

## Care deserts: the impact of a dysfunctional market in adult social care provision

### Foreword

I would like to express my thanks to Incisive Health, on behalf of Age UK, for producing this important report about the state of the market for social care in England. Unfortunately, it makes for sobering reading. Firstly, this study shows just how much of a geographical lottery it is looking for residential or domiciliary care at the moment. Generally speaking, the grass is greener if you are a self-funder and if you live in a town or city, but this does not hold universally true and there are big variations by region. The playing field in terms of seeking care is extremely uneven from place to place and clearly, overall, this is not a market that is being managed effectively by local authorities or indeed by anyone else. I don't think it is fair to blame local authorities for this – they may carry some legal responsibility for care market management but they lack the levers to be able to exercise it effectively.

Secondly, it is clear that there are at least some areas of the country which really are now 'care deserts', in that even if you have money to spend on care you will be unable to get it. Sometimes this is because there are no providers – there is a lot of churn among them, especially in the domiciliary care sector - and on other occasions it is because there are providers but they have insufficient numbers of staff. Either way the result is that the needs of some local older people must be going unmet, or they face travelling a long way to get into a care home, or their families and friends have to care for them instead. In other words, in areas where this is the position the care market has ceased to function and there is no care to be had.

Thirdly, the worrying national trends about the undersupply of nursing home beds are well known, but this report tells us more about the impact on local areas. Some places do not have any nursing home beds or any easy access to them either. This is incredibly serious because older people who need a nursing home bed by definition have very significant health needs. As a result, in most cases they are unlikely to be able to be cared for at home, even if they have family members prepared to help and good availability of highly skilled domiciliary care. An acute shortage of nurses seems to be a principal cause of this problem, leading some nursing homes to de-register and become care homes instead, and others to 'moth-ball' some of their provision because they can't staff it adequately any more. This is a deeply worrying state of affairs.

Fourthly, a place like Guilford in Surrey may be affluent and relatively well provided for in terms of care, but it is also demonstrably quite reliant on staff from the EU. At the time of writing 'Brexit' is still very much up in the air; however, as things stand, if Britain does leave the European Union, care staff who come from there will no longer have unfettered access to our social care labour market and it is obvious that the South of the country especially is set to be hit hard by this. Yes, there is a settlement scheme to which staff can apply but the fact the tap that supplies new staff from European Union countries will be turned off will impact on supply. It should also be noted that compared to the situation with paid care staff, nurses in nursing homes are significantly more likely to come from the European Union. If the UK leaves without putting compensatory measures in place it seems that the nursing home sector will be particularly badly hit and it is in a perilously weak position already.

Several years ago the Care Quality Commission attracted headlines for saying that social care had reached a 'tipping point'. Incisive Health are quite clear that in some places the evidence is that this tipping point has now been passed. One can only feel incredibly sorry for all the older and disabled people, and their families, facing such an unsatisfactory and unsafe situation in their areas. Nothing could better demonstrate the need for reform of the funding and provision of care, a process only the Government can lead. Obviously there are other very pressing things for Ministers to think about at the moment, but while 'Brexit sucks all the political oxygen out of the air', as some commentators have expressed it, this report shows that social care is gradually rotting away.

## Introduction

The social care market in England is complex. Statutory responsibilities lie with local councils, and to some extent the NHS, while services are overwhelmingly provided by a patchwork of voluntary and private sector organisations. Services are delivered to around a million people who need them in thousands of hyper-local markets across the country, with major variations in quality and provision within and between counties. This fragmented approach, despite decades of criticism and regular government and expert-led reviews, continues to be how social care services are delivered in England.

With still no sign of the Government's green paper, the social care system has been left waiting for over two years for the Government to set out its vision for the long-term sustainability of the system.<sup>1</sup> However, even when the green paper is finally published, its focus is expected to be on longer-term reform, yet as this report demonstrates, the system is in desperate need of action, in the here and now. There have been four independent reviews, five consultations and seven government policy papers focused on social care in the last 20 years without a meaningful change to the system. Without concerted pressure from the social care community, the green paper could simply add to this list, rather than delivering on the actions and transformational changes that are needed.<sup>2</sup>

In order to understand the impact of these repeated failures in policy, Age UK commissioned Incisive Health to carry out a review of the social care market to consider the extent to which it can still be considered functional. For those working in or using social care services, the answer may seem clear, but is there now an evidence base to demonstrate that the social care market has tipped from unwieldy, inefficient and unfair to outright dysfunctional, with 'care deserts' emerging around the country, unable to provide the services needed even to those with the ability to pay?

This question is crucial: whilst the Government, and the Treasury in particular, deem the social care market functional, their appetite for transformational change and urgent investment at the national level is limited.

This paper sets out the findings from our research, presenting:

- An executive summary including an overview of our conclusions
- An overview of how social care services function in England and the demographic and financial challenges facing the system
- An analysis of the key factors affecting access to social care at the local level, namely:
  - Workforce capacity
  - Care home beds
  - Care home beds with nursing
  - Domiciliary care
- The implications of dysfunction in the social care market on:
  - Informal carers

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<sup>1</sup> House of Commons, [Financial Statement – 8 March 2017](#), March 2017

<sup>2</sup> The King's Fund, [A short history of social care funding](#), May 2017

- Social care outcomes
- The NHS
  
- An in-depth analysis of five local social care systems:
  - Hull
  - Totnes
  - Norfolk
  - Guildford
  - Leicester

## Executive summary

'Care deserts' are local areas of the country where sufficient social care services are unavailable, no matter the individual or local authority's ability to pay, meaning the social care needs of the local population go unmet. They develop because the market for social care becomes so dysfunctional that either providers decide that it is financially unsustainable to operate and deliver the capacity required or because there are insufficient staff to deliver care. This report sets out the evidence for their existence and argues that the presence of care deserts demonstrates that radical and immediate action is required to stabilise the sector.

As part of our research we focused on four key market indicators – the availability of workforce, care home beds and care home beds with nursing, and the domiciliary care market. For each of these, we see evidence that the social care market is not operating in a way capable of providing care to everyone who needs it:

- The social care workforce crisis is worsening, with vacancy rates rising. In some areas of the country, the lack of specialist workers in particular is now severely limiting the care that providers are able to offer. In Devon, for example, we found cases of care homes reducing their bed capacity because of a lack of available staff
- The number of care home beds has reduced over the last five years, at a time of rising need. These reductions are not evenly distributed around the country, leaving provision in some areas even more precarious. In York, for example, nearly one in five care home beds has been lost in the last three years
- The situation for care home beds with nursing is even more acute. Despite a slight rise in the total number of beds nationally over the last five years, some local areas, such as Hull, have lost more than a third of their nursing beds in the last three years
- The domiciliary care market is in crisis with the number of hours of care provided falling by three million over the last three years<sup>3</sup>

Most tellingly, there are some parts of the country where there are no longer providers available to deliver nursing home services. With competition for skilled workers high, some areas of the country are unable to attract appropriately skilled care workers, meaning the market for crucial social care services is at risk of breaking down entirely.

In 2017, the Competition and Markets Authority (CMA) argued that the market-based approach to social care was unsustainable without additional public sector funding.<sup>4</sup> Based on our findings, we can go further: the current model has broken down in some areas of the country and is no longer capable of delivering care to people in need. Immediate action is needed to stabilise the system and set it on the course to delivering sustainable care in the long-term.

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<sup>3</sup> LaingBuisson, Homecare and Supported Living Report, 2018

<sup>4</sup> CMA, [Care home markets study; final report](#), November 2017

## An overview of the challenges facing the social care system in England

Social care services in England are fragmented, underfunded and facing increasing pressure from demographic change. Recent national level analyses published by the Local Government Association,<sup>5</sup> The Health Foundation and The King's Fund,<sup>6</sup> and the IPPR,<sup>7</sup> as well as from national bodies such as the Care Quality Commission (CQC),<sup>8</sup> Parliamentary Select Committees,<sup>9</sup> and the House of Commons Library,<sup>10</sup> set out the multiple challenges facing the system, and the options for reform which could be implemented following the green paper. The following section provides an overview of the national picture, before we focus on the key factors affecting the functioning of the social care market at the local level.

### Demographics

England's social care services face severe demographic pressures from an ageing population. There were over 1.8 million requests for social care support from local councils in 2017/18, 72% of which came from people over 65 years old.<sup>11</sup> The Office for National Statistics (ONS) estimated that 18.2% of the population were aged 65 or over in 2017.<sup>12</sup> It is predicted that by 2066, 26.5% of the population will be over 65.<sup>13</sup> Estimates suggest that the number of over 85 year olds, those most likely to have high needs, will increase particularly rapidly, driving increased demand for more intensive social care support.<sup>14</sup>

However, as argued in our report, *An international comparison of long-term care funding and outcomes: insights for the social care green paper*, the UK is ageing at a relatively slower rate than comparable countries.<sup>15</sup> So while the social care system in England is undoubtedly challenged by the same demographic pressures common to most developed economic countries, it is also fair to say that there are examples of countries under even greater pressure yet dealing more effectively with these challenges: if social care systems in countries like Japan can cope with an ageing population, then with the right political will, the system in the UK should be able to as well.

### Service structures

Social care in England is delivered by three overlapping sectors, with different responsibilities:

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<sup>5</sup> Local Government Association, [The lives we want to lead](#), 2018

<sup>6</sup> The Health Foundation, [A fork in the road: Next steps for social care funding reform](#), 2018

<sup>7</sup> Institute for Public Policy Research, [Fair Care](#), 2018

<sup>8</sup> Care Quality Commission, [The state of health care and adult social care in England 2017/18](#), 2018

<sup>9</sup> Health and Social Care and Housing, Communities and Local Government Committees, [Long-term funding of adult social care, HC768 2017-19](#), 2018

<sup>10</sup> House of Commons Library, [Social care: forthcoming Green Paper \(England\)](#), 2018

<sup>11</sup> NHS Digital, [Community Care Statistics, Social Services Activity, England - 2017-18](#), 2018

<sup>12</sup> Office for National Statistics, [Overview of the UK population: November 2018](#), 2018

<sup>13</sup> Office for National Statistics, [Overview of the UK population: November 2018](#), 2018

<sup>14</sup> Kingston A, Comas-Herrera A and Jagger C 'Forecasting the Care Needs of the Older Population in England Over the Next 20 Years: Estimates from the Population Ageing and Care Simulation (PACSim) modelling study', in *The Lancet Public Health*, 3(9) ppe447-55, 2018

<sup>15</sup> Incisive Health, [An international comparison of long-term care funding and 65s: insights for the social care green paper](#), 2018

- Local authorities, who provide some services directly, commission others and have overall responsibility for maintaining a functioning social care market in their local areas. Public supply accounts for 10% of the social care home market (including both local authority and NHS care homes)<sup>16</sup>
- Private or third sector providers, who provide the majority of services, whether publicly or privately funded. The non-profit sector accounts for 14% of the care home market and the for-profit care home market 76%<sup>17</sup>
- The NHS, which has responsibility for some aspects of nursing in residential care and the provision of Continuing Health care

Services are delivered within a framework set and assessed by national bodies:

- The Department of Health and Social Care is responsible for social care policy and, through the 2014 Care Act, set a standard assessment criteria that informs the minimum level of care local authorities have to provide and guides how councils have to assess the needs of their residents
- The Care Quality Commission (CQC) regulates and assesses the standards and quality of social care services
- The CMA assesses how the social care market is working and tries to ensure it is functioning for users, providers and the wider economy

Two types of care primarily provided:

- Domiciliary care, provided in a person's own home
- Residential care, provided in an institutional setting such as a care or nursing home

In England, these services include some medical or nursing care, assistance with the activities of daily living ("such as eating, bathing, washing dressing"), and "assistance services that enable a person to live independently."<sup>18</sup>

One of the consequences of the complexity of the social care market is that the data on the number of people receiving social care services is not authoritative. The wide range of different service providers and funding models make it challenging to compile a definitive national database. However, in 2017, LaingBuisson estimated that there were around 421,000 people in older people's care homes, with 249,000 of those public pay and 172,000 self-funding.<sup>19</sup> They also estimate that 650,000 adults across the UK are currently in receipt of 'social' homecare services (which excludes people receiving NHS funded care at home).<sup>20</sup>

The number of people in need of care and support is undoubtedly higher than these figures. One way of estimating this figure is to consider the number of over 65s in need of assistance with the activities of daily living. Nationally, it is estimated that 1,944,585 over 65s are living with one or more activity of daily living support need and that 534,858 are living with three or more.<sup>21</sup> Although not an exact comparison, people

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<sup>16</sup> LaingBuisson, Care Homes for Older People Market Report – 29<sup>th</sup> Edition, July 2018

<sup>17</sup> LaingBuisson, Care Homes for Older People Market Report – 29<sup>th</sup> Edition, July 2018

<sup>18</sup> OECD, [Accounting and mapping of long-term care expenditure under SHA 2011](#), 2018

<sup>19</sup> LaingBuisson, [Care homes for older people market analysis and projections](#), 2017

<sup>20</sup> LaingBuisson, Homecare and supported living UK market report, Second Edition, April 2018

<sup>21</sup> The English Longitudinal Study of Ageing, Wave 8, [The Dynamics of ageing](#), Age UK analysis, 2018

who need support with three or more activities of daily living are likely to meet the threshold for social care support.

Figure one shows the percentage of over 65s in need of assistance with one or more activity of daily living, broken down by region.

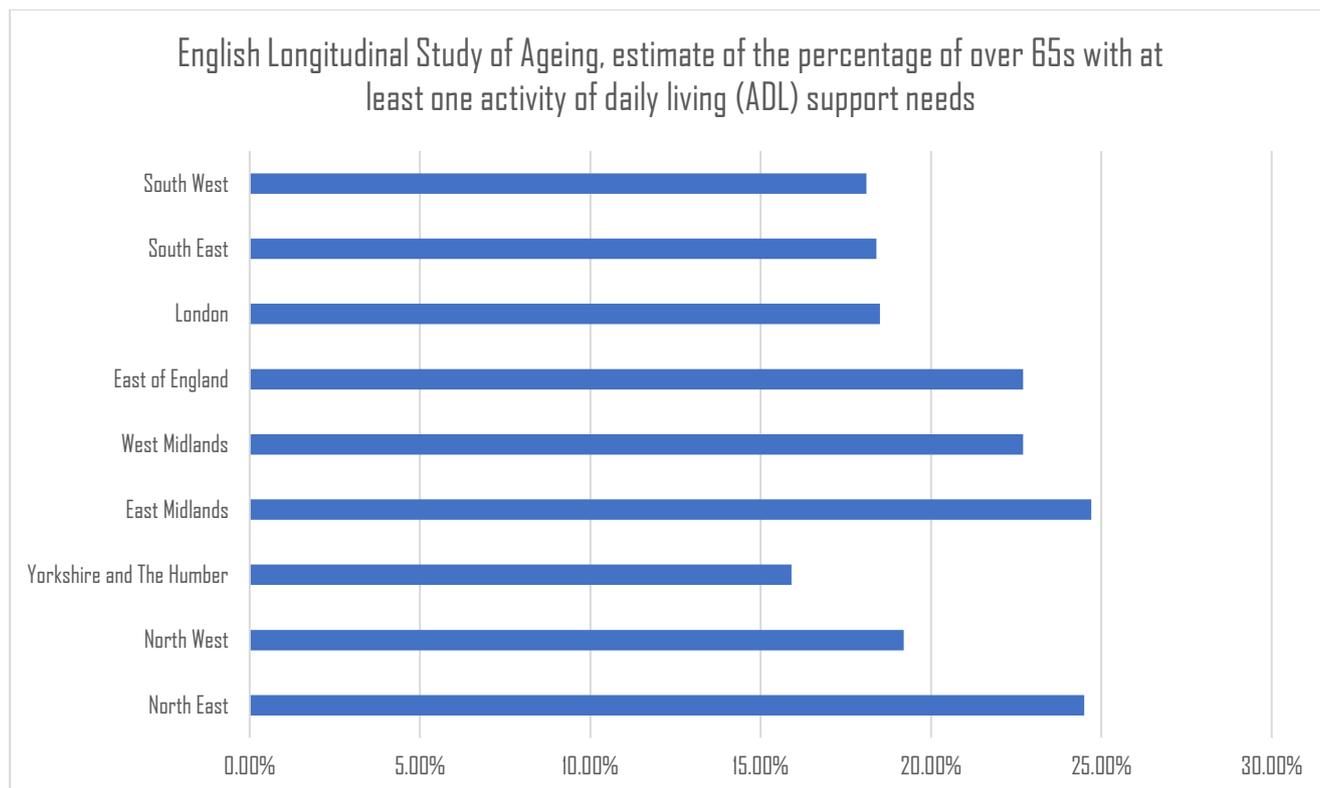


Figure 1: English Longitudinal Study of Ageing, estimate of the percentage of over 65s with activity of daily living (ADL) support needs<sup>22</sup>

Age UK estimates that 1.4 million older people, equating to nearly one in seven, do not have access to the all the care and support they need from either formal or informal sources, and, as a result, are currently living with an unmet need.<sup>23</sup> This is an increase of 19% in the past two years.<sup>24</sup> Of those 1.4 million, 300,000 need help with three or more essential daily tasks, meaning that more than half of the people who need help with three or more essential daily tasks are not receiving all the support they need. The consequence directly impacts the NHS, with delayed discharges from hospital due to an absence of suitable social care estimated to cost the health service nearly £290 million a year.<sup>25</sup>

The size of the older population in a given area does not necessarily correspond with the level of demand for care services as factors such as inequality and population health also play an important role. Likewise demand for local authority funded services is shaped by patterns of wealth and home ownership, rather than overall need. This can make it challenging for local authorities to fulfil their statutory responsibility to provide

<sup>22</sup> The English Longitudinal Study of Ageing, Wave 8, [The Dynamics of ageing](#), 2018

<sup>23</sup> Age UK, [Press release: 09 July 2018](#), 2018

<sup>24</sup> UK, Estimates of unmet need are Age UK analysis based on data from the English Longitudinal Study of Ageing, Waves 7 and 8.

<sup>25</sup> Age UK, [Press release: 09 July 2018](#), 2018

care and market shaping functions. As we discuss below, social care markets with lower numbers of self-funders (or in other words, less wealthy populations) are likely to have less stable markets. Combined with the hyper-local nature of social care markets this means that less wealthy areas are likely to struggle to maintain thriving social care markets for their local populations.

Organisations providing social care services in England have to register with the CQC.<sup>26</sup> In November 2018, the CQC had over 18,000 registered locations providing social care services for older people, with nearly 11,000 of these classified as care homes with at least one bed.<sup>27</sup> The remaining services provide either regulated domiciliary care or other personal home care services. Figure two shows the density of these locations across England.

