



BRIEFINGS FOR THE NaCSILS LOCAL GOVERNMENT ELECTION CAMPAIGN 2023

End Social Care Disgrace

The ESCaD campaign champions a public, National Care, Support and Independent Living Service (NaCSILS) which is free at the point of use, like the NHS and rooted in the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

Our website is here www.nacsils.co.uk

Our 7 point programme is here [Our Seven Demands | NaCSILS](#)

These are our long-term goals.

ESCaD also campaigns for immediate changes in people's lives. This document describes the changes we need to see and the background to each. We hope this will help both campaigners and Councillors to see how necessary and important these are, particularly with the cost of living crisis .

The government's proposals to raise funds by increasing national insurance contributions, and applying this to people aged 60 and over, will not meet the requirements of the current inadequate provision, let alone radically alter services. It will be used largely to support the NHS, which is at crisis point, and social care and support, which is also at crisis point, will not receive vital funds until 2023, if the current proposals are adhered to. In fact, there are rumours that even this small amount of money has been cut. Research published on 18 February 2022 by the Women's Budget Group and the New Economics Foundation calculates the cost of all the reforms needed to create a high-quality, universal care service with well-paid care workers, and shows that the government's new health and social care levy would only raise 6% of the funds needed to create such a service. You can see details of our thoughts on funding here

<https://www.centreforwelfarereform.org/uploads/attachment/660/fully-funded-social-care.pdf>

COUNCILS TO LOBBY THE GOVERNMENT, NOT MERELY TAKE THE BLAME

Local Authorities are often blamed for cuts and reductions in services. The government is at the root of the problem, having cut LA budgets, in many cases by more than 40%, over the last 10 years. ESCaD would like to see all Councils making that publicly clear, using all media outlets available.

COUNCILS NEED TO MAKE THE FOLLOWING CHANGES

1. Stop rising care charges which are harming disabled and older people

Tens of thousands of sick and disabled people are being driven into debt over charges imposed by Local Authorities for the care and support they need to stay in their homes.

People are contending with rises in fuel prices; the national insurance increase; council tax increases; stagnant wages and the consumer price inflation rate set to be the highest since 1992. Care and support workers cannot afford to remain in the jobs they love. Those needing support cannot afford the provision which is largely privatised. The severe disability premiums included in benefits to disabled people are no longer available under Universal Credit which means that households with at least one disabled person are losing £1 in every £3 of their income. This has a detrimental impact on the support they can afford.

Answers to Freedom of Information requests across London and North-West England show that increasing numbers are facing the threat of court action for non-payment of care charges. Some have been forced to give up the help they need, because they simply cannot afford it.

New figures obtained by both Cheshire Disabled People Against Cuts, and Inclusion London show that thousands of disabled people have had debt management processes started against them for unpaid care charges. For example, Wigan Council said that more than 4,633 had received at least a “first and final notice” letter for non-payment dating back to 2018.

The disabled women’s group WinVisible has highlighted the [case of a woman with advanced cancer](#), who was being charged £116 per week for seven-and-a-half hours care at home after her discharge from hospital. That took all of her PIP (Personal Independence Payment), a benefit supposed to help with extra costs of living with disabilities, leaving £171.38 for all her living costs and disability expenses. Yet research by cancer charity Macmillan puts the average extra cost of living with the disease at over £140 a week, and disability charity Scope says the average extra weekly bill is around £146, rising to £250 in some cases.

[Care charges: Councils of despair – WinVisible \(wordpress.com\)](#)

Actions ESCaD (and other campaigns) wants Councils to take:

- i) Freeze any rise in Local Authority care charges in the 2023 Council budgets
 - ii) Raise the Council’s discretionary MIG (Minimum Income Guarantee) used when charging people for support in their own homes and the Personal Expenses Allowance, for care home residents. Both of these have been frozen by Government for 7 years. The Secretary of State for Health has promised a cost of living rise in April but it will go nowhere to reverse the seven year cut.
 - iii) Ensure that all recipients of non-residential services are aware of disability related expenses, including heating, that should be offset by the Council against charges
 - iv) Cancel existing care charge debts
 - v) End debt recovery actions against older & disabled people in charging arrears; provide advice and support on finances rather than send in the bailiffs.
- 2. [Work with users of the service to explore removing all charges for non-residential support as Hammersmith and Fulham Council has done since 2015!](#)**

Fund a user-led organisation to develop and run an Adult Social Care service based on Independent Living lines.

