UK social care faces “tipping point” as energy costs soar

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The cost-of-living crisis is compounding desperate conditions in the UK’s social care system, following the widespread collapse of care standards during the COVID pandemic, culminating from decades of privatisation and austerity cuts.

The sector was brought to the point of collapse in the initial waves of the pandemic, when tens of thousands of elderly, disabled and sick care home residents died in horrifying conditions, cut off from medical care. Hundreds of social care staff, who were forced to work without the slightest protection from infection, also lost their lives.

Now, in response to the unprecedented hike in energy costs and rampant inflation, care providers are expanding cutbacks to services as well as raising user fees.

Residential care and nursing homes, hospices and other vital care facilities are seeing their energy cost soar by between 500 and 1,000 percent as a result NATO’s proxy war against Russia and the rampant government-backed profiteering of the energy companies.

According to Professor Martin Green, Chief Executive of Care England, “For years, those of us within the sector have spoken about social care as approaching a ‘tipping point’. The energy crisis being witnessed today may be what finally pushes it over the edge.”

Figures produced by Care England show that care providers would have to pay £5,166 per bed per annum to buy gas and electricity from August. This is almost a 10-fold increase, with the comparative cost in August 2021 being £660 per bed per annum.

Professor Green said the figures “illustrate the true scale of the energy crisis facing adult social care, with providers facing a staggering 683 percent increase in energy costs over the last 12 months.” This represents an additional cost of over £2 billion per annum for the sector as a whole.

“Current packages of government support ignore the social care sector entirely. Care providers, despite paying the same VAT [sales tax] and Green Levy rates on energy bills as domestic settings, are not subject to the domestic price cap and are not set to benefit from the £400 energy rebate,” Professor Green said.

In response to the Conservative government’s homicidal demand that the population cut back on energy usage over winter, Professor Green said, “Unlike other businesses, care providers cannot reduce opening hours, turn off the lights, or switch off the heating or cooling, they house and care for some of society’s most vulnerable and we are already seeing 45 percent of providers considering exiting the market due to the current financial unsustainability in the sector.”

A recent survey of care providers conducted by the Independent Care Group found that 93 percent of care homes are instituting cutbacks, including making already scarce staff redundant and reducing the quality and quantity of food for residents. According to the survey, “81 percent of homes… said they would have to increase fees for residents, with rises of between 5 and 15 percent.”

Another survey of 45 independent care providers conducted by the National Care Association for the *Guardian*, found that around half of their homes have reduced the amount of time staff spend talking to residents, supporting entertainment and cultural activities, including trips out of the home.

Even prior to the escalation of the cost-of-living crisis, a spate of inspections over the summer by the Care Quality Commission exposed the fact that many homes are unable to meet the basic needs of their residents. The regulator found residents left in their rooms for a day or more without support, going without showers for more than a week, with others left soiled for long periods and subject to attacks from fellow residents.

Of the 14,597 homes registered with the CQC, 241 are rated inadequate with 2,441 (17 percent) rated as “require improvement”. According to *Disability News Service*, more than half of care homes that had a new rating published in July were found to be requiring improvement (182 homes, or 43 percent) or inadequate (38 or nine percent). The CQC’s recent inspections have a failure rate of more than three times the 18 percent failure rate among all care homes.

The sector continues to haemorrhage workers due to poverty wages, highly exploitative working conditions and the trauma of witnessing mass death and sickness. Staff are leaving for less stressful and marginally better paid jobs in retail, logistics and food services. One in 10 posts, or 160,000 full-time positions, are now vacant in England’s care sector, a rise of 52 percent or 55,000 vacancies in one year, according to Skill for Care. More than 400,000 left the profession over the same period.

The staffing crisis in both health and social care has been a boon to private recruitment companies, as hospitals and care homes have become increasingly reliant on temporary agency staff. They charge around twice the rate of permanent staff—£19.57 versus £9.90 per hour for care staff and £37.56 versus £19.49 for nurses—and make profit margins as high as 50 percent on each shift. Significant numbers of staff have left permanent employment for agency work where they can earn higher wages.

Recent research by Care England found that 78 percent of care home, home care and supported living providers have been using more or significantly more agency staff in May and June compared to April 2021. Agency staff are also harder to come by and more expensive due to competition between care homes and the National Health Service (NHS) for scarce healthcare workers. Three-quarters of respondents said that reliance on agency workers was affecting the quality and continuity of care.

The lack of social care resources has left millions without vital social care services, including people who cannot bath, shower, feed, or dress themselves. According to the Care and Support Alliance, 2.6 million people aged fifty and above are presently living with unmet care needs, amounting to 12 percent of the population of England in this age bracket. There are 13,000 people awaiting discharge from hospitals but cannot access the social care they need. This can cause deadly delays in admitting patients from Accident and Emergency services, under conditions in which the NHS is faced with the impossible task—given current resources—of clearing its record 6.7 million treatment backlog.

The response of the Conservative government to the devastating crisis in social care is of a piece with its callous indifference to the lives of the disabled and elderly during the pandemic.

Newly installed Prime Minister Liz Truss pledged to double the additional £5.7 billion in care funding set out by the Johnson government over the next three years. But this is to be achieved by robbing Peter to pay Paul, as she intends to divert finance away from desperately underfunded NHS hospitals and services.

From October 2023, an £86,000 cap on social care costs is being introduced, setting a maximum an individual can be asked to contribute towards their own care. This is a blatant smash and grab from the meagre assets of working-class people. Since any means-tested support is excluded, poorer pensioners and the disabled will personally pay as much as the richer. Proportionally, they will bear a greater financial burden because of accessing social care than the better off.

While this “reform” will protect the assets of wealthy households from the costs of long-term care it also leaves the for-profit providers to plunder the household assets of working-class people.

Health and Social Care Secretary, Thérèse Coffey, intends to hand hundreds of millions of pounds in public funding to private residential care companies, with the justification of helping free up NHS hospital bedsplacing thousands of vulnerable people in dangerously under-resourced homes. The measure effectively revives the deadly “discharge to assess” scheme operated during the pandemic, a policy which the High Court later ruled was unlawful. Tens of thousands of patients were discharged into care homes without testing or quarantine, contributing to a death rate 10 times higher among care home residents than comparable age groups living in private residences.

Timed to relieve the NHS of increased winter demand, Coffey’s plan will coincide with an autumn surge in coronavirus which, experts anticipate, could produce unprecedented infection rates. Moreover, it will go ahead under conditions where free testing and wearing compulsory personal protective equipment have been discontinued across health and social care. Hundreds of thousands of the most vulnerable people will be exposed to reinfection and the associated heightened risk of serious health complications and death.

NHS FightBack, established by the Socialist Equality Party, calls for the establishment of rank-and-file committees of health/care workers to fight for the following demands:

Halt the privatisation of the NHS—Facilities allocated for private patients must be utilised to treat NHS patients. Privatised services must be taken back into the NHS.

Restore all lost pay for health and care workers—The loss in real wages must be fully reversed and a substantial rise awarded to ensure the low-paid receive a liveable wage.

Stop all health/care cuts—All patients must have access to suitable treatment regardless of their age, frailty, disability, or visa status. Fully funded social care for all.

Those who agree with this perspective should contact NHS FightBack, link up with our Facebook page, and take part in a confidential discussion with like-minded workers on setting up Health and Social Care Rank-and-File Committees.