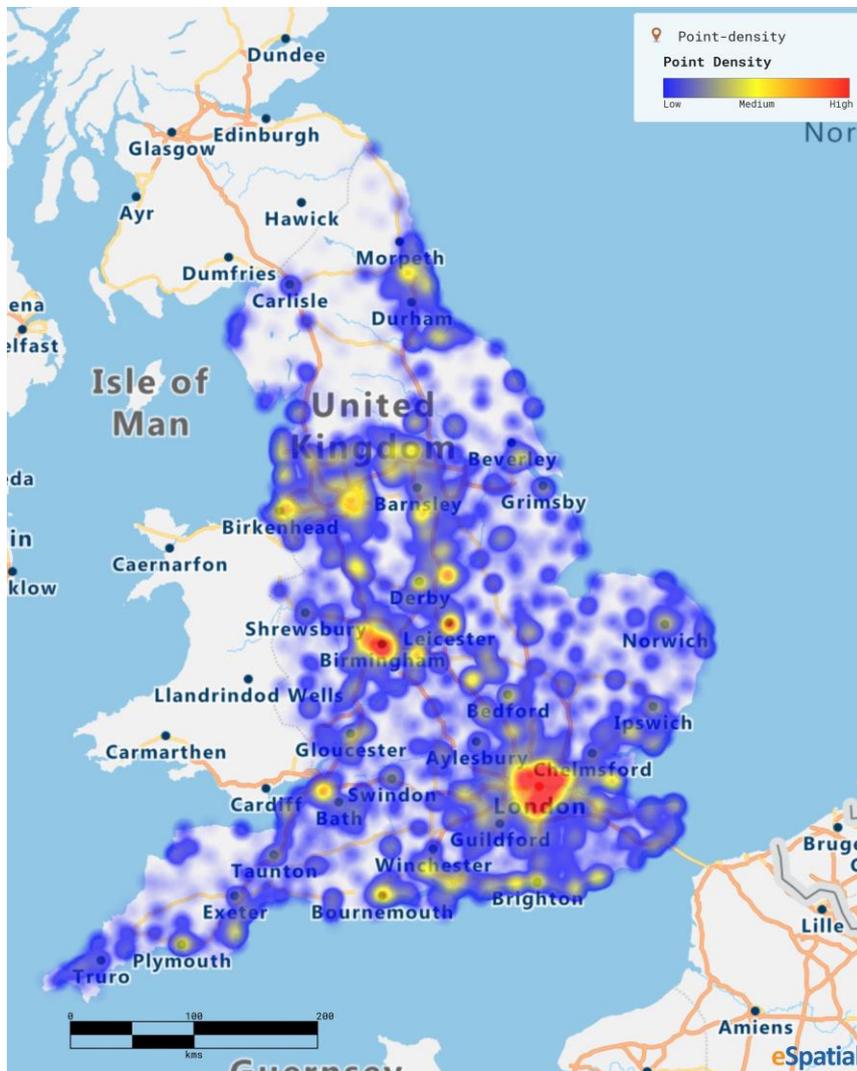


Figure 2: England, Registered social care services, (point-density heat map)<sup>28</sup>

<sup>26</sup> CQC, [HSCA Active Locations November 2018](#), 2018

<sup>27</sup> CQC, [HSCA Active Locations November 2018](#), 2018

<sup>28</sup> CQC, [HSCA Active Locations November 2018](#), 2018

Figure 2 highlights the concentration of services in major urban areas, with the South East, areas of the North East and North West having particularly dense coverage. By comparison, social care locations are sparser in more rural areas of the country, with relative gaps in the East of England, South West and Midlands (outside of the concentration around Birmingham). Whilst registration data alone can only tell us so much about the way the market operates, at least at a national level, registration does paint a relatively healthy picture of the market with multiple services in every region and concentrations in major population centres.

### Informal care

Outside of formal social care services, the Office for National Statistics (ONS) estimates that the number of people receiving some level of informal care from family, friends or others is approximately 2.1 million.<sup>29</sup>

The number of unpaid carers in England has increased from 5.9 million in 2001 to 7.6 million in 2018.<sup>30</sup> The impact of the challenges in the social care market on informal carers is covered in more detail on pages 28-33.

### Funding of social care

Whilst NHS care is free at the point of use, state-funded social care is only available to those with high levels of need and subject to strict means-testing. Currently, only those with total assets of less than £14,250 qualify for local authority-funded support. Councils will partially subsidise care for those with assets of less than £23,250 with people above this threshold having to privately fund their care.<sup>31</sup> Individuals, depending on their income, may still have to contribute towards the cost of care, subject to a financial assessment. For homecare, the value of a person's home is not included in the means test; however, for permanent residential care, it is.<sup>32</sup>

Those in need of care will need to make a contribution from their income (including from a pension or any benefits) to the cost of their care. Local authorities have the ability to set their own charging policies (subject to compliance under the Care Act 2014), and charging levels do vary around the country. National guidance states that individuals in care homes should be left with at least the level of the Personal Expenses Allowance (£24.90 a week),<sup>33</sup> and individuals receiving domiciliary care in their homes should be left with at least the Minimum Income Guarantee amount (£189 a week for a single person over the qualifying age for the state pension).<sup>34</sup> Depending on the local authority policy, income above these levels can be taken as contributions to the costs of social care.

Needless to say, these charging policies deny some people access to care and leave others impoverished. This particularly impacts people who fall between the cracks of free NHS services and paid for social care. For people with complex conditions such as Alzheimer's, the line between what constitutes health and what constitutes care can seem arbitrary at best and catastrophic at worst. Those requiring specialist nursing care

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<sup>29</sup> Office for National Statistics, [Chapter 3: Home produced 'adultcare' services](#), 2016

<sup>30</sup> Social Market Foundation, [Caring for carers](#), 2018

<sup>31</sup> Department of Health & Social Care, [Care and support statutory guidance](#), 2018

<sup>32</sup> Age UK, [Paying for care](#), 2018

<sup>33</sup> Age UK, [Paying for permanent residential care](#), 2018

<sup>34</sup> Age UK, [Paying for care and support at home](#), 2018

in the more advanced stages, are often left paying for private social care, with lifetime care bills that can top £500,000.<sup>35</sup>

### ‘Austerity’ and local authority budgets

The social care system is funded through general and regional taxation as well as payments from users. Over the last eight years of ‘austerity’, reductions in central government funding to local authorities has translated into an 3% decrease in spending by local councils on social care since 2010 (or 9% per person).<sup>36</sup>

Unsurprisingly, these cuts have led to fewer people accessing publicly-funded care,<sup>37</sup> and increasing pressure on councils to limit the kind of care they offer.<sup>38</sup> At a time of rising demand, this means that more people are having to pay for their care privately, rely on informal care from family and friends or manage without the help they need.

Unlike the NHS, which had a five-year budget settlement agreed at the Autumn Budget, social care saw only a short-term injection of additional funding. The Health Foundation has calculated the additional £650m in funding means the social care budget will increase by 2.9% in real-terms next year, an improvement on the cuts of recent years, but still below the 3.9% increase in cost pressures on the service.<sup>39</sup>

Reductions in central government funding have also affected the private market. A 2017 review of the residential care market by the CMA found that local authorities are being forced to ‘buy’ care home beds at between 5-10% below their cost, with care home providers therefore making a loss on these beds.<sup>40</sup>

Care home providers across the country have responded to this pressure on their finances by increasing prices for self-funding residents, with fees for self-funders now 41% higher on average than for local authority-funded beds in the same care homes – equivalent to an extra £236 per week.<sup>41</sup> Providers, unable to break-even on local authority residents, are passing on the costs to self-funders. But, as set out above, the proportion of self-funders varies significantly across local authority areas, therefore the scope to cross-subsidise services is also more limited in some than others.

However, as we have seen with the near-collapse of Four Seasons Healthcare in 2017<sup>42</sup> and the ‘managed collapse’ of Allied Healthcare in 2018,<sup>43</sup> private providers are under severe financial pressure – particularly in areas where there are relatively more local authority-funded beds than people paying privately.

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<sup>35</sup> The Independent, [Should we have to pay for our own social care?](#), 2017

<sup>36</sup> The Institute of Fiscal Studies, [Spending on Adult Social Care in England: Briefing note](#), 2018

<sup>37</sup> Nuffield Trust, The Health Foundation, The King’s Fund. [The Autumn Budget: joint statement on health and social care](#), 2017

<sup>38</sup> Local Government Association, [The lives we want to lead](#), 2018; The Guardian, [East Sussex council set to cut services to bare legal minimum](#), 2018

<sup>39</sup> The Health Foundation, [Response to the Autumn Budget 2018](#), 2018

<sup>40</sup> CMA, [Care home markets study: final report](#), November 2017

<sup>41</sup> CMA, [Care home markets study: final report](#), November 2017

<sup>42</sup> Daily Telegraph, [Care home giant Four Seasons avoids collapse with last-minute deal](#), 2017

<sup>43</sup> BBC, [Allied Healthcare to transfer care contracts](#), 2018



Figure 3: Proportion of self-funders in residential care by region (England)<sup>44</sup>

As figure 3 illustrates, there is wide variation in the proportion of people in care homes who are self-funders, meaning that the social care markets in different regions are exposed to different pressures. In the North East, with by far the lowest proportion of self-funders, the care home market is unquestionably struggling. The proportion of self-funders in the North East is 18%, Greater London, the second lowest, has 30% whilst the average across the UK is 41%.<sup>45</sup>



Figure 4: Midpoint of care home fees by region and registration type (£)<sup>46</sup>

<sup>44</sup> CMA, [Care home markets study; final report](#), November 2017

<sup>45</sup> CMA, [Care home markets study; final report](#), November 2017

<sup>46</sup> CMA, [Care home markets study; final report](#), November 2017

As shown in figure 4, the number of self-funders has a direct impact on the average prices for social and nursing care – areas with lower numbers of self-funders have lower average prices because local authority payments are so much lower from people who self-fund.

Overall, the CMA concluded that the current market-based model of service provision was unsustainable without additional public sector funding, particularly in areas with fewer self-funders.<sup>47</sup>

### Cost pressures on social care providers

The pressure on social care providers from the below-cost pricing of local authority beds is only one of the factors contributing to the financial challenges they face. Other cost pressures include:

- The introduction of the national living wage, while wholly welcome and much deserved, has increased the workforce costs of social care – dramatically in some areas of the country.<sup>48</sup> The additional costs of the National Living Wage (NLW) were estimated to be £333m in 2017/18 when it was set at £7.50 an hour for employees over the age of 25. The NLW will increase to £8.21 from April 2019.<sup>49</sup>
- High-levels of employment in the economy as a whole, limiting the pool of available workers, and driving up wages in competitor areas of the economy, including in the NHS and retail<sup>50</sup>
- The combined impact of Brexit and immigration policies, reducing the supply of workers from abroad<sup>51</sup>

The impact of these pressures has been to increase the cost of providing social care services and, in particular, of recruiting and retaining the staff to do so. These pressures are contributing factors to a dysfunctional social care market. The 2018 ADASS budget survey found that 78% of directors are concerned about their ability to meet the statutory duty to ensure market sustainability within their existing budgets as a result of the market becoming increasingly fragile<sup>52</sup>. In some areas of the country, cost pressures have degraded the market to such an extent that local authorities are seriously concerned about the restricted choice of providers in their areas.<sup>53</sup> In such places, local authorities are unable to provide any kind of market shaping function beyond trying to support the existing providers.

### ‘Austerity’ and the NHS

Whilst this report is focussed on the social care market, it is worth highlighting the impact that budget reductions in other areas have had on the functioning of the social care market. In particular, the reductions in NHS district nurses and challenges to the Continuing Healthcare budget have placed additional pressure on social care.

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<sup>47</sup> CMA, [Care home markets study: final report](#), November 2017

<sup>48</sup> The Financial Times, [National living wage rise heaps care costs pressure on councils](#), 2017

<sup>49</sup> Association of Directors of Adult Social Services, [ADASS Budget Survey](#), 2018

<sup>50</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), 2018

<sup>51</sup> The London School of Economics and Political Science, [How EU migrants have propped up Britain’s Social Care](#), 2018

<sup>52</sup> Association of Directors of Adult Social Services, [ADASS Budget Survey](#), 2018

<sup>53</sup> The King’s Fund, [Social care for older people: Home truths](#), September 2016

The number of NHS district nurses has reduced by up to 45% since 2010.<sup>54</sup> District nurses often play a crucial role in managing the care of older patients in the community, and the LGA, amongst others, has highlighted the reduction in the workforce as a direct challenge to the social care system.<sup>55</sup> Furthermore, a funding gap in Health Education England's budget for district nurses could mean that no district nurses enter the NHS at all in 2021, further reducing the workforce.<sup>56</sup>

Similarly, challenges to the NHS Continuing Healthcare budget, which pays for the social (and health) care of people assessed to have ongoing health needs, have placed additional strain on the social care market by forcing individuals or councils (if people qualify for their support) to pay for care that should be paid for by the NHS.<sup>57</sup>

In both cases, the social care market will have to fill the hole caused by the NHS deprioritising areas of care that support the market.

### Quality of services

The squeeze on funding and increases in cost pressures have translated into challenges with maintaining quality in the social care sector. In 2017/18, the CQC found that of the 3,031 services rated as 'requires improvement' that have since been re-inspected, 42% failed to improve and a further 7% dropped to inadequate.<sup>58</sup> Our analysis of CQC data suggests there may have been a further decline in the standards of registered social care services, with 18% of all (domiciliary and residential) services assessed as 'requires improvement' or 'inadequate'.<sup>59</sup> The findings vary to some degree by region, with only 14% of services assessed 'requires improvement' or 'inadequate' in the East of England but 22% of services assessed as such in Yorkshire and The Humber.

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<sup>54</sup> House of Commons Health Committee, [The Nursing Workforce](#), 2018

<sup>55</sup> Local Government Association, [The lives we want to lead](#), 2018

<sup>56</sup> HSJ, ['Catastrophic' funding gap could pause district nurse supply for a year](#), 2018

<sup>57</sup> House of Commons Committee of Public Accounts, [NHS continuing healthcare funding](#), 2018

<sup>58</sup> CQC, [The state of health care and adult social care in England 2017/18](#), 2018

<sup>59</sup> CQC, [HSCA Active Locations November 2018](#), 2018

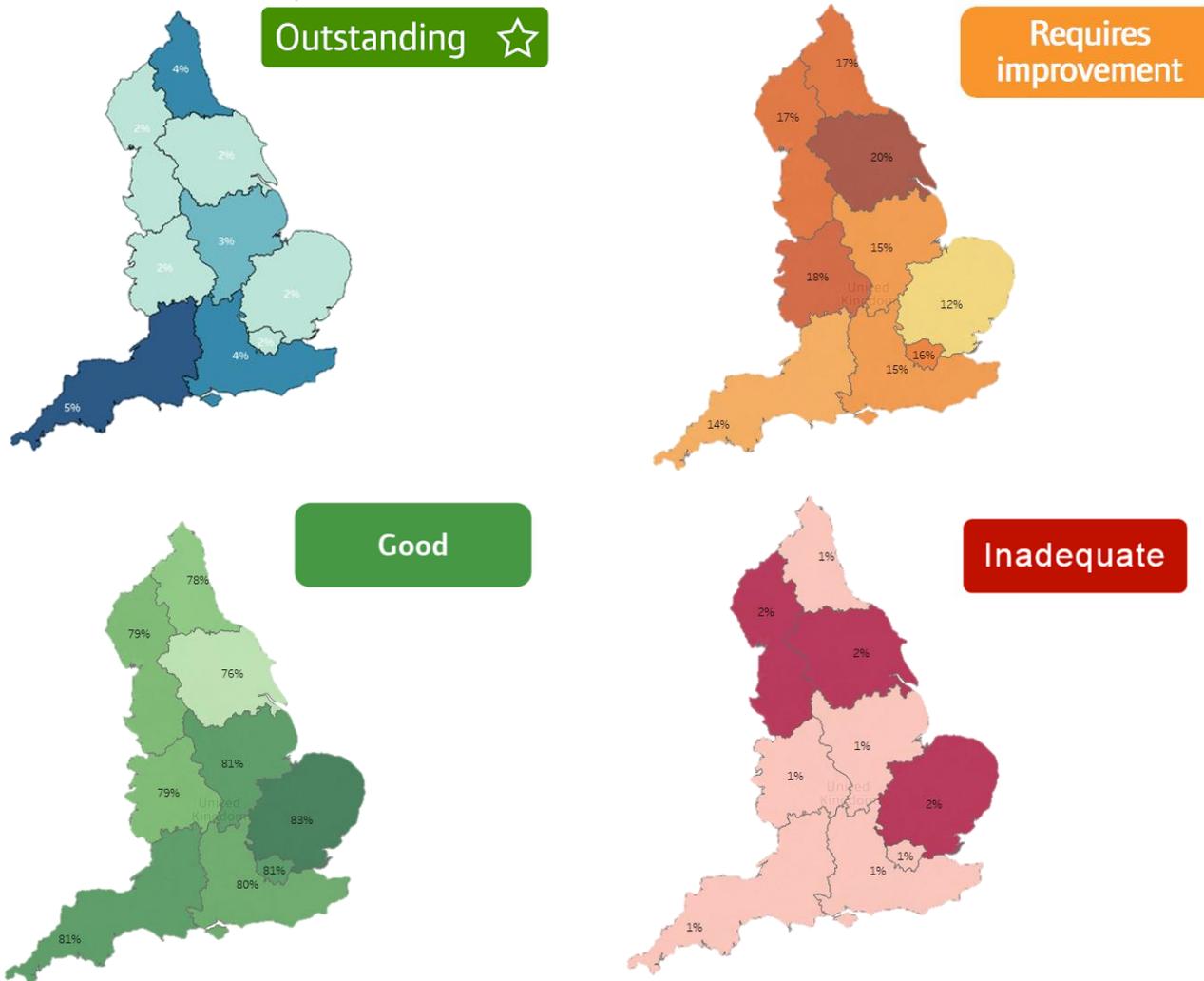


Figure 5: CQC ratings of all social care services by region (%)<sup>60</sup>

Across the country, care home services are come out as slightly worse rated than services as a whole, as 19% 'requires improvement' or 'inadequate'. Again, there are variations by region, with services in Yorkshire and the Humber (25%), the West Midlands (23%), and the North West (23%) assessed as worse than the national average.<sup>61</sup> Therefore while the national picture from CQC ratings data does not show a widespread decline in the quality of care services in aggregate, the significant variation means that a person's experience of the social care system is completely dependent on where they live.