Hammersmith and Fulham Council leader, Councillor Stephen Cowan explained that abolishing care charges costs the Council £324,000 a year in lost income but that the scheme was being funded by £400,000 cuts in PR, Council publications and lamp post banners. The Council also saved money on projects no longer needed because charging was delivered free.

In Scotland, free personal care is available for those who are assessed by their Local Authority as needing it. Adults of any age, no matter their condition, capital or income, who are assessed by their local authority as needing personal care, are entitled to receive this without charge. Free nursing care is provided in a similar way to all who are assessed as requiring it. [Free personal care in Scotland | Advice | Independent Living](#)

3. [Improve pay and conditions for care and support workers](#)

The struggle in social care remains both gendered and racialized. Over 80% of the workforce is

women and people of colour and from minority communities who are disproportionately affected by the poor terms and conditions in the sector.

Staffing is the single biggest challenge facing Adult Social Care: a fractured, majority female workforce, delivering an essential public service, on low pay with high levels of job insecurity. At any one time, the sector has approximately 122,000 vacancies. TUC analysis shows seven out of 10 care workers earn less than £10 per hour. 24% of the sector are employed on zero-hours contracts. This increases to 43% when just accounting for the domiciliary care workforce.

Turnover in the sector is high at 30.4%, equivalent to approximately 430,000 leavers over the year. The cumulative cost of losing experienced, skilled and compassionate staff for employers and those receiving care is immeasurable.

Yet, social care is one of the most important sectors in our economic infrastructure, contributing at least £46.2 billion to the economy and representing 6% of total UK employment. With an ageing population and surge in care needs stemming from the pandemic, it is an area with huge jobs growth potential. Skills for Care estimate the sector will need to recruit 520,000 extra jobs nationally by 2035 to keep up with the ageing population.

We need a new deal for care and a new deal for the care workforce.

That starts with pulling care workers out of poverty and guaranteeing a new sectoral minimum wage of at least £10 per hour.

Analysis by Landsman Economics for the TUC shows the cost of doing so is affordable. The gross cost of a new minimum wage is £434 million, with a net cost of £227 million because of increased tax revenue and reduced benefit spend.

TUC analysis showed that it takes care workers in the private sector an average of 12 weeks to earn what the average highest paid director at some of the biggest providers earns in just one day. Ending the profiteering and for-profit model in care is important to make sure that the money invested in the system goes to those receiving and delivering care.

The TUC shows the introduction of a sectoral minimum wage would transform the lives of one in three care workers, 580,000 workers in total. These are the same care workers that have been on the frontline of caring for our communities during the pandemic, risking their lives to care for our loved ones. It is only right that we show our appreciation through decent pay and working conditions rather than through applause or badges.

Given their overrepresentation in the lowest paid areas of care women, black and ethnic minority (BME) workers and care workers in the West Midlands, North West and South East would stand to gain the most.

492,000 women working in social care would benefit
129,000 BME care workers would benefit; and
81,000 care workers in the West Midlands, 78,000 in the North West and 67,000 in the South East would see their pay rise.

ESCaD asks that Councils:

- i) Pay all Council staff above the real living wage, including sleep-in shifts and

- ii) Refuse to contract with any private provider who does not pay the real living wage. Also support care workers fighting for £15 per hour, proper sick pay etc. See NaCSILS Care and Support Workers Charter (5)
- iii) LAs to lobby govt re carer visa.

