertaken between 10th and 25th September 2014. 2,221 interviews were conducted online. A further 200 interviews were carried out by telephone to ensure a representative range of older people (65+) were included.

² Evidence session no. 2, July 19 2016, page 2.

³ <http://www.theguardian.com/politics/2016/jun/17/nhs-boss-says-promise-of-8bn-in-extra-funding-may-be-far-from-enough>

savings following integration is still weak and uncertain.⁴ Increasing numbers of people with complex care needs requires a system that brings together a range of professionals and skills from both the health and social care sectors. Integration is therefore the right thing to do to improve the quality of care people receive. But it does not completely answer hard questions about how we choose to prioritise and fund health and care for the future.

3. Future workforce issues – EEA workers

A sustainable future health and social care system must be equipped to care for the increasing numbers of older people who are frail and/or living with multiple comorbidities. A key component of this is a sufficiently large and well trained workforce. Since the EU referendum result of 23rd June there has been increased focus on European Economic Area (EEA) migrants who work as nurses and doctors in the NHS and their future as the government decides what, if any, guarantees to provide to migrants already resident in the UK.

However, not enough attention has yet been given to what Brexit potentially means for the country's social care workforce, increasing numbers of whom come from Europe to provide personal care and support to an ageing population. Around one in 20 (6%) of England's social care workforce are EEA migrants (around 84,000 people). And more than 90% of these EEA migrants do not currently have British citizenship, meaning they could be at risk of changes to their immigration status following Brexit.

This is particularly concerning given the long term picture. Over the past decade, there has been significant increase in the proportion of migrants from the EEA in the social care workforce. The rate at which EEA migrants have been filling vital care worker vacancies is accelerating as immigration rules affecting non EEA workers continue to place limits on unskilled labour. In the first part of 2016 alone, over 80% of all migrant care workers who moved to England to take on a social care role were from the EEA.

Independent Age has worked with the International Longevity Centre on a new analysis which reviews future workforce shortages in adult social care.⁵ To model the impact of post-Brexit immigration changes on the social care workforce, we looked at a number of possible scenarios for 2037:

- In a zero net migration scenario⁶, the social care workforce gap could reach just above 1.1 million workers by 2037. This means that there

⁴Ellen Nolte, Emma Pitchforth, What is the evidence on the economic impacts of integrated care? World Health Organization, 2014. Available online at http://www.euro.who.int/_data/assets/pdf_file/0019/251434/What-is-the-evidence-on-the-economic-impacts-of-integrated-care.pdf

⁵ The full report can be viewed here: <https://www.independentage.org/policy-research/research-reports/brexit-and-future-of-migrants-social-care-workforce>

⁶ A zero net migration scenario means total levels of emigration and immigration are equal, with no fewer or no more immigrants to the UK, than there are emigrants from the UK.

would be 13.5 older people for every care worker - compared to a ratio of seven for every care worker today.

- In a (more likely) low-migration scenario, where the sector remains as attractive as it is today, but the government delivers on its commitment to reduce levels of net migration, there will be a social care workforce gap of more than 750,000 people by 2037.
- Even in a scenario where there are high levels of migration and the care sector becomes more attractive, the social care gap will be as big as 350,000 people by 2037.

The implications of a social care workforce gap of between 350,000 and 1.1 million workers for older and disabled people are clear – far fewer will be able to access the care they need to live meaningful, independent lives.

To avoid this outcome, in the short term we are calling on the government to ensure that all EEA migrants currently working in social care in the UK have the right to remain post-Brexit. The government also needs to ensure that any future migrant social care workers are appropriately recognised in any new approach to migration. This could be achieved in the number of ways, from guaranteeing freedom of movement within the EEA, to allotting care workers priority access rights in a work permit system.

To tackle a social care workforce gap over the longer term, we recommend that that government increases the attractiveness of the care sector to new recruits by offering additional training (including 'careprenticeships') and aiming to attract more men to the sector. As Baroness Kingsmill's 2014 review of working conditions made clear, there are also systemic issues around job progression and job security that must be tackled to improve recruitment and retention in the sector.