<sup>60</sup> CQC, [HSCA Active Locations November 2018](#), 2018

<sup>61</sup> CQC, [HSCA Active Locations November 2018](#), 2018

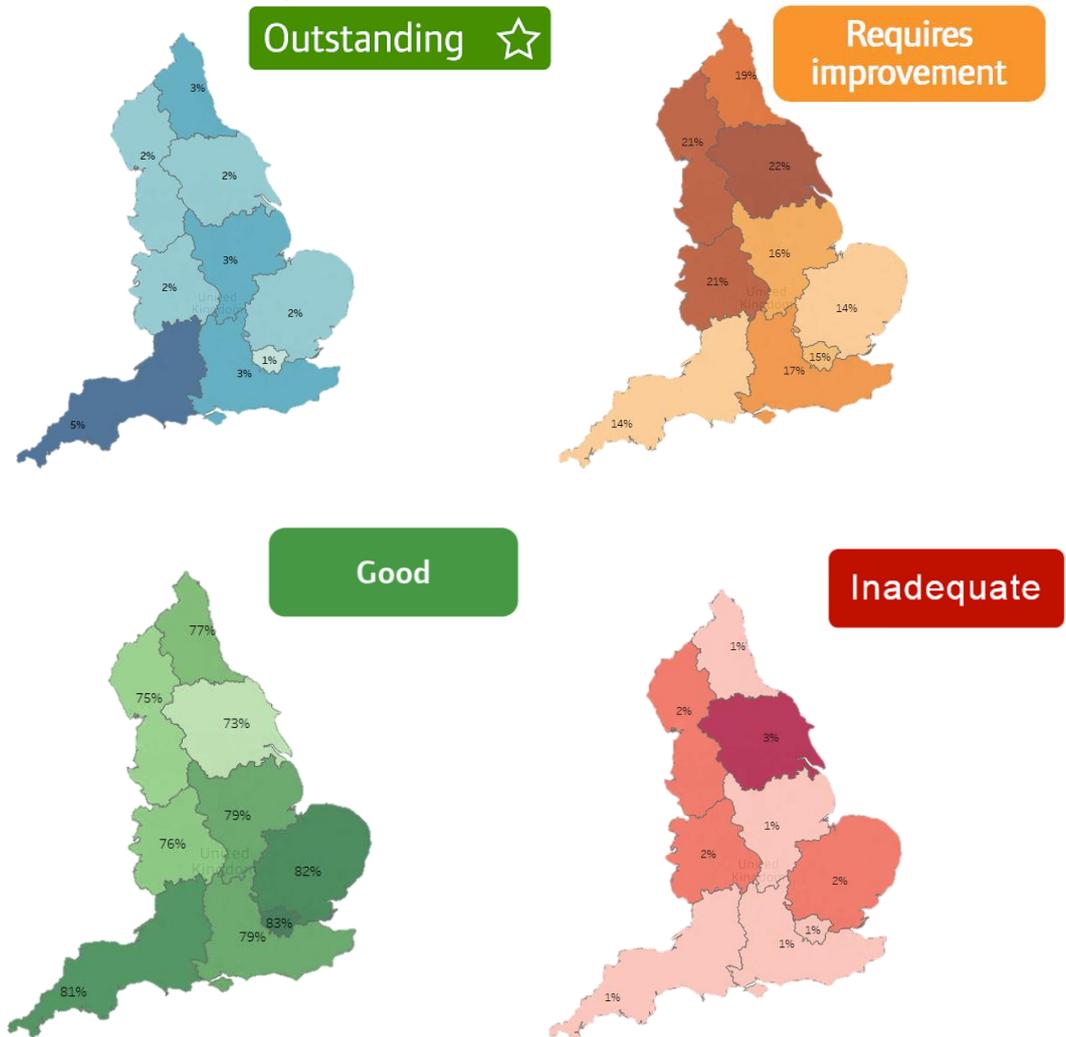


Figure 6: CQC ratings of care home social care services by region (%)<sup>62</sup>

<sup>62</sup> CQC, [HSCA Active Locations November 2018](#), 2018

## The key factors affecting access to social care at the local level

The national picture of social care shows a system under considerable pressure, but not necessarily one of an entirely dysfunctional market. However, at the local level, the picture is considerably starker.

In the analysis below, we have focused on four key factors: workforce, care home beds, care homes with nursing beds and domiciliary care – all crucial to a functioning social care market.

### Workforce

A sufficient workforce is a key indicator of a functional market. If providers are unable to recruit and retain staff with the relevant skills and qualifications to provide services, then the social care market will be unable to provide services even if individuals and local authorities are willing and able to pay. In other words, it will be dysfunctional.

The Department of Health and Social Care has responsibility for overseeing social care policy, which includes workforce. However, as the National Audit Office (NAO) emphasised in their 2018 report, it is hard to identify tangible activities the Department has taken to support a sustainable social care workforce.<sup>63</sup> In fact, the *Draft health and care workforce strategy for England to 2027*, published in March 2018, contained only six pages on social care out of 142.<sup>64</sup> Social care has no equivalent to Health Education England with a statutory duty to direct training and workforce planning, and the Department does not have the ability to set pay rates and conditions for social care workers, as it does for NHS workers. In short, no national body has the ability to directly enact policy to affect the social care workforce. This lack of national direction, as well as the division between NHS and social care workforce strategies, has had a tangible impact.

Skills for Care, the Government's delivery partner for workforce development, has highlighted the national challenge in recruiting and retaining social care staff. A combination of low pay, challenging working conditions and perceived poor career progression makes it difficult for the sector to compete with the NHS or sectors like retail.<sup>65</sup> The Government's announcement of an increase in NHS pay, as well as rising wages in other sectors and historically low levels of unemployment, compound the problems of maintaining staff in a challenging labour market.<sup>66</sup>

Nationally, Skills for Care estimates there are 110,000 vacancies in the social care sector or 8% of the total workforce. This represents a 2.5% rise from 2012/13 – 2017/18.

A crucial subset of vacancies is for registered nurses working in social care. Skills for Care estimate that the vacancy rate for nurses in the social care sector is 12.3%, higher than the 8% of vacancies across all jobs. Registered nurses are crucial for the care home sector because without sufficient nursing staff, care homes cannot offer services to the large group of people who need nursing care, which is a registered activity.

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<sup>63</sup> National Audit Office, [The adult social care workforce in England](#), 2018

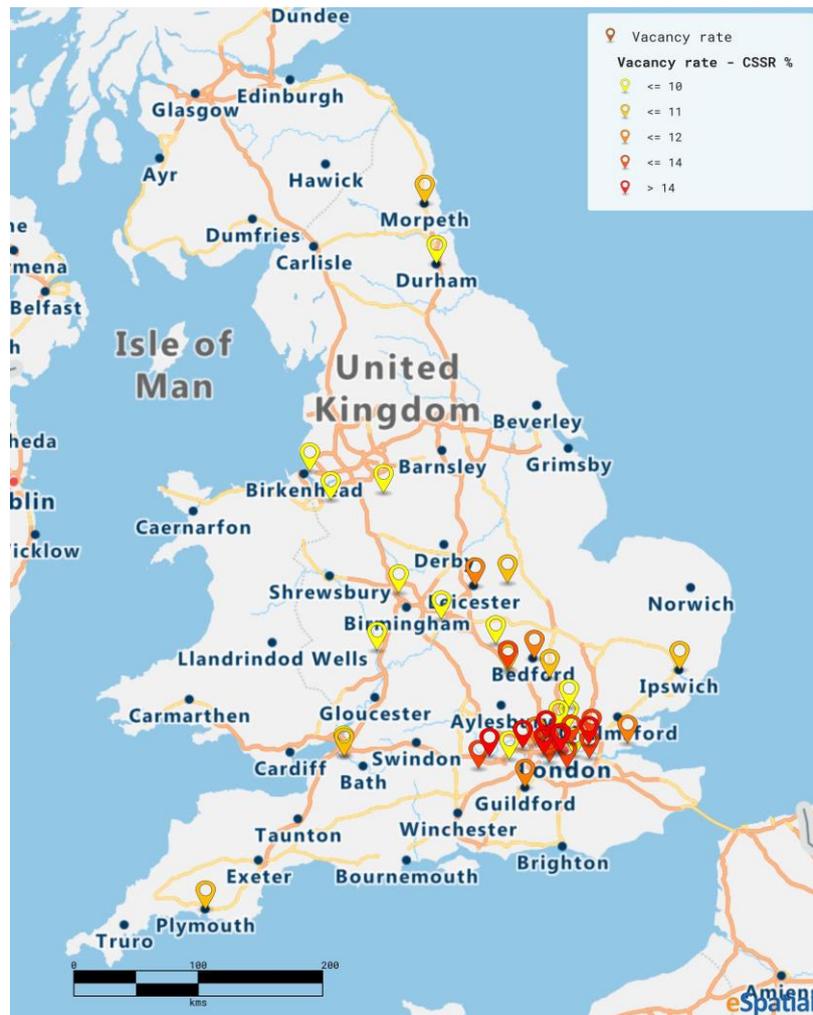
<sup>64</sup> NHS England, [Facing the facts, Shaping the Future](#), 2018

<sup>65</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), 2018

<sup>66</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), 2018

The vacancy rate in social care varies dramatically across the country. Both the highest (Kensington & Chelsea at 26%) and the lowest (Greenwich at 2%) vacancy rates are in London. Figure 7 shows the 42 local authority areas with vacancy rates above 10%. Whilst the majority of the highest vacancy rates are clustered in London and the South East, there are also clusters in the East of England and on the South Coast where rural local authorities cover wider geographies, meaning vacancies may be more keenly felt by the local population because social care workers (for domiciliary care) or people in need (for care homes) will have to travel longer distances.

Figure 7: Skills for Change, Estimated local authority areas with a vacancy rate over 10%, 2018<sup>67</sup>



<sup>67</sup> Skills for Care, [The state of the adult social care sector and workforce in England September 2018](#), 2018

It is also important to consider the reliance on care workers from the European Union in some parts of the country. Skills for Care estimate that 8% of the care workforce, or 104,000 people, are from another EU country. Figure 8 shows the distribution of these staff around the country.



Figure 8: Skills for Change, estimated local authority areas with over 11% of EU nationals in the social care workforce,<sup>68</sup> 2018<sup>69</sup>

As with the vacancy rates shown above, the majority of areas with higher numbers of EU staff are in the South of England with no local authority north of Peterborough having higher than 11% of the social care workforce from the EU. With the nature of the UK's exit from, and its future relationship with the EU still uncertain, areas with high numbers of European staff could quickly experience growing vacancy rates. On the South Coast in particular, with relatively fewer local authorities serving wider geographies, a sudden increase in vacancy rates could have a devastating impact on social care services.

<sup>68</sup> There are 47 local authorities with over 11% EU nationals, approximately one third of the total

<sup>69</sup> Skills for Care, [The state of the adult social care sector and workforce in England September 2018](#), 2018

By sector, care homes with nursing have a higher vacancy rate and proportion of EU workers (12%) than either care homes without nursing or domiciliary care (both 7%).<sup>70</sup> This highlights the particular risk to nursing care from the continued uncertainty over whether services will be able to recruit and retain non-British nationals.

Furthermore, when we consider non-EU as well as EU workers, it is clear that changes to the immigration system post-Brexit which impact the sector's ability to recruit and retain non-British staff would have a severe impact on the sector. In total, a quarter of the employees in care home with nursing are non-British workers, compared to 15% of care homes without nursing and 17% sector wide.<sup>71</sup> This is concerning, particularly because whilst the proportion of British workers has remained broadly constant over recent years (rising by one percentage point from 2012/13 – 2017/18), the number of EU workers has increased by three percentage points, and the number of non-British non-EU workers has fallen by three percentage points.<sup>72</sup>

The social care sector is already struggling with vacancies, and recruitment and retention is increasingly challenging with wages rising in other sectors. Any further restriction on the ability to recruit care workers could have a significant negative impact on care provision. Vacancies can only tell part of the story, however. For a vacancy to exist, there needs to be the providers of care to support the job.

### Provision of care home beds

The CQC's *The state of health care and adult social care in England, 2017/18*, reported that the total number of care home beds in England has declined by slightly less than 1% in the last five years from 462,624 in April 2013 (218,506 of these with nursing) to 458,905 (220,639 of these with nursing).<sup>73</sup> At a time of rising need, and a growing older age population, these reductions are concerning.

For older people alone, the CQC records 407,661 care home beds (211,342 of these with nursing). In the analysis below, unless otherwise indicated, the data references these beds for older people.

Based on the CQC's data, these reductions have not been evenly distributed around the country over the last three years for over 65s. For example, in Northumberland, the reduction has been 10.6% and in York, 18.2%.<sup>74</sup>

Figure 9 shows every social care service registered with the CQC in England with a heat map correlated to the number of care beds they have from a scale of 0 (blue) to over 36 (red). In all of the heat maps below the colours are used for contrast only rather than comparison between maps.

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<sup>70</sup> Skills for Care, [The state of the adult social care sector and workforce in England September 2018](#), 2018

<sup>71</sup> Skills for Care, [The state of the adult social care sector and workforce in England September 2018](#), 2018

<sup>72</sup> Skills for Care, [The state of the adult social care sector and workforce in England September 2018](#), 2018

<sup>73</sup> CQC, [The state of health care and adult social care in England 2017/18](#), 2018

<sup>74</sup> CQC, [Local system data summary: older people's pathway, York](#), 2018

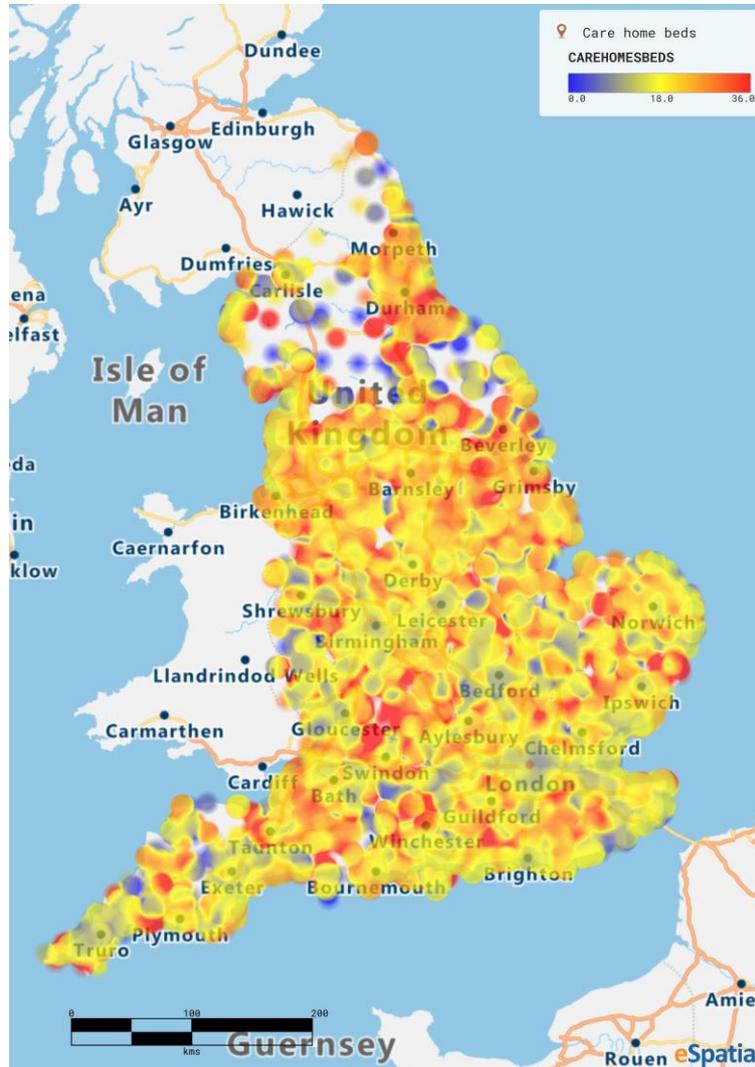


Figure 9: CQC registration data, Care home beds, (mapped by care home coordinates, 10-mile radius heat map)<sup>75</sup>

This map adds an important perspective to the registration data on page six, highlighting that social care beds are often not correlated with service registrations. London in particular has a relatively low number of beds in comparison to the number of registrations. The map also begins to highlight areas potentially without access to sufficient care – care deserts. These appear to occur in the North East and South West in particular, even when we exclude the expected gaps in national parks.

To contextualise this picture, Figure 10 shows care home beds per 1,000 over 65 population. It is worth noting that population data at the postcode district level<sup>76</sup> is based on the 2011 census and accessed from NOMIS.<sup>77</sup> Unlike Figure 9, Figure 10 is mapped by postcode district, rather than the actual service location, changing the geography of the heat map slightly. The number and proportion of over 65s has increased across the

<sup>75</sup> CQC, [HSCA Active Locations November 2018](#), 2018

<sup>76</sup> There are approximately 2,800 postcode districts across the UK with an average population of 23,000

<sup>77</sup> ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

country in this time, meaning that the situation will almost certainly be worse than that shown in the maps below.

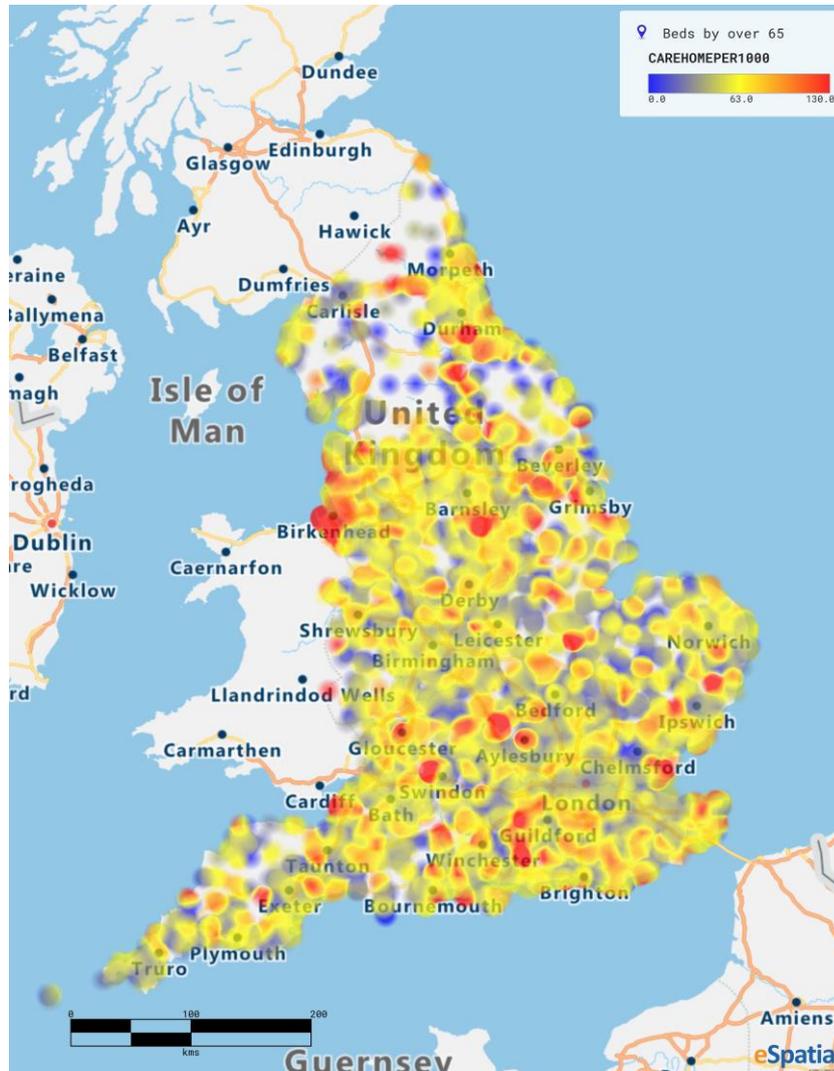


Figure 10: Care home beds per 1,000 over 65 population, (mapped by postcode district, 10-mile radius heat map)<sup>78</sup>

Figure 10 highlights the increased number of postcode districts with no social care beds within 10 miles, represented by blank spaces, in comparison to Figure 9. There are around 7,500 postcode districts in England and nearly 1,800 of them have no care beds. That means that more than 1.3 million people over 65 live in postcode districts with no care home beds at all.<sup>79</sup>

In some areas of the country, these gaps could be explained by concentrations of care homes within a 'commutable' distance from other postcodes. To take the area around Cambridge as an example, the city and its surroundings have some of the highest concentrations of care home beds per 1,000 over 65

<sup>78</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

<sup>79</sup> CQC, [HSCA Active Locations November 2018](#), 2018

population (with some over 250 beds per 1,000). However, the more rural postcodes to the east of Cambridge have some of the lowest with 0-2 care home beds per 1,000 over 65s in some postcodes. As a county, Cambridgeshire has 34 care home beds per 1,000 over 65 population, in the bottom quartile in the country.<sup>80</sup>

In other areas, however, some people live in postcode districts with no care home beds and with no concentrations within a commutable distance. In these circumstances, the only options are to leave the area for care, or to rely on informal support from family and friends. Even if a suitable care home is 'commutable' in theory, in practice it may be impossible for an older family member who does not drive to visit a resident.

