

National Policy Forum – Health and Social Care Consultation

GMB Response

Introduction

GMB Union welcomes the Labour Party's acknowledgment of the efforts our health and social care workforce have made during the Covid-19 pandemic. Further to that we welcome the Party's ambition to create an NHS and care service that is the best in the world.

GMB has members in both residential and home care and the wider healthcare workforce. We have long campaigned for the social care workforce and we know that the system right now is in crisis. It is struggling after years of chronic underfunding with the workforce overworked and undervalued despite finally being recognised as the essential key workers they are. Social care needs to be put to the top of any Government agenda with staff working in social care properly celebrated, recognised and valued.

Our submission to the commission starts from the following principles:

- There has been insufficient social care funding over many years that has been highlighted in recent months and has led to the catastrophic impact on social care during Covid-19.
- The current model of social care funding is not just unsustainable, it is broken. 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 include a workplace strategy that addresses 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.
- The impact of Covid-19, future trade deals and the government's immigration policy on social care is unknown at this time, but experts all suggest the impact 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 2020.¹

¹ <https://www.local.gov.uk/lga-social-care-providers-face-more-ps6bn-extra-covid-19-costs>

- GMB policy 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.

1. What lessons can we learn from this crisis to ensure the health and social care services are better prepared for the pressures it will face in the future?

Before addressing the specifics of this question GMB believes it is vital that there is a full independent public inquiry into the Government of the day's whole response to the Covid-19 pandemic.

In regards to social care it should be first recognised that many of the deficiencies in the sector and the lack of central government planning and strategy were long standing issues prior to Covid-19 and were brought into focus because of the pandemic. The crisis in funding in social care at the time of the March Budget was estimated by the LGA² to have a £1.34 billion structural funding gap even allowing for the possibility of disguised profits through inflated intro-group rents and management fees and a continuation in the sector of poverty pay, inadequate training and development. Further to that, reports suggest there were 122,000 staffing vacancies within social care just across England published in October 2019 – an average vacancy rate of 7.8%³. Further still, long-standing calls for government to put better plans and procedures around infection control in place were ignored including calls to ensure there were emergency supplies of personal protective equipment (PPE).⁴ The Government even initially excluded social care workers from the right to PPE. These issues combined put extreme pressure on the ability of the workforce to provide services to adequate standards.

Firstly, to consider funding. Decisions were made by Government that would cause catastrophic effects on the country's oldest and most vulnerable people in care homes. At a time when the NHS was facing unprecedented challenges, hospital beds were being used by older people that were unable to cope at home alone or without care packages in place. These people were forced into care homes to free

² LGA March Budget Submission

<https://www.local.gov.uk/sites/default/files/documents/LGA%202020%20Budget%20submission%20FINAL.pdf>

³ Skills for Care, 2019 <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

⁴ <https://www.theguardian.com/society/2020/may/13/ministers-were-warned-two-years-ago-of-care-homes-exposure-to-pandemics>

up bed capacity for the expected surge in need due to Covid-19. Care homes in many cases became hospices and the Government policy that led to these decisions requires an independent public inquiry.

If properly funded the social care sector could take more 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 has a skilled yet undervalued workforce that is providing nursing care which has gone mostly unrecognised. One lesson of the Covid-19 outbreak has proven the benefit of care homes and domiciliary care to the NHS and other health services 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.

Secondly, on the issue of staff vacancies in the social care sector. Social care has not been 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 and one that is considered lower in the hierarchy of importance when compared to colleagues in the wider healthcare professions.⁵ Turnover is incredibly high amongst social care workers at 30% of directly employed staff and while the majority of job leavers moved roles within the industry with 66% of leavers remaining within the sector there are high numbers of workers leaving the profession with care workers under thirty by far the most likely to leave their jobs with many of these under the age of twenty five and therefore not entitled to the National Living Wage (NLW) which can be found in alternative professions. However, we feel the perception of care over Covid-19 has shone a light on who the essential workers are in our society and the social care workforce should be top of that list. We believe the Labour Party should now build on these foundations that have been put down and lift the profile of the sector and improve the conditions for social care workers.