4. Take serious steps to explore how current services outsourced to private companies could be publicly provided, working in genuine co-production with those who draw on services, families, staff and communities to improve the range and quality of provision.

The market doesn't work

If the adult social care market worked well, as the Competition and Markets Authority (CMA) [has explained](#) in the case of care homes, it would match supply and demand, and people would make well-informed choices about how their care needs are met. Those working in the sector would be appropriately recompensed for their skills, the industry would be financially sustainable, providers would become more efficient and investment in the sector would continue.

However, the CMA concluded there were broad problems in the care home market. These problems are likely extend to other areas of adult social care provision, such as home care. The Health Foundation has identified [issues](#) with access, quality, workforce resilience and provider sustainability.

Examples include:

- Lack of public understanding, service availability and choice for care users, with complaints of '[care deserts](#)' in some parts of England and an undersupply of services (such as housing with care).
- Worrying rates of providers going out of business or leaving the market, including some [high profile](#) and hard-to-replace providers, with implications for continuity of care.
- Problems with quality of care. While most of the care provided is good, [one in six services still fall below the required quality standard](#) set by the CQC, with a residue of providers that neither improve nor exit the market.
- A failure to scale up some successful and high-quality types of provision.
- High turnover and vacancy rates among the [care workforce](#), as the sector struggles to compete with other industries on pay and conditions.
- Additional pressure on [NHS services](#) and family carers arising from under-provision of social care services.

On top of these issues – and even more fundamental - is the fact that much provision does not meet the needs of those who draw on services, their families and communities. Residential “care” remains largely institutionalised, home support is often geared to meeting basic physical needs and can be chaotic, hurried and impersonal. Choice is incredibly limited.

[Why the market matters in adult social care \(and what we can do about it\) - The Health Foundation](#)

Rate of privatisation

In 1979, 64% of residential and nursing home beds were still provided by Local Authorities or the NHS; by 2012 it was 6%. In the case of domiciliary care, 95% was directly provided by Local Authorities as late as 1993; by 2012 it was just 11%.

Taking the market out of services

Unite believes that if social care providers are unable to keep service users and staff safe and well treated there is a strong case to bring these services into public ownership.

Along with Unite, we would like to see Councils taking steps such as these to get the market out of Social Care.

- **Make a public commitment to a policy of public before private provision.**
 - **Introduce a rolling calendar review of all outsourced council funded services.** If the Council has contracted out social care services these need to be audited and the contracts reviewed on an on-going basis. This to include consideration of how much council administered funding is being given to 'for profit ' providers. Is this the best use of these funds or can the council invest to provide alternative provision in-house or via not-for-profit co-operatives and peer led services?
 - **Ensure that all local authority funding, grants and contracts are subject to ethical procurement standards** placing enforceable conditions on providers to meet high service, employment and ethical standards including union recognition and access.
 - **End contracts for failing services,** providers who are going bust or seeking to exit the market and use the opportunity to explore public alternatives as Trafford Council has done. There are many scenarios including providers going bust or seeking to exit the service, failures to deliver on the contracts service or the use of force majeure clauses particularly in care services where clear failures in safety have occurred.
 - **Open the books.** Government procurement guidance during the pandemic has allowed local authorities to provide additional assistance to contracted service providers to keep them afloat. To qualify for this "supplier relief" suppliers should agree to act on an open book basis and make cost data available to the contracting authority during this period." This allows councils to fully understand whether they are receiving value for money.
 - **Investment in services.** The Public Works Loan Board can provide loans at much less than the market rate and this allows local authorities to invest in infrastructure to deliver better services in-house or in alternative better quality provision for their communities.
 - **Commit to democratically designing and delivering "not for profit" services in equal partnership with disabled and older people's organisations.**
5. **Recognising and assessing the needs of unpaid carers, with guaranteed respite care when needed**
- We want an immediate uplift to benefits and carers allowance to meet the real cost of living and urgent investment in community support for 8 million family carers, including disabled mothers and 70,000 children.