### Care home beds with nursing

As a metric, care home beds with nursing are useful for analysis of local social care markets, combining workforce and bed availability. National figures from the CQC show that the number of nursing beds has declined across England by 1.8% in the last three years.<sup>81</sup>

Nursing beds have also been a particular concern in the social care community, with reports at local levels of nursing homes forced to 'deregister' because they were unable to recruit enough nurses to fulfil the mandatory 24-hour nursing care requirement for a registered nursing home.<sup>82</sup>

The overall quality of nursing homes has also been brought into question compared to other services. The CQC record that 28% of nursing homes require improvement compared to 18% of overall care services.<sup>83</sup>

Figure 11, which shows only beds with nursing care, builds on the picture of regional disparity with clear gaps in care provision appearing in the East of England, North East and South West.

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<sup>80</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

<sup>81</sup> CQC, [Local system data summary: older people's pathway](#), 2018

<sup>82</sup> The Bournemouth Daily Echo, [Avonwood Manor nursing home to close next month](#), 2018; The York Press, [Staffing issues lead Moorlands Care Home in Strensall to close](#), 2018

<sup>83</sup> CQC, [The state of health care and adult social care in England 2017/18](#), 2018

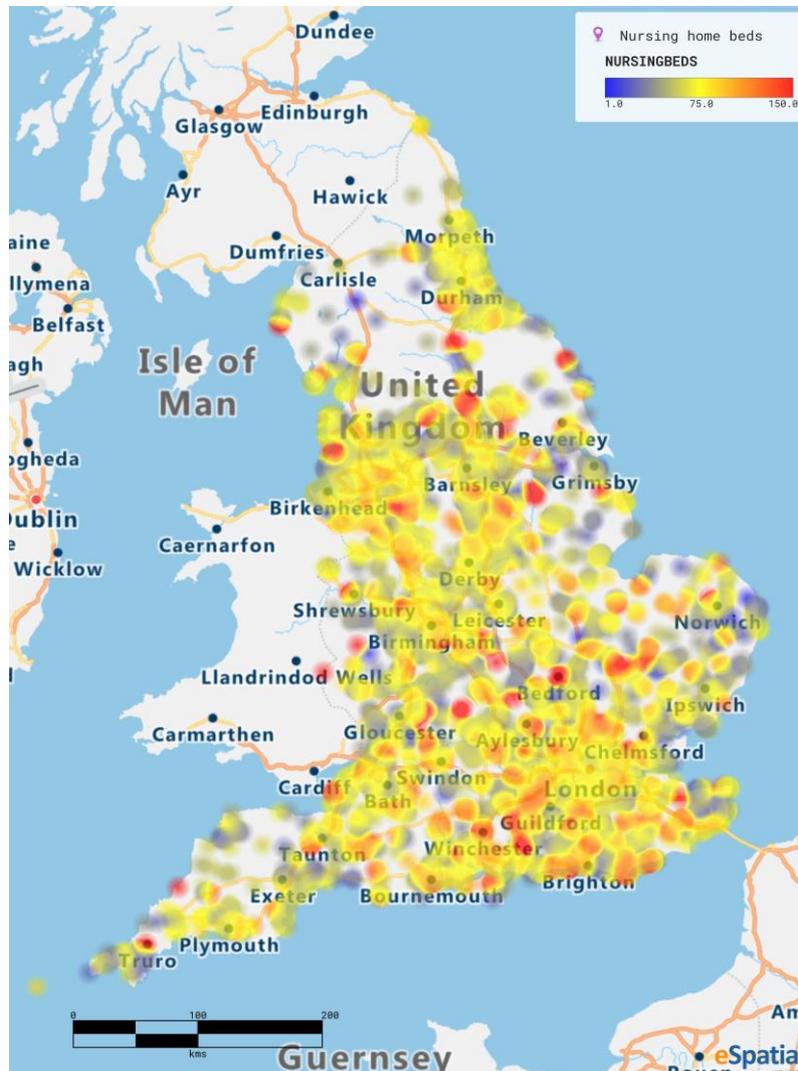


Figure 11: CQC registration data, Care home beds with nursing, (mapped by care home coordinates, 10-mile radius heat map)<sup>84</sup>

Figure 12 shows nursing beds per 1,000 over 65 population. To a greater extent than with care beds, nursing beds appear concentrated in urban population centres, leaving large swathes of the country with apparently relatively little access to care.

<sup>84</sup> CQC, [HSCA Active Locations November 2018](#), 2018

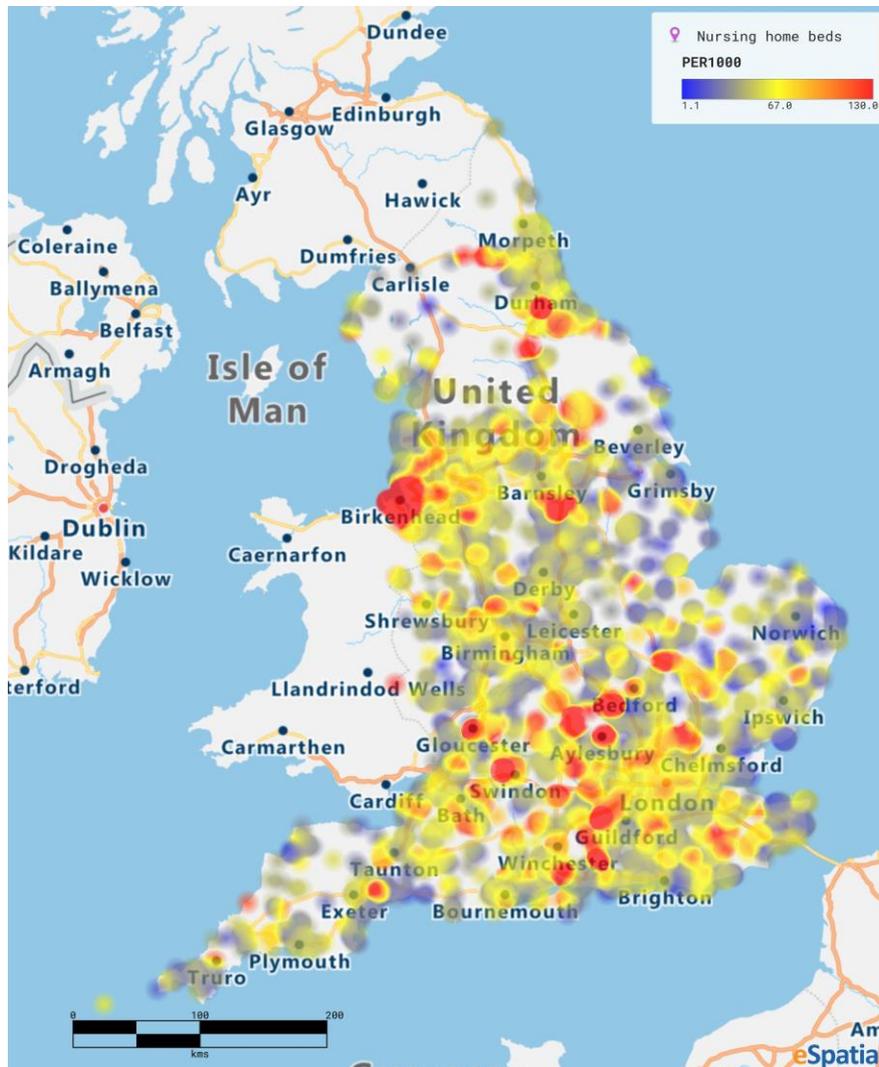


Figure 12: Care home beds with nursing per 1,000 over 65 population, (mapped by postcode district, 10-mile radius heat map)<sup>85</sup>

Approximately only 1 in 3 of the postcode districts in England contain a care home bed with nursing, leaving significant sections of the country with potentially long distances to travel to access suitable care.<sup>86</sup>

### The impact of workforce on bed occupancy

Finally, the latest state of the market report from LaingBuisson has, to some extent, challenged the perceived relationship between access to care and the number of registered care beds. Based on an analysis of CQC inspection reports, it found that the occupancy rate of care homes was lower than commonly thought, at 85% (rather than 90%),<sup>87</sup> arguing that the social care organisations are not admitting residents to full capacity because they are not sufficiently financial viable given the additional staffing and other costs

<sup>85</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

<sup>86</sup> CQC, [HSCA Active Locations November 2018](#)

<sup>87</sup> LaingBuisson, [Care homes for older people](#), 2018

that increased residency would entail. With more 'mothballed' bed capacity in the system than previously thought, LaingBuisson highlight that commissioners should be focused on working with providers to bring that capacity back online, rather than viewing the system as near functional capacity.

Whilst we return to occupancy levels in the deep dives below, it is worth highlighting that the availability of staff is a powerful factor to consider alongside cost when considering potentially reduced bed capacity. A lack of available staff, particularly in registered professions could limit the number of beds providers are able to safely use.

### Domiciliary care providers

Along with care home beds numbers and workforce statistics, the capacity of the domiciliary or home care sector is crucial to the overall health of the social care system. Domiciliary care supports people with essential activities of daily living, like washing, dressing, eating or managing medication, allowing them to remain living in their own homes rather than move to residential care. There are 7,907 non-care home social care services registered with the CQC.<sup>88</sup>

A lack of available data creates difficulty in drawing firm conclusions of the state of the domiciliary care market. 97.5% of domiciliary care is provided by independent providers which makes it difficult to access up to date granular data.<sup>89</sup> Furthermore, CQC registration data suggests that 'churn' in the sector is high with around 2,000 domiciliary care agencies registering in 2016/17 and 1,600 deregistering.<sup>90</sup> This again increases the difficulty of making an up to date assessment of the state of the sector, particularly at a local level.

However, the indicators available do suggest that the domiciliary care market is in crisis. Councils commission approximately 70% of domiciliary care,<sup>91</sup> meaning the sector has been seriously exposed to the reductions in local authority budgets since 2010. LaingBuisson estimate that 80% of domiciliary care funding comes from the public sector (including NHS Direct Payments). This means that the domiciliary care market is considerably more reliant on public sector funding than the care home system. LaingBuisson's analysis found that the number of hours of domiciliary care fell by 3 million from 2015-2018.<sup>92</sup> A report from the Institute of Public Care highlights that the low prices being paid to domiciliary providers by councils with financial challenges have a necessary impact on the sustainability of the sector and the quality of service provision.<sup>93</sup>

There are two areas of data which are particularly important in revealing these trends in the domiciliary care sector.

#### *The domiciliary care workforce*

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<sup>88</sup> CQC, [HSCA Active Locations November 2018](#)

<sup>89</sup> Age UK, [Behind the Headlines: the battle to get care at home](#), 2018

<sup>90</sup> Care Quality Commission, [The state of health care and adult social care in England 2016/17](#), 2017

<sup>91</sup> Age UK, [Behind the Headlines: the battle to get care at home](#), 2018

<sup>92</sup> LaingBuisson, Homecare and Supported Living Report, 2018

<sup>93</sup> Institute of Public Care, Professor John Bolton and Dr Jane Townson, [Messages on the future of domiciliary care services](#), 2018

The following section presents adult social care workforce estimates provided by Skills for Care as at 2017/18. For more information please visit [www.skillsforcare.org.uk/WIpublications](http://www.skillsforcare.org.uk/WIpublications). Based on Skills for Care's data,<sup>94</sup> the domiciliary care workforce is more insecure, less experienced and has higher vacancy rates than other parts of the social care sector:

- 49% of the domiciliary care workforce were on zero hours contracts in 2017/18, nearly double the rate (25%) of all social care services (including care and nursing homes). For care workers in domiciliary care the total is 58%
- The care worker turnover rate in domiciliary care was 42.3% and the overall turnover rate in domiciliary care was 36.8%, higher than any other part of the social care sector
- The turnover rate in domiciliary care has increased from 26.7%, equivalent to 110,805 leavers in 2012/13 – to 36.8% or 184,000 leavers in 2017/18
- Given the high turnover rate and insecure working conditions, it is unsurprising that the average time worked in sector of domiciliary care services is only 6.8 years considerably lower than the 9.1 years in the care home sector
- Despite the domiciliary care workforce expanding from 415,000 workers in 2012/13 to 500,000 in 2017/18, the vacancy rate went from 9 – 9.9%. This equates to an increase from 37,350 vacant roles to 49,500
- Workers leaving the domiciliary care sector are also likely to leave social care entirely (61% of leavers where destination is known). This highlights how competition from other sectors with comparable levels of zero hours contracts and pay levels are a serious issue for the domiciliary care market

For people receiving domiciliary care and their families, high vacancy and turnover rates have a serious impact on continuity of care.<sup>95</sup> The CQC record one instance of a person receiving domiciliary care being seen by 42 different care workers in one week.<sup>96</sup> Not really knowing who is going to show up to care on any given day can be profoundly distressing for older people and their families.<sup>97</sup>

### *CQC registration data of domiciliary care agencies*

CQC registration data for domiciliary care providers tells a slightly different story. The number of registered domiciliary care agencies increased from April 2017 – April 2018 by 4.3%, a marked difference to the number of registered locations of care homes and care homes with nursing which both decreased.<sup>98</sup> Since 2013, the number of domiciliary care agencies for adult social care has increased from 7,401 to 9,005, whilst residential homes have fallen from 12,842 – 11,599 and nursing homes from 4,660 – 4,438.<sup>99</sup>

However, as the workforce data makes clear, the rising number of registered agencies is not necessarily indicative of a well-functioning market in domiciliary care. With domiciliary care, registrations themselves have a limited explanatory value because there is no associated record of the size of the agency. Unlike care homes, with records of physical locations and beds, the capacity available in the domiciliary care system is much harder to estimate.

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<sup>94</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), 2018

<sup>95</sup> Age UK, [Behind the Headlines: the battle to get care at home](#), 2018

<sup>96</sup> Care Quality Commission, [The state of health care and adult social care in England 2017/18](#), 2018

<sup>97</sup> Age UK, [Behind the Headlines: the battle to get care at home](#), 2018

<sup>98</sup> Care Quality Commission, [The state of health care and adult social care in England 2017/18](#), 2018

<sup>99</sup> Care Quality Commission, [The state of health care and adult social care in England 2017/18](#), 2018

However the evidence that is available clearly suggests a sector under severe pressure. In 2016, the Richmond Group found that some of the largest providers of home care have withdrawn from the market in recent years,<sup>100</sup> and The King's Fund highlighted the impact of austerity and workforce shortages on the sector.<sup>101</sup> In their 2018 report *Behind the Headlines: the battle to get care at home*, Age UK record the experiences of callers to their information line of trying to access home care services.<sup>102</sup> They conclude that there are seven key issues facing people trying to use domiciliary care services:<sup>103</sup>

- Long waits to get an assessment
- Services that are disjointed or simply unresponsive
- Social services refusing to get involved
- Fundamental lack of capacity in the system
- Poor quality services and support
- Support and services being cut back
- Help for families providing care being withdrawn

The seven issues recorded anecdotally by Age UK echo the challenges we have seen across the sector and are recorded by other sources such as the Institute of Public Care.<sup>104</sup> At a time of rising need: workforce vacancy rates, including in domiciliary care, are high and rising; care workers are leaving to join other sectors; and numbers of hours of care are falling.<sup>105</sup> These facts alone suggest the market is dysfunctional and failing to respond to growing demand.

In the sections below, we first explore the impact of this dysfunction and then examine how five local social care markets are functioning.

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<sup>100</sup> The Richmond Group of Charities, [Real lives: Listening to the voices of people who use social care](#), 2016

<sup>101</sup> The King's Fund, *Social care for older people: Home truths*, September 2016

<sup>102</sup> Age UK, [Behind the Headlines: the battle to get care at home](#), 2018

<sup>103</sup> Age UK, [Behind the Headlines: the battle to get care at home](#), 2018

<sup>104</sup> Institute of Public Care, Professor John Bolton and Dr Jane Townson, [Messages on the future of domiciliary care services](#), 2018

<sup>105</sup> LaingBuisson, *Homecare and Supported Living Report*, 2018

## The implications of dysfunction in the social care market

A dysfunctional social care market, unable to provide care for the people who need it, will have negative impacts across society. In this section we focus on just three:

- Informal carers
- Social care outcomes
- NHS

### Informal carers

Gaps in the provision of social care fall most heavily on the shoulders of those closest to older people. Informal carers, typically family and friends, are crucial to supporting the health and wellbeing of people in need of care. Understanding is growing of the extent to which the social care system relies on these carers, as well as the impact on carers when the social care system fails and requires them to step in, and the wider impact on the economy when carers leave the labour market.

#### *The number and economic value of informal carers*

The latest estimates suggest that the number of unpaid carers in England has increased from 5.9 million in 2001 to 7.6 million in 2018.<sup>106</sup> However, the challenges collecting data on informal carers means that there is variation between sources. Whilst the 2011 Census indicated 6.5 million informal carers existed in the UK,<sup>107</sup> and researchers in 2015 predicted there to be 6.8 million informal carers (a 16.5% increase since 2001),<sup>108</sup> the Department for Work and Pensions approximated there to be 5.4 million informal carers in 2016/17.<sup>109</sup> More recently in 2018, think tank Demos estimated the figure to be around 8 million.<sup>110</sup>

The Personal Social Services Survey of Adult Carers in England (a self-selecting survey people who have had a carers assessment) estimates the number of hours of care informal carers provide – although because of the nature of the survey the estimate will likely be at the very top end. The survey found that over half of carers (58.5%) spend more than 35 hours per week caring, with a third (35.7%) providing over 100 hours of care per week.<sup>111</sup> Within the Department of Work and Pensions' Family Resources Survey, it was estimated that 22% of carers aged 75 and over provide 50 or more hours of care a week,<sup>112</sup> and this reliance on older carers, typically partners who may often have their own health conditions, is likely to only increase as the population ages and changes in family structures reduce the availability of wider family care. It is worth highlighting that the Family Resources Survey is also likely to represent the upper end of people providing informal care.