However, we recognise that the sector is unlikely to become dramatically more attractive to anyone without a clear plan to ensure sustainable funding for the provision of social care.

4. Funding settlement – the need for an honest debate

The demographic challenges that our health and care systems will need to meet as a result of our ageing population are well established. The long term response to demographic change in many countries within the OECD has been to raise the share of GDP that is spent on health and social care.⁷ Decisions about the proportion of GDP that the country should spend on health and social care are explicitly political choices. As such they require a proper debate about the value that we as a society place on health and care and how much we are willing to pay for them.

That is why Independent Age has been calling for an independent commission on the future of health and social care.

⁷ <http://www.nuffieldtrust.org.uk/data-and-charts/uk-health-spending-share-gdp>

5. An independent, cross party commission on the future of the NHS and social care

In spite of attempts made by successive governments, the issues facing both the NHS and the social care sector have never been more serious and have been touched on above.

A combined solution for health and social care is both in line with Government policy (via funding mechanisms such as the Better Care Fund) and strongly supported by health and care professionals. Research by the NHS Confederation found that 87% of NHS leaders wanted to see a five-year financial commitment covering both the NHS and social care⁸. However, significant questions remain about how, and when, integration will effectively take place.

A commission into the future of health and social care in England will be well placed to look beyond the funding challenges facing the country, and set out a roadmap for how and when health and care should be integrated, while placing older people, patients and service users at its heart. It will also have the opportunity to examine international models of finance, to establish how best our growing demand for health and care services can be met.

There is broad support for the campaign from the public - three quarters (74%) of whom support the idea of an independent commission to review how we run and fund social care, and nine in ten (91%) want all political parties to work together to ensure we can rely on health and care services as we get older, according to polling commissioned by Independent Age in February 2016⁹.

Since the beginning of the year, the campaign for a commission has won the support of former Health Ministers, including the Rt Hon Stephen Dorrell and Rt Hon Alan Milburn, current MPs and Peers including Norman Lamb MP, Frank Field MP, Liz Kendall MP and Lord Taverne, sector bodies including the Royal College of GPs and the Royal College of Nurses, several local authorities including Essex and Somerset, a number of NHS Trusts including Taunton and Somerset, Poole, and Northampton General Hospital NHS Trust, and strong support from organisations and individuals in the health and care sector. In total, 75 individuals and organisations are publicly signed up to the campaign, calling on the Government to act.

In view of such wide and diverse support, we call on this Committee to recommend that the Government establish a commission to address the long term sustainability of the NHS and social care. This commission should examine the possible ways in which the problems with the health and care system can be addressed including funding, workforce, and addressing the demographic challenges, and these recommendations should be agreed on a cross party basis, so that they outlive the course of a single Parliament. It should also use this Committee's findings on NHS sustainability as the basis for future analysis.

So far, the evidence sessions that the Committee has held have highlighted that the NHS Five Year Forward View has not addressed all of the challenges facing the NHS,

⁸ <http://www.theguardian.com/social-care-network/2015/nov/19/nhs-spending-review-social-care>

⁹ Findings are based on a ComRes poll of 2,014 adults in Great Britain, conducted online between 24th and 25th February 2016. Results were weighted to be representative of all adults in Great Britain aged 18+.

and that it has become apparent that without a new settlement for social care, the expected £22 billion worth of NHS efficiency savings will not be achieved.

With the demographic challenge set only to increase as our population ages, there is no room for complacency. We need to ensure that we have an NHS and social care system which is fit for purpose for generations to come.

This Committee is an important step in addressing some of the challenges faced by our health and care system. We urge the Committee to recommend that the Government establish a commission to act on its findings, in order to find a way of making our health and care system sustainable for generations to come.

Many thanks for the opportunity to provide evidence to this Committee. If you require any further details, or would like us to provide more evidence please get in contact at Javneet.ghuman@independentage.org or 020 7605 4217.