



**GMB Written Evidence
Health & Social Care Committee
Social Care: Funding & Workforce
June 2020**

Summary

Our social care system right now is in crisis. It is crumbling beneath us after years of austerity and chronic underfunding. Social care is an essential part of the infrastructure of our society. An ageing population who need support and access to high quality and sustainable services to help them live with dignity. A social care workforce over worked and undervalued despite finally being recognised as the essential key workers they are. Social care needs to be put to the top of any Governments agenda. Staff working in social care need to be celebrated, recognised and valued.

The lack of sufficient social care funding over many years quickly became apparent in recent months and has led to the catastrophic impact on social care during Coronavirus (Covid-19). The current model of social care funding isn't just unsustainable, it's fallen apart.

A sufficiently funded social care sector would be able to alleviate the pressures on the NHS. A fundamentally different approach to social care funding is essential and it not only needs to be clear and transparent as to where social care funding goes, but also needs to address poverty pay rates, inadequate training and development and provide economic justice for the social care workforce.

An effective model of registration is required in England, in line with Wales, Scotland and Northern Ireland and this in turn would assist in addressing the levels of pay injustice.

The potential impacts of Covid-19, Brexit and the Government's Immigration Policy, on social care is unknown at this time, but it can be stated that without doubt, the impacts will be severe. It has been forecast that adult social care providers are to face more than £6.6 billion in Covid-19 costs by Autumn 2020.

GMB supports a universal national care service which is funded from the public purse through taxation that formalises a universal pay structure with excellent terms and conditions.

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What impact is the current social care funding situation having on the NHS and on people who need social care?

The insufficient levels of funding in social care over the years has led to a situation whereby during one of the biggest challenges to the NHS by the Coronavirus Pandemic (Covid-19) decisions had to be made that would cause catastrophic effects to the older and most vulnerable people and care homes across the country.

Hospital beds that had been filled with older people that were unable to cope at home or were without care packages in place were forced into care homes to release the beds in time for the expected Covid-19 cases. Essentially care homes in many cases have become hospices and government policy that led to these decisions requires an independent public inquiry.

The social care sector could, with the right amount of funding take some of the pressures from the NHS to deal with much of the older people's needs and requirements before NHS provision is required. The sector already has a skilled workforce that is providing nursing care which goes mostly unrecognised. The Covid-19 outbreak has proven the benefit of care homes and domiciliary care to the NHS as they have acted as a buffer, preventing many more deaths, as the NHS would not have been able to provide the care for as many people as they have done within the social care sector.

However, the profit motive needs to be stripped out of the care sector. That's why GMB is calling for the care sector to be brought in house under local government control. A universal national care service which is funded from the public purse through taxation, that formalises a universal pay structure with excellent terms and conditions.

What level of funding is required in each of the next five years to address this?

GMB welcomed that during Covid-19 the Government committed extra funding to social care, including £600 million as an emergency fund for Infection, Prevention and Control (IPC) measures. The money has been allocated to local authorities to distribute locally. However, we have real and genuine concerns that this money is not reaching the frontline.

A crucial element of IPC in social care is strict adherence to self-isolation guidance from the Government. Yet as most of the social care workforce are only entitled to Statutory Sick Pay (SSP), this has proven to be difficult advice for our members to follow. The statutory right to £95.85 per week SSP is simply an unrealistic amount of money to be able to survive on, especially when the social care workforce is predominantly on minimum rates of pay. This is driving the social care workforce even further into poverty. A workforce that is made up of predominately women and people from a BAME background.

The additional funding that has been made available was only ever intended to be directed towards the additional costs arising from the coronavirus outbreak. A new funding settlement is still needed to address the deep, structural problems in adult social care funding.

The LGA estimated that the structural funding gap was £1.34 billion at the time of the March Budget. Even allowing for the possibility of disguised profits in some parts of the sector – such as through inflated intra-group rents and management fees – a fundamentally different approach to social care funding is required. Funding gap estimates also assume a

continuation of poverty pay rates, inadequate training and development, and a limited career progression. It has been forecast that adult social care providers are to face more than £6.6 billion in Covid-19 costs by Autumn 2020.

In the aftermath of the coronavirus outbreak, economic justice for the social care workforce that has sacrificed so much must be achieved too.

Any future funding must provide for increasing and recognising the value of social care work.

This includes:

- Pay justice – in line with Local Government care rates of pay.
- Access to and employer contributions into the Local Government Pension Scheme.
- Full contractual sick pay.
- Increased staffing levels to assist in alleviating the pressures on the current workforce and to enable to needs of the residents and service users to be met sufficiently.
- Professional registration and recognition of the workforce with a clear career progression route, with national standards of training, education and qualifications.
- Sectoral collective bargaining to ensure this hugely fragmented sector is represented fairly.

What is the extent of current workforce shortages in social care, how will they change over the next five years, and how do they need to be addressed?

Prior to Covid-19 there were already reports of 110,000 staffing vacancies within social care. This puts extreme pressures on the ability to provide services to adequate standards. Without proper investment in social care, professional recognition for the workforce and pay justice, this will not be resolved.

Social care is not seen as an attractive profession due to low pay and high demands. Public support and perceptions of the social care workforce prior to Covid-19 was a workforce of low skill. However, this has changed. Covid-19 has shone a light on who the essential workers are in our society and the social care workforce are at the top of the list. Despite this, the social care workforce is considered to be lower in the hierarchy of importance when compared to colleagues working in health.

A recent Survation poll, conducted on behalf of GMB during Covid-19, identified that we were facing a social care crisis, as 4 in 5 care workers were expecting colleagues to quit, with low pay being one of the main factors. 79% of respondents thought that staff shortages were inevitable as people were unwilling to continue working at the current levels of pay amidst the increased risk posed by Covid-19.