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<sup>106</sup> Social Market Foundation, [Caring for carers](#), 2018

<sup>107</sup> ONS, [Census 2011, Provision of unpaid care by age](#), accessed December 2018

<sup>108</sup> Carers UK (Bucker and Yeandle), [Valuing Carers 2015 – the rising value of carers' support](#), 2015

<sup>109</sup> Department for Work and Pensions, [Family resources survey 2016/17 \(Carers data tables\)](#), 2018

<sup>110</sup> Demos, [A new settlement between carers and the state: the carer's covenant](#), 2018

<sup>111</sup> NHS Digital, [Personal Social Services Survey of Adult Carers in England \(SACE\)](#), 2017

<sup>112</sup> Department for Work and Pensions, [Family resources survey 2016/17 \(Carers data tables\)](#), 2018

The ONS estimate that the total hours of care and the number of individuals providing informal care equated to a total value of £59.5 billion in 2016.<sup>113</sup> The Social Market Foundation estimate that it would require 4 million full-time paid carers to replace the current level of informal caring.<sup>114</sup> Indeed, in the absence of social care reform, informal carers remain essential to upholding the UK's health and social care system; a point recently recognised by care minister, Caroline Dinenage.<sup>115</sup>

### *Inequalities and the impact on informal carers*

Of the 5.4 million informal carers identified by the Department for Work and Pensions in 2016/17, 3.2 million were female, compared to 2.2 million men, although the percentage of female carers is higher in younger groups and lower in older groups.<sup>116</sup>

Geographic variations between concentrations of informal carers in cities, towns and semi-rural areas. Only 8.5% of the population in London provided informal care in 2011, compared to 11.2% in the North East, and 11.3% in the North West. Similarly, whilst the five local authorities with the highest proportion of informal carers were located in towns/semi-rural areas, the five local authorities with the lowest proportion were located in cities.<sup>117</sup> Some of this variation will be determined by the age distribution of rural populations, when it is taken into account that nearly 55% of rural resident areas are aged 45 or older, compared with approximately 40% in urban areas.<sup>118</sup>

However, as highlighted in figure 13, there are lower numbers of informal carers in the home counties and some areas of the South East, with higher numbers in the East, Midlands, North and South West. This broadly correlates with our analysis of care and nursing home beds – areas with lower bed coverage per-1000 over 65 population are more likely to see high numbers of informal carers.

Disparity of this scale across the informal care landscape is likely, at least in part, to be a reflection of reduced access to residential care in rural areas when compared to metropolitan areas, in addition to the understanding that levels of informal caring are higher in areas where prevalence of limiting long-term illness and deprivation is greater,<sup>119</sup> and the employment rate is lower.<sup>120</sup>

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<sup>113</sup> ONS, [Household satellite account, UK: 2015 and 2016](#), 2018

<sup>114</sup> Social Market Foundation, [Caring for carers](#), 2018

<sup>115</sup> Department of Health and Social Care, [Carers action plan 2018-2020](#), 2018

<sup>116</sup> Department for Work and Pensions, [Family resources survey 2016/17 \(Carers data tables\)](#), 2018

<sup>117</sup> [Demos, A new settlement between carers and the state: the carer's covenant](#), 2018

<sup>118</sup> DEFRA, [Rural population and migration: Mid-year population 2017](#), 2017

<sup>119</sup> Young et al, Who cares? Geographic variation in unpaid caregiving in England and Wales: Evidence from the 2001 Census', *Population Trends*, 2005

<sup>120</sup> New Policy Institute, [Informal carers and poverty in the UK](#), 2016

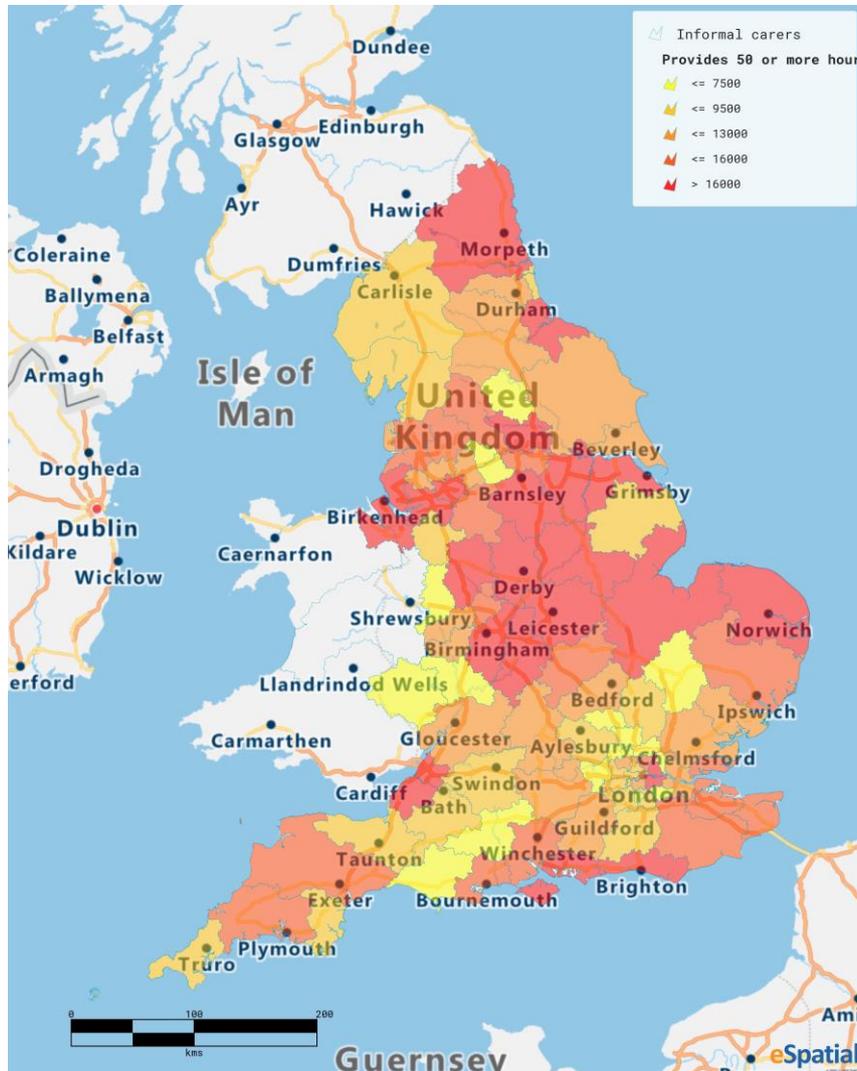


Figure 13: The total number of people providing more than 50 hours of informal care by postcode area<sup>121</sup>

Variation is also found between the age ranges most likely to provide care. The 2011 Census revealed that 46.5% of informal carers were aged 45-64, compared to 5.6% aged 16-24.<sup>122</sup> People aged 45-64 are likely to include those most skilled and experienced within the workforce, and therefore likely to be of highest value to employers, both in terms of the resource invested in them to date and the level of productivity that they can deliver in return. Impacting their ability to participate in the labour market, as being an informal carer unquestionably does, is therefore likely to have a significant economic impact. This is particularly the case when it is recognised that those aged 45-64 leaving the workforce face the risk of being less able to return to work if and when their caring duties cease or diminish.<sup>123</sup>

<sup>121</sup> ONS, [Census 2011, Provision of unpaid care by age, by postcode area](#), accessed December 2018

<sup>122</sup> ONS, [Census 2011, Provision of unpaid care by age](#), accessed December 2018

<sup>123</sup> Social Market Foundation, [Caring for carers](#), 2018

The impact that caring has on professional life is evident in the employment status of informal carers. Whilst 61% of adults in the general population were in employment in 2016/17, only 53% of adult carers were in employment; 18% of whom were in part-time employment in comparison to 14% of the general population.<sup>124</sup> Correspondingly, average net income for the majority of informal carers stands below £300 a week, affecting females significantly more (51% receive less than £250 weekly income). Previous research has found that women are four times more likely than men to give up paid work to provide unpaid care.<sup>125</sup> This reflects the general absence of support systems for informal carers in employment and the difficulty many experience in finding reliable, good quality care services to enable them to carry on working. Carers are consistently struggling to juggle their caring and professional roles, and so to cope, some are foregoing career development opportunities, taking on less qualified or senior roles and taking annual or sick leave to provide care.<sup>126</sup>

The cost of informal caring is felt not only by employers who lose valuable staff, but by carers and their families in loss of earnings. The earnings sacrificed through the loss of labour by the informal care population has been estimated at £17.5 billion per year.<sup>127</sup> Lack of financial recognition for the care provided is repeatedly cited as a source of concern from carers.<sup>128</sup> In 2016, a survey found that 73% of carers fear they are “*struggling to make ends meet*” and worry that their finances are affecting their health.<sup>129</sup>

The earnings threshold of £123 per week for Carer’s Allowance in 2019, has been considered a disincentive to work for carers on low wages, who would lose all financial recognition for their care if anything over the limit was earned.<sup>130</sup> The consequences of this continue to be felt when carers are drawing their state pensions. This may be considered an ‘overlapping benefit’ to Carer’s Allowance,<sup>87</sup> and in 2016, Age UK and Carer’s UK revealed that the pension savings of those receiving Carer’s Allowance are 90% smaller than the average population putting carers at risk of long-term financial disadvantage, long after their caring role.<sup>131</sup>

In addition to the impact on earnings, the health of informal carers has also been found to suffer as a result of their caring duties. It is well established that caregiving and a deterioration in psychological health are associated, manifesting in higher levels of anxiety and depression for carers, particularly when caring for people living with dementia.<sup>132</sup> While poor psychological health can contribute to an increase in cardiovascular disease and hypertension for carers, additional physical consequences of caring can be seen in musculoskeletal injuries from the physical and enduring demand of care work, and deprioritising of the carer’s diet and exercise routine<sup>133</sup>. Indeed, 54.8% of carers aged 65 and over in 2017 were found to have a long-standing illness or disability, with 28.9% experiencing feelings of loneliness.<sup>134</sup>

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<sup>124</sup> Carers UK, [Facts about carers 2012](#), 2012

<sup>125</sup> Carer’s UK and Age UK, [Walking the tightrope](#), 2016

<sup>126</sup> Carer’s UK and Age UK, [Walking the tightrope](#), 2016

<sup>127</sup> Demos, [A new settlement between carers and the state: the carer’s covenant](#), 2018

<sup>128</sup> Carer’s UK and Age UK, [Walking the tightrope](#), 2016

<sup>129</sup> Carers UK, [State of caring](#), 2017

<sup>130</sup> Age UK, [Factsheet 55: Carer’s allowance](#), 2018

<sup>131</sup> Carer’s UK and Age UK, [Walking the tightrope](#), 2016

<sup>132</sup> Bauer JM and Soua-Poza A, [Impacts of informal caregiving on caregiver employment, health and family](#), IZA, 2015

<sup>133</sup> Pinquart M and Sörensen S, Correlates of physical health of informal caregivers: A meta-analysis. *Journals of Gerontology*, 2007

<sup>134</sup> Age UK, [Older carers left to fill the gap as our social care system crumbles](#), 2017

Moreover, as numerous studies have linked departure from paid work to a reduction in quality of health and wellbeing<sup>135</sup>, this deterioration of health may be compounded by the struggle to remain in the labour market, as discussed previously.

The people most likely to provide informal care are already more likely to face inequalities than the general population. The subsequent economic, mental and physical repercussions of informal caring can exacerbate these inequalities, leading to societal isolation for those delivering care.

### Social care outcomes

Measuring outcomes in social care is challenging and relies heavily on reporting from providers and social care users – meaning informal carers and those unable to access care at all are often excluded.

The Adult Social Care Survey continues to register high levels of user satisfaction with 65.0% of those surveyed extremely or very satisfied with the care and support services they receive, a rise on recent years.<sup>136</sup> However, as we have seen above, the availability of non-domiciliary social care services is decreasing,<sup>137</sup> meaning people are left with fewer options for care. Combined with the evidence of regional variation in quality, this supports the anecdotal evidence that people are being forced to make difficult choices – with fewer services available, more people will be left to decide whether or not to use services of lower quality for their or their loved one's care. Lack of meaningful choice is a clear indicator of a dysfunctional market. Analysis from Which? in 2017 found that 48% of people who had arranged care for themselves or a loved one in a care home were unable to get a space in any one of the local places they chose.<sup>138</sup> Based on the trends observed in this report, this is unlikely to change in the foreseeable future.

However, dysfunction in the social care market most keenly affects those unable to access social care at all. Based on the increased estimates of informal carers and the falling numbers of people able to access publicly-funded social care, the system is not delivering the outcomes that society needs.

### NHS

The NHS and social care are deeply interconnected. The NHS relies on social care to support individuals to stay well at home and to support patients during treatment and recovery. A dysfunctional social care system too often leaves the NHS, usually hospitals, as the service of last resort for vulnerable people. When this system breaks down, too many people end up in hospital who may not have needed to be there, and too few of them are then safely able to leave, piling pressure on the NHS.

The first of these is most commonly measured with hospital attendance statistics for over 65s, the second with Delayed Transfers of Care (DTOCs).

The number of over 65s attending A&E per 100,000 population has been increasing steadily in recent years from just over 10,000 per 100,000 in Q4 2014/15, to just over 11,000 in Q4 2017/18.<sup>139</sup> Growing demand in

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<sup>135</sup> Dorling, [Unemployment and health](#), BMJ, 2013

<sup>136</sup> NHS Digital, [Personal social services adult social care survey, England – 2017-18](#), 2018

<sup>137</sup> Care Quality Commission, [The state of health care and adult social care in England 2017/18](#), 2018

<sup>138</sup> Which? [Lack of choices leaves families settling for unsatisfactory care home](#), October 2017

<sup>139</sup> Care Quality Commission, [Local system data summary: older people's pathway](#), 2018

A&E amongst those aged over 65 may be indicative of challenges in the social care system. The IFS estimate that from 2009/10 – 2015/16 a £100 cut to social care funding increased A&E attendances by 0.09 visits per older individual (from 0.37 to 0.46) at a cost to A&Es of £3 per resident.<sup>140</sup> In some areas, with above average social care budget cuts and large numbers of older residents, this will amount to a significant impact.

A DTOC occurs when the NHS is unable to discharge a patient who no longer requires hospital care, either to another part of the NHS, or to social care. DTOCs are caused by a variety of factors, including issues within hospitals or difficulties in finding appropriate support outside of a hospital setting, such as in care homes. In October 2018 alone, DTOCs took up over 4,700 beds and were responsible for 146,000 delayed days in hospital beds.<sup>141</sup> Of these, 1,435 beds and 44,480 days are attributable to social care issues.<sup>142</sup>

DTOCs have been a major focus for the NHS leadership in recent years, and both the total number of DTOCs and those attributable to social care have fallen by around 25% from high points in the winter of 2016/17. Although an improvement, DTOCs are still 50% higher than they were in 2010.

However, the Local Government Association (LGA) describes DTOCs as “*a symptom of system malfunction, not of itself a root cause*” and they highlight that focusing on this one symptom, without shifting the underlying situation for the social care system as a whole, risks transferring pressure to other areas of the system, equally unable to cope.<sup>143</sup>

Whilst the strain on social care has been rising in recent years, policies announced by the Government to support the social care system have been piecemeal and focused on cutting DTOCs. As a result, the pressure on social care services has continued to grow, even whilst DTOCs have fallen. ADASS recommended that the government switches its focus away from reducing delayed transfers of care due to “*unintended consequences*”.<sup>144</sup> Ultimately, without improvements in the condition of the wider social care system, falling DTOCs can only mean that people are being discharged from hospital into a system little able to cope with them.

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<sup>140</sup> IFS, [The impact of cuts to social care spending on the use of Accident and Emergency departments in England](#), June 2018

<sup>141</sup> NHS England, [Delayed transfers of care data 2018-2019](#), 2018

<sup>142</sup> NHS England, [Delayed transfers of care data 2018-2019](#), 2018

<sup>143</sup> Newton on behalf of the LGA, [Why not home? Why not today? PowerPoint](#), 2017

<sup>144</sup> ADASS, [Government must “switch focus” to community care from DTOCS, ADASS warns](#), 2018

## Deep dive analysis of five local social care systems

To explore how these factors are affecting care at the local level, in different areas of the country, we have carried out a detailed local analysis of five local areas based on postcode areas:

- Hull (HU4)
- Totnes (TQ9)
- Norfolk (NR8)
- Guildford (GU4)
- Leicestershire (LE7)

The five areas have been chosen to provide regional variation; a cross-section of urban, rural and coastal communities; and statistically interesting examples of possible care 'deserts'. For each deep dive area, we have:

- Provided an overview of the local health and social care environment, based on CQC reports and our own analysis
- Undertaken a 'spot check' analysis to assess the care home availability and workforce vacancies in the local areas
- Drawn conclusions on the availability of care in each area and the impact on local people

A summary of the main data used in these summaries is included for each area below. The social care data available at these local levels is of variable quality and it is worth highlighting two aspects of this. Firstly, population data at the postcode level is only available from the 2011 census. As we highlighted above, the over 65 population of each of these areas will only have increased since then. Secondly, granular data on domiciliary care agencies is extremely limited meaning that the section below focuses more on care and nursing homes capacity.

Deep dive postcode area	Local authority	Number of over 65s (2011 census)	Number of care home beds for older people in the postcode	Number of care home beds per 1,000 over 65s	Number of nursing home beds for older people in postcode	Number of nursing home beds per 1,000 over 65s	Number of domiciliary care agencies for over 65s in local authority	Vacancy rate of social care workers (by local authority)	Percentage of social care workforce from another EU country (by local authority)
Hull (HU4)	Kingston upon Hull	4,359	73	27	0	0	26	6%	2%
Totnes (TQ9)	Devon	3,834	121	37	0	0	114	5%	7%
Norfolk (NR8)	Norfolk	3,629	316	120	185	6	134	7%	10%
Guildford (GU4)	Surrey	2,886	97	34	30	0	189	12%	18%

Leicesters hire (LE7)	Leicesters hire	8,860	322	41	46	11	94	8%	4%
England	England	10,030,511	407,661	41	211,342	21	7,907	8%	8%

The data outlined in the case studies below illustrates the challenges facing the social care system across the UK. However, whilst these challenges are interconnected with common themes, the hyper local nature of social care provision means that different issues emerge more strongly in each of the different areas:

- In some areas of the country, such as Hull, capacity is clearly insufficient to meet demand, with high occupancy rates and high levels of informal caring
- In others, such as Guildford, there is a good number and spread of services, a possible reflection of the high numbers of self-funders in the South East supporting a more functional market. However vacancy rates and reliance on overseas workers is much higher, and therefore local capacity is very vulnerable to changes in local labour market conditions
- In the South West, the distribution of services appears to be a challenge, with limited capacity outside of major urban centres
- In Norfolk, indications suggest capacity is more evenly distributed but still thinly spread, necessarily impacting on choice, with some areas left with only services rated as 'inadequate' as an option
- Overall in the South East, workforce vacancies are a particular issue which, combined with the high numbers of EU staff in the social care workforce suggests a serious risk of Brexit-related disruption to services

#### Hull (HU4)

The HU4 postcode area is in the Kingston upon Hull local authority:

- The area is urban but surrounded by more rural isolated communities in South Yorkshire
- The area faces high levels of health inequality and has one of the lowest healthy life expectancies of anywhere in England<sup>145</sup>
- At 42%, the Yorkshire and Humber Region has a slightly higher proportion of self-funders than the average in England as a whole, which is 41%.<sup>146</sup> Whether
- However it is unclear whether this translates to high-numbers of self-funders in Kingston upon Hull where 48% of dwellings were owner occupied compared to 63% in Yorkshire & Humber and 63% across England as a whole.<sup>147</sup> In fact, Hull is in the bottom 20 of LAs for the number of owner occupied dwellings which could indicate this postcode is below the regional average with a low number of self-funders
- 93% of the social care workforce in Kingston Upon Hull is estimated to be British<sup>148</sup>
- The population has a lower proportion of retired people, but a higher proportion of people living with long-term illness than the country as a whole<sup>149</sup>

<sup>145</sup> Public Health England, [Public Health Outcomes Framework](#), accessed February 2019

<sup>146</sup> CMA, [Care home markets study; final report](#), November 2017

<sup>147</sup> ONS, [Subnational dwelling stock by tenure estimate](#), 2019

<sup>148</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), 2018

<sup>149</sup> NOMIS, [Labour market profile – Kingston Upon Hull](#), accessed February 2019

- 15% of the population is aged over 65<sup>150</sup>

The table below summarises some of the key factors in the local social care market.