Thirdly, around infection control measures. A crucial element of Infection, Prevention and Control (IPC) in social care is strict adherence to self-isolation guidance from the Government. Yet most of the social care workforce are only entitled to Statutory Sick Pay (SSP) which is hard for anyone to live on. The statutory right to £95.85 per week SSP is simply unfeasible amount of money to be able to survive off. There are also considerable sections of the workforce on zero-hour contracts where we have had cases of members following Government advise and self-isolating have not been given any further hours because of bad

⁵ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

bosses. Further to that the social care sector also has many part time workers that because of low pay and reduced hours do not meet the current earnings threshold for SSP. These key workers should not have to choose between surviving without a feasible income or risking not following the advice. One lesson must be learnt is that having workers in a healthcare setting on statutory sick pay is an infection control risk. Care workers and all workers in a healthcare setting should be given full sick pay and sick pay entitlement more broadly should be raised. Other infection control risks that have been highlighted and have presented many challenges include the fact that many residential homes particularly those in older buildings were built without infection control in mind and have made it difficult for the workforce to ensure isolation facilities were in place and as well as physical facilities there has been an issue with poor information sharing including Government guidelines for infection prevention and control which have often taken a long time to be updated as well as issues around extra and dedicated funding for greater IPC measures and PPE supplies social care not reaching the frontline.

Finally, Covid-19 health risks and outcomes has dealt gross disparities disproportionately impacting black and ethnic minorities and women. The care and wider healthcare sector are predominately made up of these workers, as well as the workforce more likely to being older and disabled. 21% of adult care workers were identified as being from black and ethnic minority communities in 2018/19 compared to 14% of the wider working age population. 11% of social care workers were identified as being from Black/African/Caribbean/Black British backgrounds compared to 3% of the working age population.⁶ Care workers have been identified as an occupational group that statistically have a much higher than average chance of dying from Covid-19, higher even than health care workers more broadly. Data from the Office of National Statistics (ONS) shows that 268 deaths involving Covid-19 among social care workers were registered in England and Wales between March 9 and May 25. Any attempt to learn the lessons of this crisis need to deal with the systematic injustices and structural issues in the health and social care workplaces but also wider society and a clear action plan to tackle the issues.

⁶ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

2. What drivers should underpin our approach the healthcare policy development as we build towards the next General Election?

GMB believes that the main priority going forward for healthcare policy should be ensuring there is an ease of transition and integration between different health and care services such as the NHS and social care. Covid-19 has shown the need for the health and social care sector to be more closely integrated. As previously acknowledged one lesson from the Covid-19 pandemic is showing the benefit of care homes and domiciliary care who have acted a buffer for the wider healthcare system preventing many more deaths. Covid-19 has shown that we can no longer regard health and care as two separate systems.

As well as greater integration within the wider health and care sector this also needs to happen within the NHS. This crisis has shown the value in the work that cleaners, porters and other domiciliary workers working in the NHS have done and continue to do. Many of these workers are also more likely to be contracted out to private contractors. Companies such as ISS who pay their workforce poverty wages and again often do not pay full sick pay. It again has been shown how high the rate of Covid-19 cases has been in hospital domiciliary workers. GMB has long campaigned for section 75 of the Health and Social Care Act to be scrapped – where public contracts rules require compulsory tendering to the private sector – and believes Government should actively work to end the two-tier workforce within the NHS and outsourced contracts should be brought back in house under NHS terms and conditions.

GMB also believes issues around staff retention and the huge number of a vacancies in the NHS can only be properly addressed by investing in the workforce. Government austerity policies since 2010 have eroded wages with the lowest paid currently getting below the real living wage. The NHS went into the Covid-19 pandemic with nearly 100,000 vacancies one of the legacies of the pandemic will be a much larger number of patients waiting for care with many procedures postponed to stop these problems getting worse it is vitally important that the NHS retains experienced staff and encourages people to want to go and work for it.