Other results from the survey include:

- 71% believed that colleagues would die after being infected with Covid-19 at work.
- 20% had considered quitting over the lack of PPE.
- 85% felt their health was at risk due to inadequate PPE.
- 86% were worried about taking Covid-19 home to their families.

GMB Union sponsored an All Party Parliamentary Group (APPG) to look into the care system, funding and state of staffing in the sector. Some of the recommendations called for a workforce strategy. The APPG backed GMB's call for a national care body/service and parity of esteem

with the NHS. In the absence of government decisions to bring care back in house, the national care body would provide a national identity for social care – professionalising the workforce, with standardised training and a career development framework.

The APPG also called for an effective model of registration for England, in line with Wales, Scotland and Northern Ireland. Professional recognition such as a Royal School for Social Care could provide advanced training and development improving the lives of the workforce and those that need for care to be delivered. This should be linked to improve pay and terms and conditions. The sector cannot continue to ignore the needs of the older and most vulnerable by accepting that “anyone can do care”.

The social care workforce has been let down and feel absolutely abandoned by the Government and this has been exacerbated by Covid-19. The workforce was left out of original Personal Protective Equipment (PPE) guidance, priority was given to the NHS for access to PPE, severe delays and poor access to testing, as well being denied full pay for Covid-19 related absences and self-isolation instructions. All of this on minimum rates of pay. It is no wonder that there a few people coming forward to work in social care.

We cannot allow a sticking plaster to be put onto social care. It is time that the government recognised that social care is skilled and as such the pay, terms & conditions need to reflect this.

GMB also has concerns on the potential impacts of the UKs Immigration Policy from the Home Office post-Brexit. The requirement to earn above £25,600 to be able to work in the UK, automatically rules out the majority of the current workforce in care.

The table below highlights rates of pay in social care, including those paid by some social care providers who pay the age discriminatory lower rates of pay to those under 25 years of age. These rates of pay are compared with full time local authority rates of pay for workers in social care. Rates of pay for social care workers employed by local authorities vary, but in comparison with care assistants are much higher and include incremental pay points during the workers pay journey to the top of their pay point. This is based on information across all local authorities based on pay rates as of April 2019.

Age	Social Care Min Wage	Annual Salary (Full Time)	L/A Min bottom of pay point	L/A Max bottom of pay point	L/A Min top of pay point	L/A Max top of pay point	Difference
25+	£8.72	£17,004	£17,316	£24,927	£17,364	£34,788	Minimum difference £312 Maximum difference £17,784
21 – 24	£8.20	£15,990	n/a	n/a	n/a	n/a	
18 – 20	£6.45	£12,578	n/a	n/a	n/a	n/a	

Social care workers deserve pay justice and a real living wage and GMB believes that they should receive pay equal to that of their counterparts in local government.

The profile of the workforce raises concerns about the heightened risk of coronavirus infection and mortality, which is likely to pose acute recruitment and retention problems at a time when there are unprecedented demands on the sector.

Care workers are more likely to be older, disabled, and members of Black and Minority Ethnic (BAME) groups than other workers. 21% of adult care workers were identified as BAME in 2018/19, compared to 14% of the working age population. 11% of social care workers were identified as Black/African/Caribbean/Black British backgrounds, compared to 3% of the working age population (Skills for Care, 2019). Care was one of the three broad occupational groups identified as having statistically significantly higher than average increases in excess deaths in 2020 compared to all occupations, along with security and professional drivers.

What further reforms are needed to the social care funding system in the long term?

The highly skilled, predominantly female care workforce must be properly valued, 50 years on from the Equal Pay Act. The Covid-19 outbreak has shown it is our social care essential key workers that have helped keep the country going and it's time to recognise their worth. Nowhere is pay justice and equality needed more than in the care sector. Our highly skilled social care workforce is still not recognised for the incredible work they do. The minimum wage, or even the real living wage, is not acceptable and is not enough. The Government need to ensure that in any reforms of social care that they recognise the value of this accomplished, predominantly female workforce. We will not allow for these key workers to be forgotten any longer.

There are also concerns about the very much privatised nature of social care, which is currently almost entirely provided by independent companies. In the last 10 years we have seen crisis in two major care providers: Southern Cross collapsed; Four Seasons Healthcare went into Administration.

The current financial model of social care is unsustainable. The potential impacts of Covid-19, a 'no deal Brexit' and the Government's Immigration Policy are yet unknown. Funding within social care is unclear. Some reports suggest that there is not enough money going into the social care system and further investment is needed from Government to support the independent care sector that is providing care for state funded residents. However, other reports suggest that large amounts of profits are being extracted out of social care via hidden profit extraction mechanisms, high rents, loans and dividends paid to investors.

GMB Recommendations

1. Full and normal pay when on sick leave to be a contractual right.
2. A real living wage in line with local government social care workers, including access to the Local Government Pension Scheme and other contractual terms and conditions relating to sick pay and annual leave.
3. A new funding settlement to address deep, structural problems in adult social care, including staffing levels, to meet the needs of residents and service users, providing care in homes and the community before NHS provision is required.
4. An effective model of registration in England.

5. A workforce strategy that includes a national care body / service to provide a national identity for social care – professionalising the workforce with national standards for training and a career development framework.
6. Sectoral collective bargaining across this vastly fragmented sector.
7. Forensic analysis of where the money (social care funding) is going.
8. Government to fast track the long-awaited green paper on care and seriously consider bringing care sector under the control and authority of Local Government.

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