Local authority	Number of over 65s	Care home beds for older people	Change in care home beds (2015-18) <sup>151</sup>	Number of care home beds per 1,000 over 65s	Number of nursing home beds	Change in nursing home beds (2015-18) <sup>152</sup>	Number of nursing home beds per 1,000 over 65s	Vacancy rate	Percentage of social care workforce from another EU country	Number of domiciliary care agencies for over 65s in local authority
Kingston upon Hull	38,690	2,136	+0.1%	55	471	-34.6%	12	6%	2%	26
England	10,030,511	407,661	-0.4%	41	211,342	-1.8%	21	8%	8%	7,911

In the local area:

- The number of care home beds is higher than the national average, but may be necessary to support more isolated communities outside the local authority
- The number of nursing beds has declined rapidly and occupancy is high - suggesting access is restricted
- The number of people providing informal care is considerably higher than the national average

#### Care home beds

Figure 13 illustrates the care provision in the local area with the number of care home beds per 1,000 people aged over 65. The red circle indicates the area around the HU4 postcode.

<sup>150</sup> Office for National Statistics, [Overview of the UK population: November 2018](#), 2018

<sup>151</sup> CQC, [Local system data summary: older people's pathway, Kingston upon Hull, City of Local Authority](#), 2018

<sup>152</sup> CQC, [Local system data summary: older people's pathway, Kingston upon Hull, City of Local Authority](#), 2018

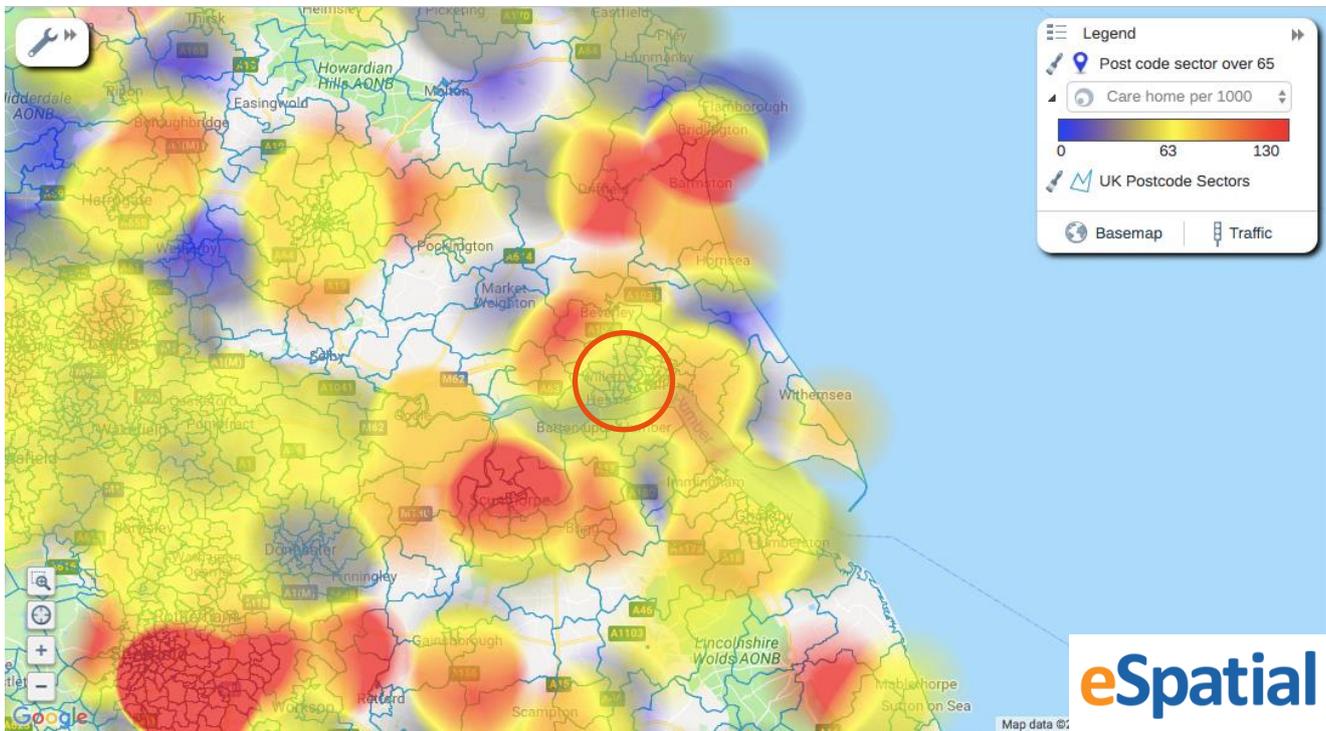


Figure 14: Hull, care home beds per 1,000 over 65 population (mapped by postcode area coordinates, 10-mile radius), the red circle indicates the area of the HU4 postcode<sup>153</sup>

Compared to England as a whole, Hull has nearly 50% more care home beds per 1,000 over 65s. This situation is unsurprising given the relative lack of care home beds in the rural and coastal communities that surround Hull, which fall into the East Riding of Yorkshire local authority. Without some additional capacity in Hull, these communities may have no access to care at all.

This example highlights the challenges for local authorities in maintaining a functioning social care market for their local populations. The boundaries between local authorities, particularly in areas with both more rural and more urban local authorities, can create almost impossible situations for both. Unless the care market in Hull has the capacity to also support surrounding areas, then those populations may be denied access to social care entirely. On the other hand, it may be nearly impossible for a rural local authority to maintain coverage for more isolated communities without relying on care provision from more urban authorities.

The decisions of individual local authorities has a significant impact on local markets through their individual commissioning activities and wider market shaping powers, yet these are necessarily limited by external factors such as the circumstances of their local population, available social care workforce and numbers of providers.

### Nursing home beds

<sup>153</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

Figure 15, showing care home beds with nursing, demonstrates the same divide between the more urban areas with some care provision and gaps in rural and coastal communities, but reveals a worrying lack of nursing home beds in Hull itself.

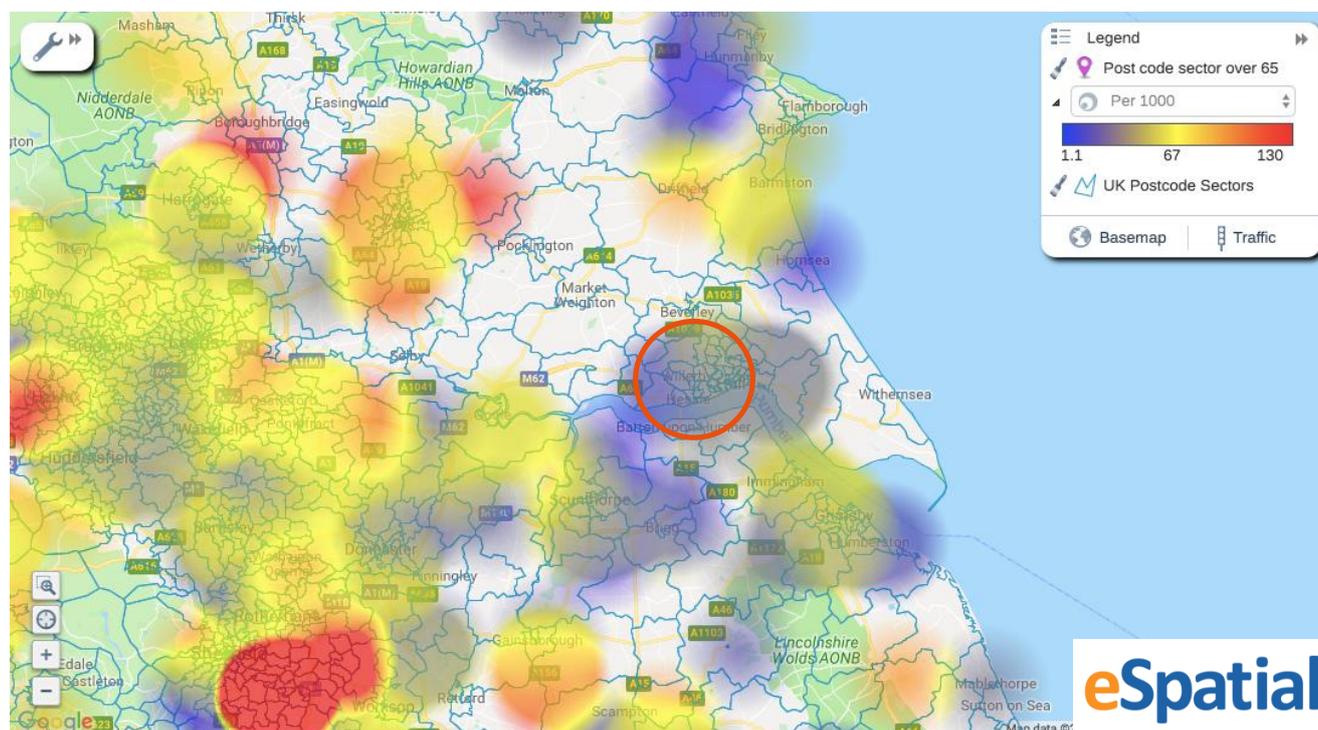


Figure 15: Hull, care home beds with nursing per 1,000 over 65 population with postcode boundaries (mapped by postcode area coordinates, 10-mile radius), the red circle indicates the area of the HU4 postcode<sup>154</sup>

Providing nursing care in the social care sector is clearly a major challenge in Hull and the surrounding areas. The number of care home beds with nursing has declined by over a third in the last three years, leaving Hull with one of the lowest ratios of nursing beds per 1,000 population in the country. (The situation is clearly affecting the whole area – the East Riding of Yorkshire has seen the number of nursing home beds decline by 17.4% as a whole).<sup>155</sup>

We examined the latest CQC reports for each of the care homes with nursing for older people in Hull to determine their occupancy levels. The average occupancy of the nine nursing homes with available figures was 92%,<sup>156</sup> considerably higher than the 85% that LaingBuisson estimate across the care home sector.<sup>157</sup> This is unsurprising given the rapid fall in nursing beds and is a clear indication of the severe strain facing nursing care provision in and around Hull.

With the number of nursing home beds declining so precipitously, it is perhaps surprising that the vacancy rate for staff is below the national average. Furthermore, based on spot checks of job vacancies, there are

<sup>154</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

<sup>155</sup> CQC, [Local system data summary: older people's pathway, Kingston upon Hull, City of Local Authority](#), 2018

<sup>156</sup> Incisive Health research

<sup>157</sup> LaingBuisson, [Care homes for older people](#), 2018

only five nursing jobs being advertised in the local area.<sup>158</sup> The most likely reason, based on our analysis, appears to be that the number of care homes offering nursing has declined to such an extent that there are no longer many vacancies to be advertised, leaving the social care market in Hull, at least for nursing care beds, seemingly dysfunctional.

### *Informal care*

In the HU4 postcode, 764 people were providing more than 50 hours of informal care in 2011, equivalent to 3.29% of the whole population. HU4 is in the top 10% of postcode areas in terms of the percentage of informal carers.<sup>159</sup> Although not up to date, the statistic is indicative of both high levels of need and long-term challenges for the social care system in Hull.

The latest data from the biennial survey of carers received 380 responses from Kingston upon Hull, higher than the average of all local authorities. The survey is sent to registered carers over the age of 18 so, again, is likely to largely represent the most intensive end of informal caring. The survey supports the findings from the 2011 Census, with 49% of carers in Hull saying they cared for 100+ hours a week, with 71% caring for 35+ hours.<sup>160</sup> This is significantly higher than the national average of all responses of 36% and 58% respectively, suggesting that there are both more informal carers and they are caring more intensively.

### Totnes (TQ9)

The TQ9 postcode encompasses much of the town of Totnes in Devon:

- The area is a rural town surrounded by fairly isolated communities
- Devon as a whole has lower levels of health inequality than other areas of the country<sup>161</sup>
- At 49%, the South West Region has a higher proportion of self-funders than the average in England as a whole<sup>162</sup>
- South Hams is the local authority district that covers Totnes and 81% of its dwellings are owner occupied compared to 67% in the South West and 63% across England. It is actually the ninth highest LA for owner occupation.<sup>163</sup> This suggests that it might be able to support higher numbers of self-funders in the local areas
- 85% of the social care workforce in Devon is estimated to be British, slightly higher than the national average<sup>164</sup>
- At 21% Devon has a much higher proportion of retired people than the country as a whole<sup>165</sup>
- The over 65 population of East Devon is 27% and projected to rise to 32% by 2027<sup>166</sup>

The table below summarises some of the key factors in the local social care market.

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<sup>158</sup> Incisive Health research

<sup>159</sup> ONS, [Census 2011, Provision of unpaid care by age, by postcode area](#), accessed December 2018

<sup>160</sup> NHS Digital, [Personal Social Services Survey of Adult Carers in England](#), 2016/17

<sup>161</sup> Public Health England, [Public Health Outcomes Framework](#), accessed February 2019

<sup>162</sup> CMA, [Care home markets study; final report](#), November 2017

<sup>163</sup> ONS, [Subnational dwelling stock by tenure estimate](#), 2019

<sup>164</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), 2018

<sup>165</sup> NOMIS, [Labour market profile – Devon](#), accessed February 2019

<sup>166</sup> Office for National Statistics, [Overview of the UK population: November 2018](#), 2018

Local authority	Number of over 65s	Care home beds for older people	Change in care home beds (2015-18) <sup>167</sup>	Number of care home beds per 1,000 over 65s	Number of nursing home beds	Change in nursing home beds (2015-18) <sup>168</sup>	Number of nursing home beds per 1,000 over 65s	Vacancy rate	Percentage of social care workforce from another EU country	Number of domiciliary care agencies for over 65s in local authority
Devon	196,852	7,182	-8.6%	36	2,618	-8.9%	13	5%	7%	114
England	10,030,511	407,661	-0.4%	41	211,342	-1.8%	21	8%	8%	7,911

In the local area:

- There are less care home beds per 1,000 over 65 population than the average in England, a worrying indicator given the projections for a rising proportion of older people
- The number of nursing home beds per 1,000 over 65 population is also well below the national average. Unsurprisingly, there are very high occupancy rates around Totnes
- The care that is available is often concentrated in major urban areas, 20% of all of the nursing beds in Devon are in Exeter despite Exeter having a much lower proportion of over 65s than the rest of Devon<sup>169</sup>

### Care home beds

Figure 15 shows the number of care homes per 1,000 over 65 population in Totnes and the surrounding areas. The red circle indicates the area around the TQ9 postcode.

<sup>167</sup> CQC, [Local system data summary: older people's pathway, Devon, Local Authority](#), 2018

<sup>168</sup> CQC, [Local system data summary: older people's pathway, Devon, Local Authority](#), 2018

<sup>169</sup> Office for National Statistics, [Overview of the UK population: November 2018](#), 2018

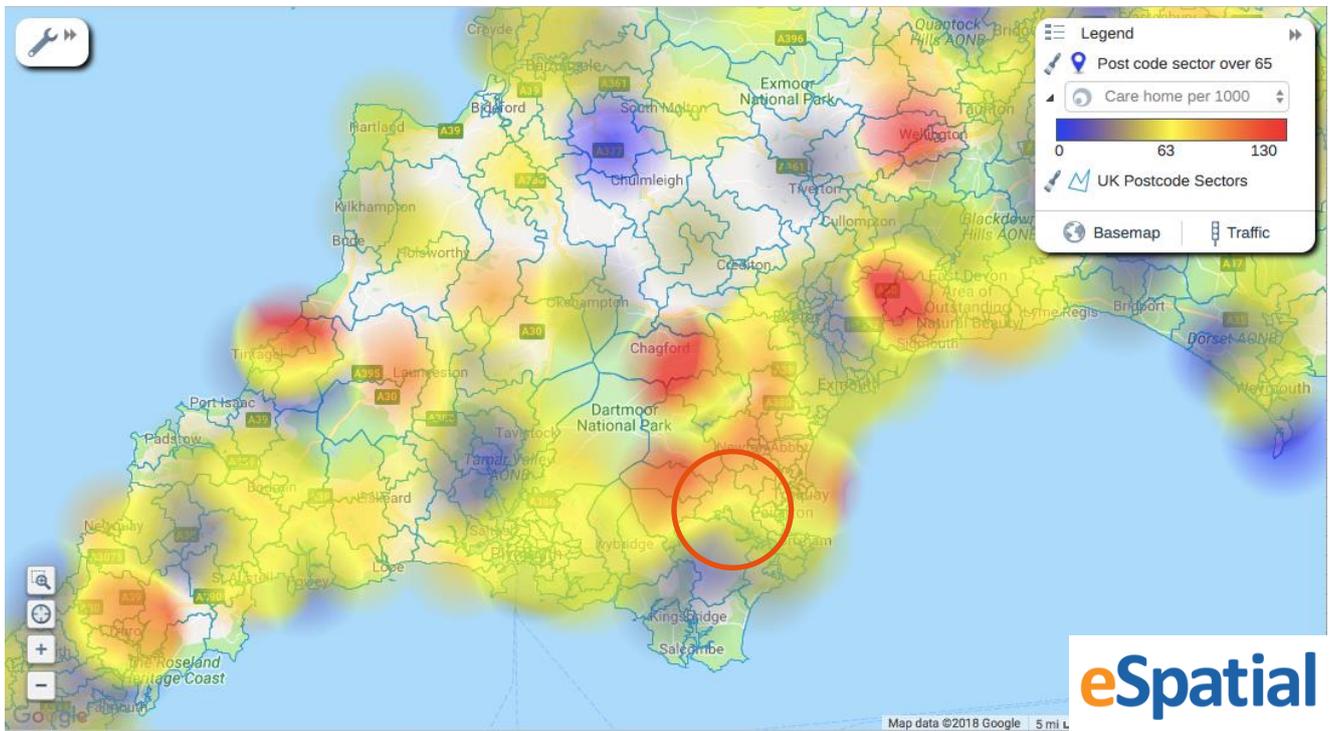


Figure 16: Totnes, care home beds per 1,000 over 65 population (mapped by postcode area coordinates, 10-mile radius), the red circle indicates the area of the TQ9 postcode <sup>170</sup>

Across Devon, there are lower numbers of care home beds per 1,000 than the average in England. This is concerning, particularly given that Devon is in the top 10 local authorities for the number of over 65s, and that care home provision in neighbouring Cornwall is also well below the national average.