Another issue facing the workforce is the rise in violence against healthcare and emergency workers. Violence against the NHS workforce particularly those working for Ambulance Trusts is a significant problem. In the latest available NHS staff survey from 2019, 14.5% of staff said they had experienced physical violence

from patients, their relatives or the public. GMB believes the true figure is even higher with much going unreported.⁷ Workers should never have to expect that violence is a part of their job. GMB believes national reporting of assaults against ambulance staff and other NHS workers must be reinstated at the earliest opportunity since NHS Protect ceased publishing statistics after 2014 and more needs to be done to end lone working in the service, Government should issue legislation that issues tougher sanctions on those offenders that assault NHS workers and NHS employers should be given greater guidance on the support for staff that have been the victims of assault must have access too.

3. What drivers should underpin a new settlement for social care?

GMB believes the main driver underpinning a new settlement for social care is to firstly ensure that there is a national care body or service with parity of esteem with local government and secondly that the service is properly funded with a workforce that is properly rewarded and valued for the job they do.

The current organisation of the sector is built on a lack of trust and has failed to encourage professional services where the workforce and everyone using the services are valued. Secondly, the current financial model of social care is completely broken. There is not enough money going into the social care system and further investment is needed throughout the sector. We also have 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.

GMB believes that the care service should be delivered through local government because services need to be locally planned, managed and delivered to meet local needs with central Government issuing national regulations, guidance and funding. Planning around care must be given a greater priority and include residential and domiciliary care and this can be best done by fitting the sector into wider systems of accountability and how services can be measured and assessed. We recognise that this would mean large investment and these actions could not happen overnight but the benefits would leave us to better plan the future. But as a first step the Labour Party should encourage a move towards a social partnership approach in care that could bring together trade union representatives, service users, Government, the providers and representatives of

⁷ <https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/>

the sector's partners that commission care, to scope out this much needed solution.

4. How can we ensure that health and care workers are properly valued and rewarded?

The social care workforce has been let down and feels 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 as 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 are few people coming forward to work in social care.

A recent Survation poll conducted on behalf of GMB during Covid-19 highlighted how the pandemic was affecting the morale of the workforce. As many 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-19.⁸

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 would recommend the following should be put in place to ensure care workers are properly valued and rewarded:

- Full and normal pay when on sick leave to be a contractual right.
- 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.
- A new funding settlement to address deep, structural problems in adult social care, including staffing levels, to meet the needs of residents and

⁸ <https://www.gmb.org.uk/news/4-5-care-workers-expect-colleagues-quit-amid-coronavirus-danger>

service users, providing care in homes and the community before NHS provision is required.

- An effective model of registration in England.
- 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.
- Sectoral collective bargaining across this vastly fragmented sector.
- Forensic analysis of where the money (social care funding) is going.

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 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	

There are also specific issues in regard to the current home care system. Front and centre are the way in which home care is currently commissioned by the minute or hour. No other service that takes public money is commissioned in this way by authorities. GMB would like to see this kind of delivery of home care stopped and replaced with home care commissioned as a block of care and person centred so that providers and carers can plan their service over a

sustainable shift pattern. Ensuring that carers are then paid for all their time and help stop the practise of non-payment for travel, training, hand-over and stand time. Blocks of care should be allocated which detail an accurate picture of travel and time commitment as well as travel expenses. This would go a long way of addressing the poor morale throughout the workforce.

As detailed in question 1 we have outlined that the social care workforce also needs full sick pay and sick pay entitlement as a contractual right.

Consideration of training and development of staff within the sector is also something that very much needs to be looked at. At the moment training and skills within the sector are often not transferable outside of their own employer and do not contribute to career progression within the sector.

5. Which areas of health and social care policy should the Labour Party prioritise for policy development as we build towards the next General Election?

GMB has outlined above that the Labour Party really needs to prioritise social care as an element for policy development over the next Parliament. We are keen to continue to discuss specific concerns or arrange briefings on any of the substantive issues outlined above with the Labour frontbench.

GMB welcomes the Labour Party's shadow Health teams' interest in and engagement on these important policy questions. We recognise how much the Labour Party has already listened to us with the policy around supporting a mental health package of support for social care staff in England coming from conversations with our members. We look forward to supporting the Labour Party's continued policy development in the areas raised by the consultation document over the course of this Parliament.