Based on CQC inspections, the four care home providers offering care home beds in the TQ9 postcode area had an occupancy rate of 83%, lending support to LaingBuisson’s conclusion that occupancy levels for care homes at least are below the functional maximum.

### Nursing home beds

Figure 16 reveals the limited number of care home beds with nursing across the whole of the South West outside of major urban centres, such as Exeter (the blue circle).

<sup>170</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

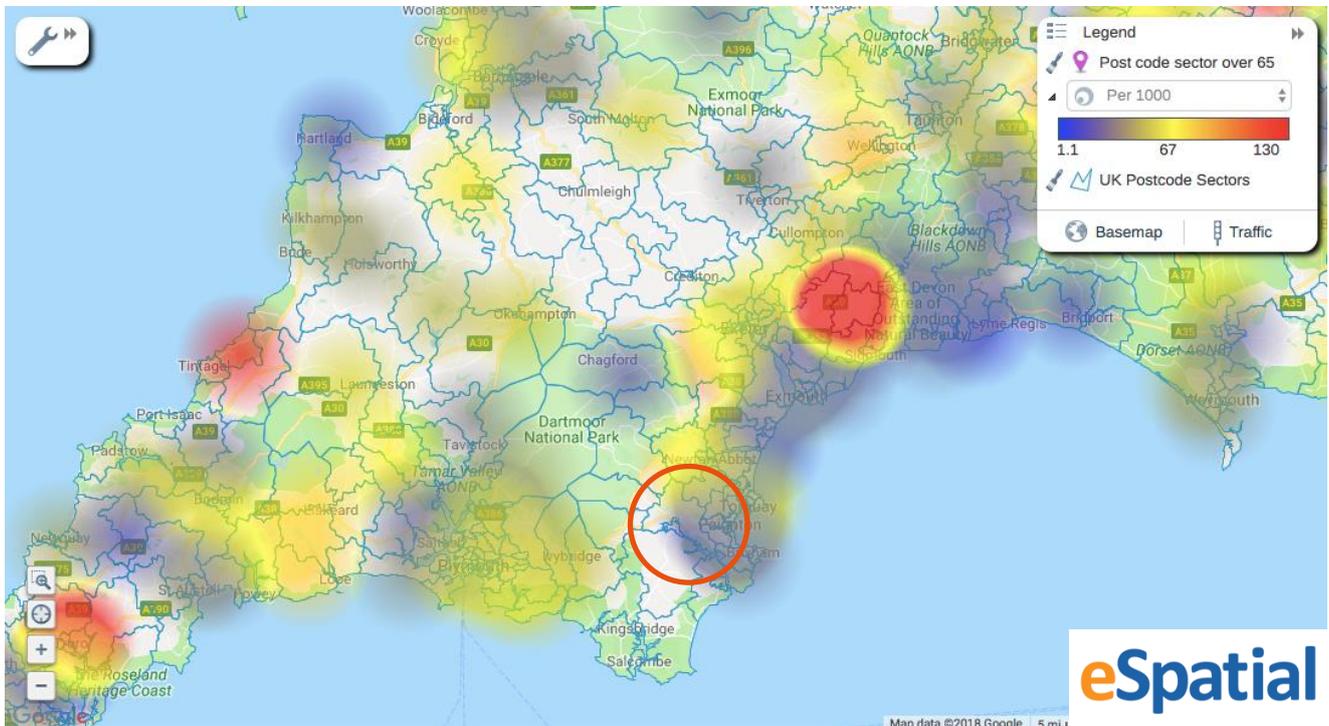


Figure 17: Totnes, care home beds with nursing per 1,000 over 65 population with postcode boundaries (mapped by postcode area coordinates, 10-mile radius), the red circle indicates the area of the TQ9 postcode<sup>171</sup>

Outside of Exeter, very few of the areas around Totnes maintain comparatively high numbers of nursing care beds. The TQ9 postcode area itself contains over 120 care home beds for older people, but none with nursing support. Indeed, 20% of all of the care home beds with nursing in Devon are in Exeter.

For care beds with nursing, Devon is now in the bottom 20 local authorities per 1,000 over 65 population.

Within ten miles of the TQ9 postcode area there are only two social care homes providing nursing care services to older people. Based on their last CQC inspections, one was at 100% occupancy after being forced to reduce their capacity to 30 beds from 40, and the second provides services to Polish WW2 veterans and their families (although its occupancy was lower at 78 of 95). In short, our spot check suggests that someone in need of a nursing home in Totnes may have to move more than ten miles away from their home to access care.

The vacancy rates in Devon are again below the national average, but based on our spot checks, a relatively higher number of the advertised vacancies are for nursing staff (seven of 33).<sup>172</sup> This suggests that there are care homes attempting to recruit nurses but, as with other areas of the country, recruiting nursing staff for care homes outside of major urban areas appears to be extremely challenging.

## Norfolk (NR8)

<sup>171</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

<sup>172</sup> Incisive Health research

The NR8 postcode is on the North Western edge of Norwich, in Norfolk:

- The area is semi-urban, surrounded by rural communities
- Norfolk has lower levels of health inequality than other areas of the country and is above average for life expectancy at 65 for both men and women<sup>173</sup>
- At 45%, the East of England has a higher proportion of self-funders than the average in England as a whole<sup>174</sup>
- 82% of the social care workforce in Norfolk is estimated to be British, which is average across England<sup>175</sup>
- At 21% Norfolk has a much higher proportion of retired people than the country as a whole<sup>176</sup>
- The over 65 population in Norfolk is rising rapidly outside of Norwich. In South Norfolk, the over 65 population is projected to grow from 20% to 26% in 2027<sup>177</sup>

The table below summarises some of the key factors in the local social care market.

Local authority	Number of over 65s	Care home beds for older people	Change in care home beds (2015-18) <sup>178</sup>	Number of care home beds per 1,000 over 65s	Number of nursing home beds	Change in nursing home beds (2015-18) <sup>179</sup>	Number of nursing home beds per 1,000 over 65s	Vacancy rate	Percentage of social care workforce from another EU country	Number of domiciliary care agencies for over 65s in local authority
Norfolk	216,324	8,584	8.8%	40	2,648	-14.0%	12	7%	10%	134
England	10,030,511	407,661	-0.4%	41	211,342	-1.8%	21	8%	8%	7,911

In the local area:

- The care home beds in Norfolk are more evenly distributed across the county than other areas we have examined, but because the total number of beds is still below average there is a resultant lack of choice for people in need – if a local care home is performing badly or has no vacancies there are likely to be limited alternatives available locally

<sup>173</sup> ONS, [Life expectancy \(LE\) at birth and age 65 by sex, UK, 2001 to 2003 to 2015 to 2017](#), 2018

<sup>174</sup> CMA, [Care home markets study; final report](#), 2017

<sup>175</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), 2018

<sup>176</sup> NOMIS, [Labour market profile – Norfolk](#), accessed February 2019

<sup>177</sup> Office for National Statistics, [Overview of the UK population: November 2018](#), 2018

<sup>178</sup> CQC, [Local system data summary: older people's pathway, Kingston upon Hull, City of Local Authority](#), 2018

<sup>179</sup> CQC, [Local system data summary: older people's pathway, Kingston upon Hull, City of Local Authority](#), 2018

- The number of nursing home beds per 1,000 over 65 population has fallen rapidly in recent years to below the national average. There are some indications that this has been driven by challenges in recruiting nurses

### Care home beds

Figure 18 shows the distribution of care beds across the area. The NR8 postcode has 316 care home beds for older people, one of the highest concentrations in the county.<sup>180</sup>

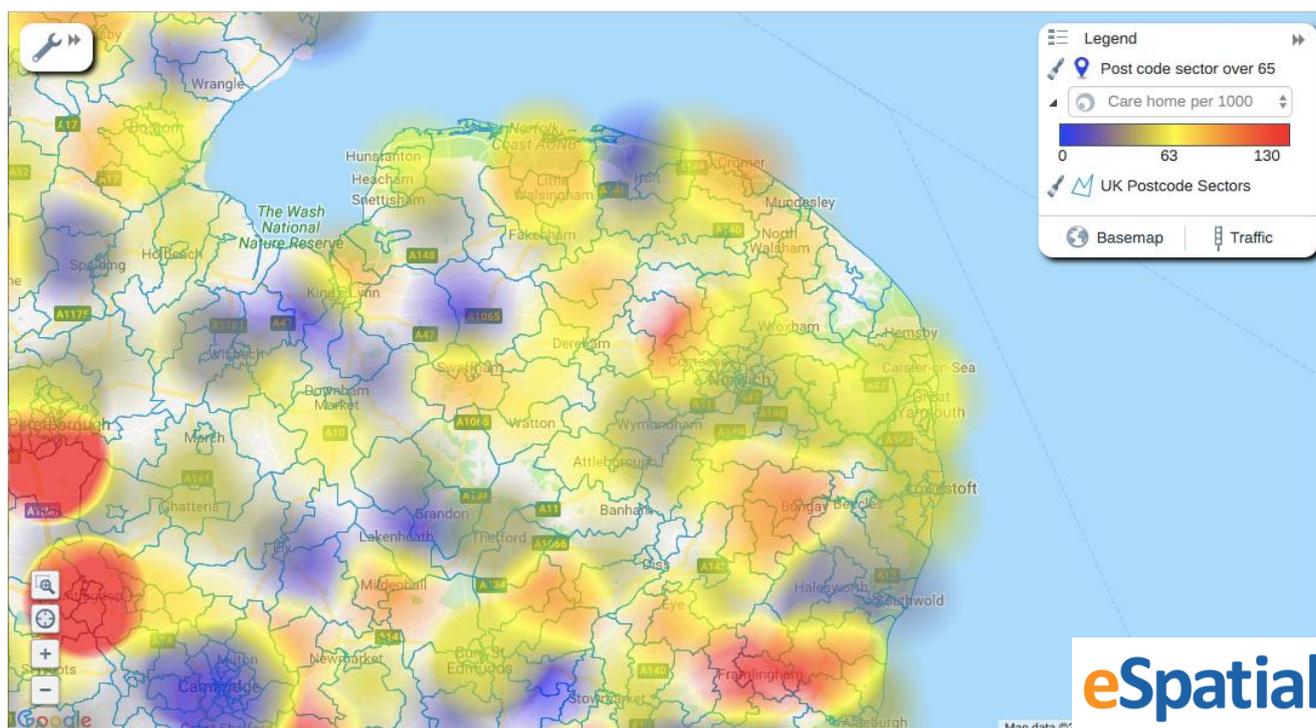


Figure 18: Norfolk, care home beds per 1,000 over 65 population (mapped by postcode area coordinates, 10-mile radius)<sup>181</sup>

However, Figure 18 also illustrates the comparatively patchy coverage of care home beds in Norfolk as whole. Across the county, Norfolk has slightly below average number of care homes per 1,000 over 65 population. However, compared to the other areas we have discussed, Norfolk does not have any clear concentrated pockets of care homes. Whilst this does suggest that capacity is more evenly spread across the county than other areas we have examined, it could also indicate a lack of choice, with residents unlikely to have more than one or two providers to choose from in their local area.

Of the five care homes in the NR8 area the occupancy rate is 78%, considerably below the average of 85% estimated by LaingBuisson, suggesting that there is potentially untapped capacity in the system.

### Care home beds with nursing

<sup>180</sup> CQC, [HSCA Active Locations November 2018](#), 2018

<sup>181</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

Figure 19, showing care home beds with nursing, shows a starker picture with large gaps in provision across the region.

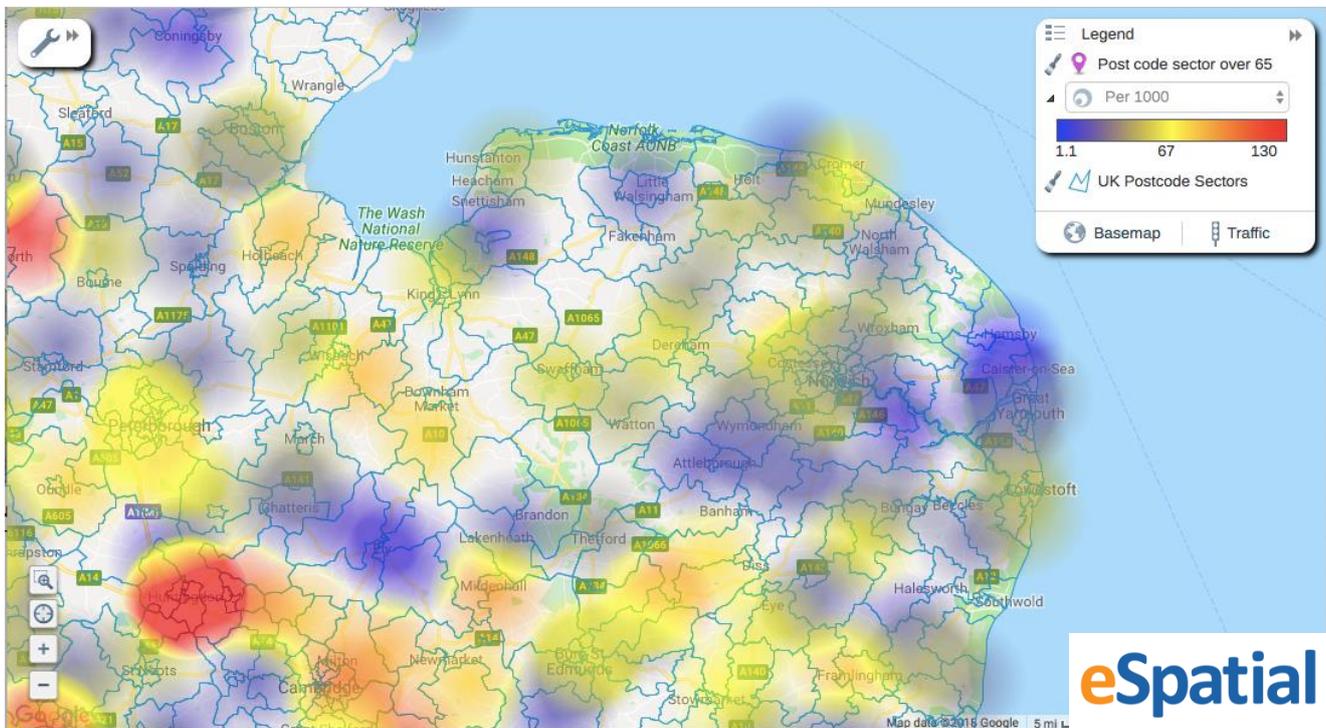


Figure 19: Norfolk, care home beds with nursing per 1,000 over 65 population with postcode boundaries (mapped by postcode area coordinates, 10-mile radius)<sup>182</sup>

With 185 care home beds with nursing for older people, the NR8 postcode area has the highest concentration of nursing home beds per 1,000 over 65 population in Norfolk.<sup>183</sup> The occupancy rate for the two providers is 80% for nursing home beds,<sup>184</sup> still below LaingBuisson’s estimate of 85%.

However, it is worth highlighting that the largest nursing home, with 115 of the beds, is rated ‘inadequate’ by the CQC and, at the time of writing, is facing enforcement action. This is illustrative of a lack of choice in the market. Removing this nursing home from the statistics leaves the nursing bed occupancy in NR8 over 91%. The CQC specifically identify nursing as the primary reason behind their enforcement action, suggesting that wider challenges with the nursing workforce may have played a role.

Furthermore, the number of care home beds with nursing has declined precipitously. This suggests, at least to some extent, that providers have been focussed on care home capacity, rather than nursing beds that are harder to staff and maintain. There are regular media reports of the challenges faced by Norfolk care homes in recruiting and retaining nursing staff.<sup>185</sup> Our spot check confirmed this picture, finding that six of the 19

<sup>182</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

<sup>183</sup> CQC, [HSCA Active Locations November 2018](#), 2018

<sup>184</sup> Incisive Health research

<sup>185</sup> Eastern Daily Press, [‘Inadequate’ Tittleshall care home to close ahead of damning CQC report](#), October 2017; Lynn News, [Care home in West Norfolk fearful of recruitment crisis](#), June 2018

advertised vacancies in the NR8 area were for nursing positions, the highest percentage of any of the five areas.<sup>186</sup>

## Guildford (GU4)

The GU4 postcode is to the North East of Guildford, Surrey:

- Unlike the three deep dive areas explored so far, it is semi-urban, in a comparatively affluent part of the country
- Surrey has much better health outcomes than the average across England<sup>187</sup>
- At 54%, the South East has the highest proportion of self-funders of any region<sup>188</sup>
- 77% of the social care workforce in Surrey is estimated to be British, below the national average<sup>189</sup>
- At 18%, Surrey has a slightly higher proportion of retired people than the country as a whole<sup>190</sup>
- The over 65 population of Guildford is 15% and projected to rise to 18% by 2027, much lower than the other areas examined in this report so far<sup>191</sup>

The table below summarises some of the key factors in the local social care market.

Local authority	Number of over 65s	Care home beds for older people	Change in care home beds (2015-18) <sup>192</sup>	Number of care home beds per 1,000 over 65s	Number of nursing home beds	Change in nursing home beds (2015-18) <sup>193</sup>	Number of nursing home beds per 1,000 over 65s	Vacancy rate	Percentage of social care workforce from another EU country	Number of domiciliary care agencies for over 65s in local authority
Surrey	222,232	12,205	-0.6%	55	7,222	+9.3%	32	12%	18%	189
England	10,030,511	407,661	-0.4%	41	211,342	-1.8%	21	8%	8%	7,911

In the local area:

- There is above average care home bed capacity and the capacity of nursing homes has also increased, one of the few places in the country that has seen an increase in nursing beds over the last three years

<sup>186</sup> Incisive Health research

<sup>187</sup> Public Health England, [Public Health Outcomes Framework](#), accessed February 2019

<sup>188</sup> CMA, [Care home markets study; final report](#), November 2017

<sup>189</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), 2018

<sup>190</sup> NOMIS, [Labour market profile – Surrey](#), accessed February 2019

<sup>191</sup> Office for National Statistics, [Overview of the UK population: November 2018](#), 2018

<sup>192</sup> CQC, [Local system data summary: older people's pathway, Kingston upon Hull, City of Local Authority](#), 2018

<sup>193</sup> CQC, [Local system data summary: older people's pathway, Kingston upon Hull, City of Local Authority](#), 2018

- This is likely reflective of the high number of self-funders in the South East, indicating that the market is more robust and not suffering as much from the impact of below-cost local authority commissioning as other areas of the country
- However, the vacancy rate is above the national average and the area is very reliant on EU staff. A Brexit outcome that negatively impacts the areas ability to recruit and retain social care workers from the EU would be potentially devastating

### Care home beds

Figure 19 shows the number of care beds per 1,000 population in Guildford. The scale is smaller than the previous three examples to highlight the detail.

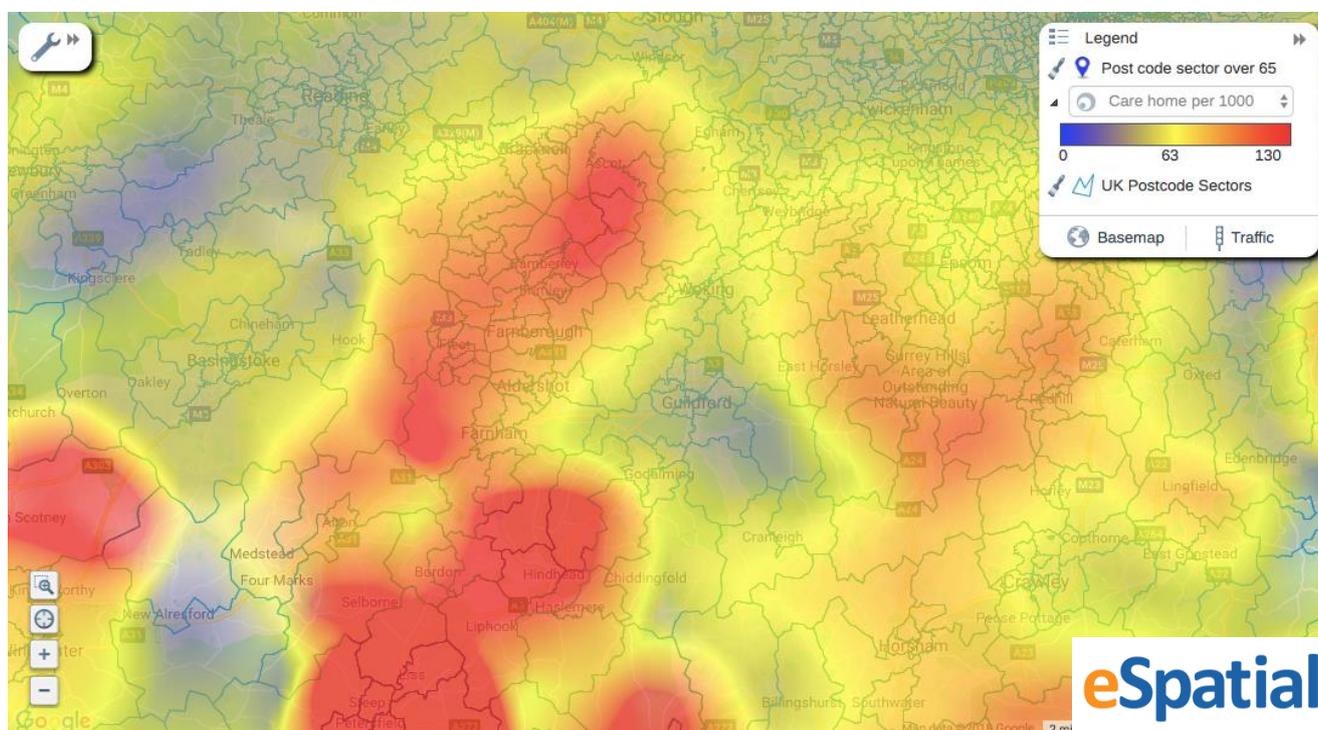


Figure 20: Guildford, care home beds per 1,000 over 65 population (mapped by postcode area coordinates, 10-mile radius)<sup>194</sup>

Figure 20 highlights that the 'gaps' in care that exist in the three areas of the country we have examined so far are absent from Surrey: no postcode is beyond 10 miles from at least one care home bed.

### Nursing home beds

Figure 21, showing nursing care beds per 1,000 over 65 population, shows a similar distribution to that of care beds. Compared to the previous areas, that in and of itself is noteworthy – suggesting that care home beds with nursing are more correlated with the over 65 population in areas such as Surrey than the other areas.

<sup>194</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

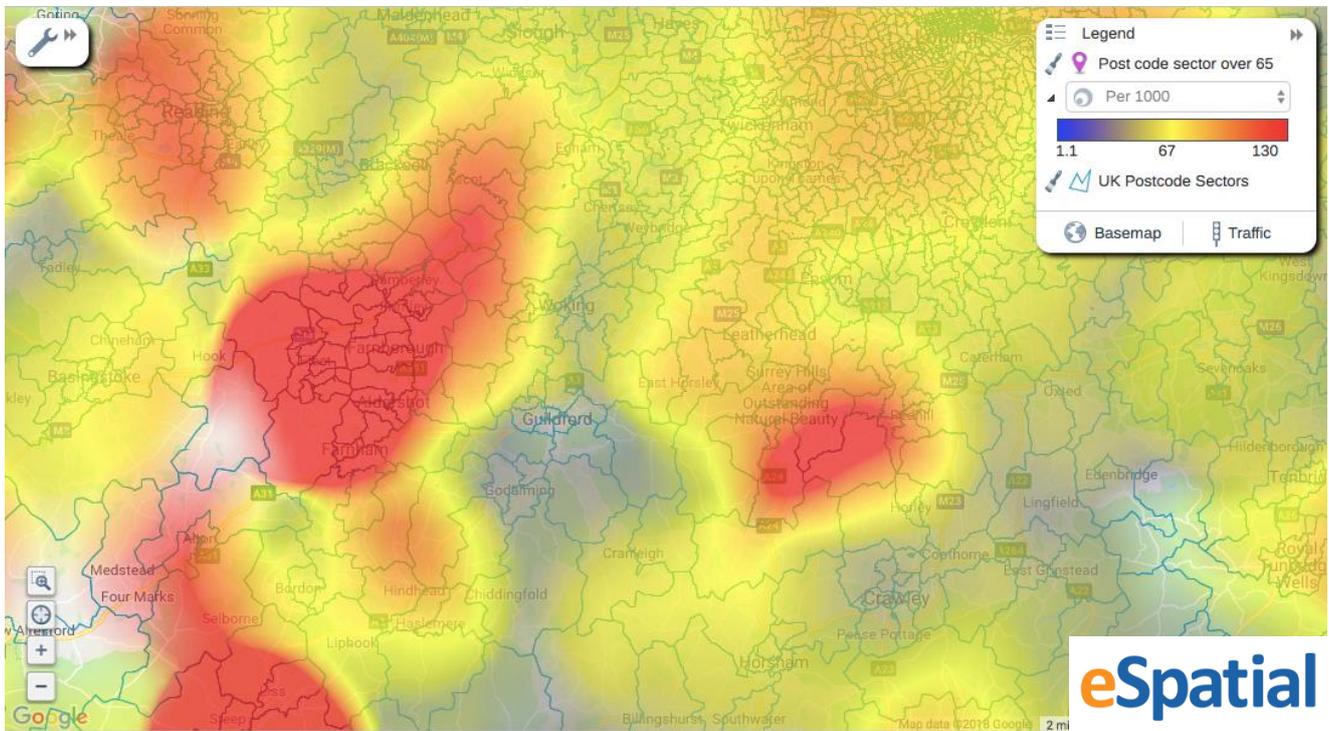


Figure 21: Guildford, care home beds with nursing per 1,000 over 65 population with postcode boundaries (mapped by postcode area coordinates, 10-mile radius)<sup>195</sup>

There are two providers of residential care in the GU4 postcode, with a total of 59 beds. One of these providers offers nursing services with 30 total beds. The occupancy rate across the two providers is 78%. In the nursing home the occupancy rate is 87%.<sup>196</sup> Expanding the search to providers within two miles of the GU4 postcode reveals an additional two providers with a further 62 beds. Taking all four providers, the occupancy rate for care home beds is 68% and for care home beds with nursing it is 66%.

The low occupancy rate could be indicative of sufficient capacity in the system for those able to pay – a sign that areas of the country with higher proportions of self-funders are still able to support a functioning market. However, it could also indicate a reluctance to accept local authority clients at a lower rate or more ‘mothballed’ capacity due to difficulties recruiting and retaining staff.

Surrey is the first local authority in our ‘deep dives’ to have a vacancy rate over the national average. Our spot check confirmed this picture, revealing the highest number of nursing and other vacancies in and around GU4 of any of the five areas with 19 of the 67 advertised positions for nursing roles.<sup>197</sup> Surrey also has a very high proportion of EU social care workers suggesting it might be particularly exposed to any Brexit outcome which negatively impacts the EU workforce in the UK.

<sup>195</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

<sup>196</sup> Incisive Health research

<sup>197</sup> Incisive Health research

## Leicestershire (LE7)

The LE7 postcode is to the north east of Leicester:

- The postcode encompasses several small towns and villages around Leicester
- Leicestershire has lower levels of health inequality than other areas of the country<sup>198</sup>
- At 43%, the East Midlands Region has a higher proportion of self-funders than the average in England as a whole<sup>199</sup>
- 89% of the social care workforce in Leicestershire is estimated to be British<sup>200</sup>
- 11% of the population of Leicester and Leicestershire is retired, lower than the country as a whole<sup>201</sup>
- The over 65 population of North West Leicestershire is 16% and projected to rise to 23% by 2027<sup>202</sup>

The table below summarises some of the key factors in the local social care market.

Local authority	Number of over 65s	Care home beds for older people	Change in care home beds (2015 - 18) <sup>203</sup>	Number of care home beds per 1,000 over 65s	Number of nursing home beds	Change in nursing home beds (2015 - 18) <sup>204</sup>	Number of nursing home beds per 1,000 over 65s	Vacancy rate	Percentage of social care workforce from another EU country	Number of domiciliary care agencies for over 65s in local authority
Leicestershire	139,268	4,384	4.6%	31	1,468	-5.4%	11	8%	4%	94
England	10,030,511	407,661	-0.4%	41	211,342	-1.8%	21	8%	8%	7,911

In the local area:

- The number of care home beds has increased in recent years, but remains well below the national average. The number of nursing home beds is almost half the national average and has been falling, although occupancy rates are also low
- Some evidence suggests that there are higher numbers of vacancies in the local area than other areas of the country
- The latest estimates suggest that the number of informal carers in Leicestershire is higher than average, a possible indication of limited coverage

<sup>198</sup> Public Health England, [Public Health Outcomes Framework](#), accessed February 2019

<sup>199</sup> CMA, [Care home markets study; final report](#), November 2017

<sup>200</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), 2018

<sup>201</sup> NOMIS, [Labour market profile – Leicester and Leicestershire](#), accessed February 2019

<sup>202</sup> Office for National Statistics, [Overview of the UK population: November 2018](#), 2018

<sup>203</sup> CQC, [Local system data summary: older people's pathway, Kingston upon Hull, City of Local Authority](#), 2018

<sup>204</sup> CQC, [Local system data summary: older people's pathway, Kingston upon Hull, City of Local Authority](#), 2018

### Care home beds

Figure 22 shows the number of care home beds per 1,000 over 65 population. The scale is smaller than the first three examples to highlight the detail.

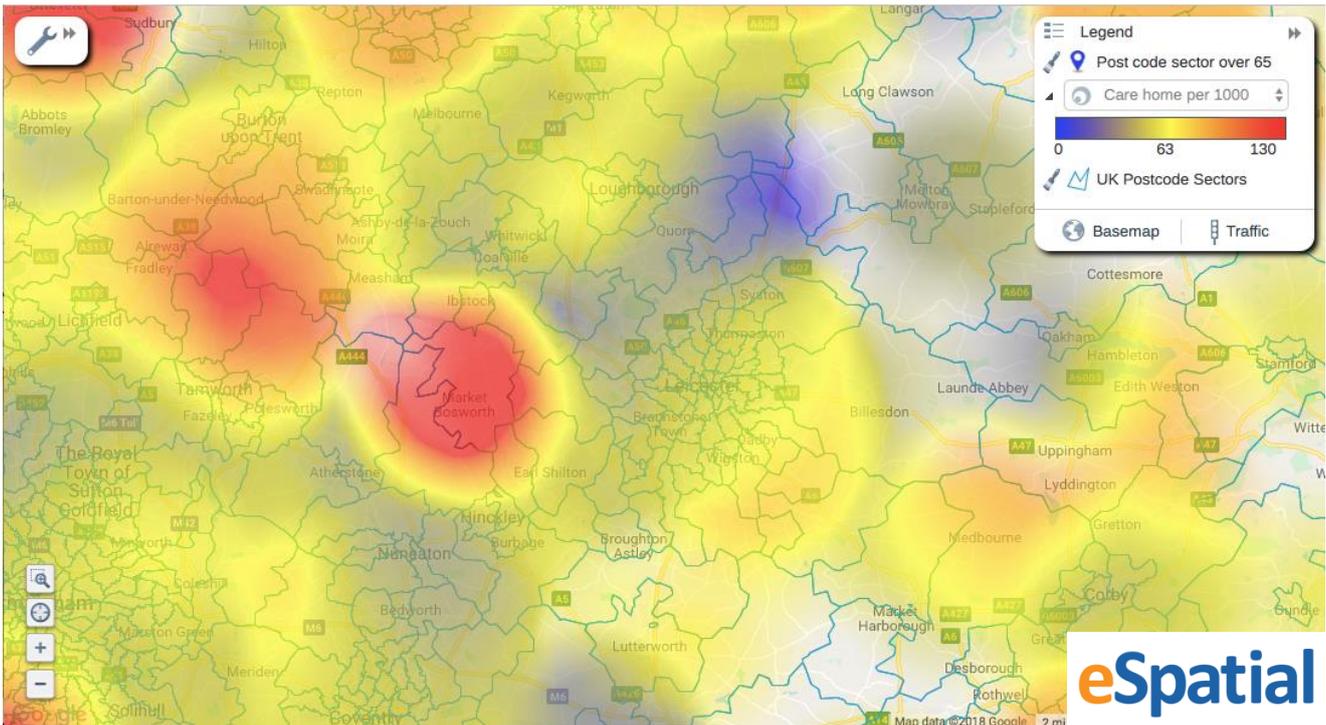


Figure 22: Leicestershire, care home beds per 1,000 over 65 population (mapped by postcode area coordinates, 10-mile radius)<sup>205</sup>

Compared to Figure 20, Figure 22 shows clear gaps emerging in the coverage of care home beds. In this area of the Midlands, the coverage is more reminiscent of our first three examples, rather than the even coverage in Surrey.

There are nine providers of residential care services for older people in the LE7 postcode, with a total capacity of 322 care beds, 46 of which are with nursing. The occupancy rate across the care homes with available CQC reports is 84%.

### Nursing home beds

Figure 23, showing care beds with nursing, highlights a considerable fall off in coverage, with large gaps in provision emerging.

<sup>205</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

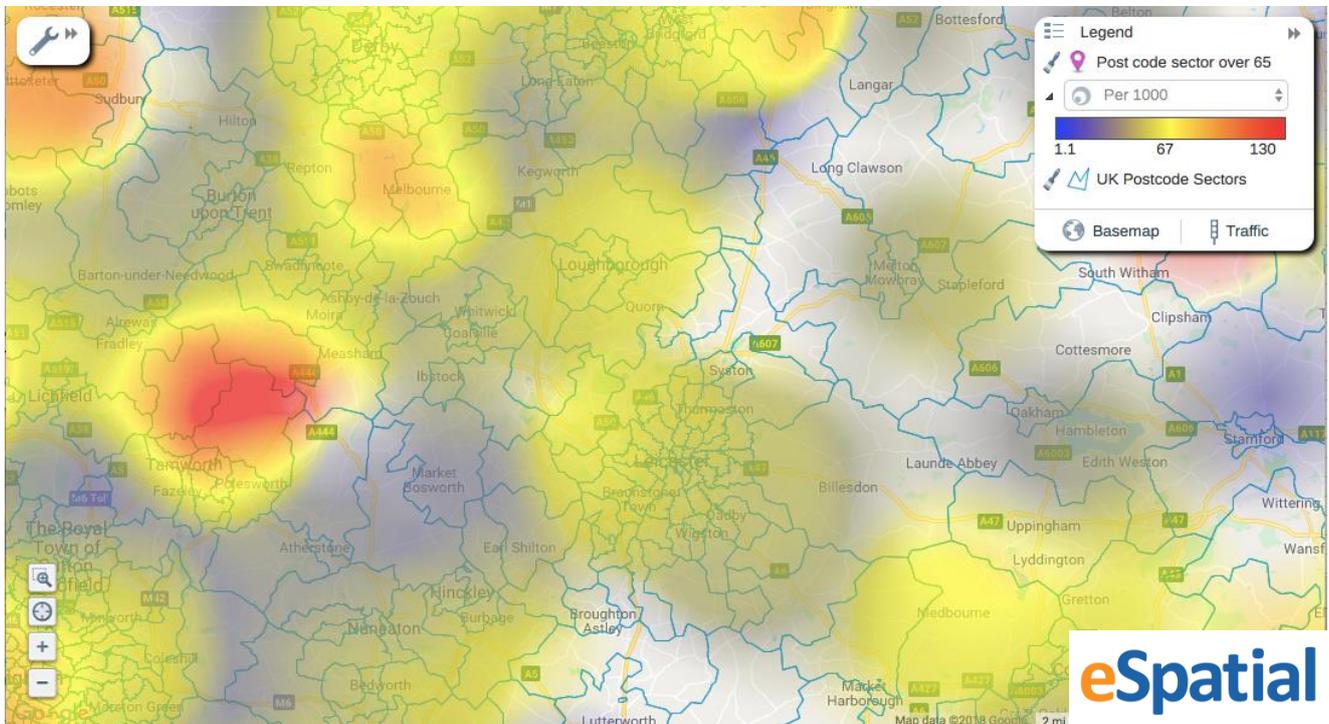


Figure 23: Leicestershire, care home beds with nursing per 1,000 over 65 population with postcode boundaries (mapped by postcode area coordinates, 10-mile radius)<sup>206</sup>

46 of the 322 care home beds in the LE7 postcode offer nursing care with an occupancy rate of 70%.

Leicestershire has the lowest number of nursing beds per 1,000 over 65 population of any of the areas examined in this report, almost half the national average. It also has below the average number of care beds per 1000 over 65 population, despite an increase over the last three years.

### Vacancies

At 8%, the vacancy rate in Leicestershire is in-line with the national average. Our spot check revealed the most advertised vacancies in any of the five areas (87).<sup>207</sup> This may explain the relatively low numbers of care home and nursing home beds, with providers apparently struggling to recruit the staff they need.

Given the low level of nursing and care beds per 1,000 over 65 population, the low occupancy rates in the LE7 area are somewhat surprising. One possible explanation is that the market dynamics in the local area lead to more people to provide informal care. The Biennial survey of carers appears to support this, finding that 67.3% of respondents care for 35+ hours and 44% for 100+ hours, compared to national averages of 58% and 36%. As noted above, the survey is likely to represent the most intensive levels of informal carers.

<sup>206</sup> CQC, [HSCA Active Locations November 2018](#), 2018; ONS, [Census 2011, Usual resident population by postcode district](#), accessed December 2018

<sup>207</sup> Incisive Health research