

19th November 2021

By email to Robert Courts MP; Anneliese Dodds MP; John Howell MP; David Johnston MP; Layla Moran MP; Victoria Prentis MP.

Dear MP,

Health and Care Bill 2021

An Oxfordshire County Council motion agreed cross-party on the Health and Care Bill calls for your support. As our hospital based social work teams are receiving 25% more referrals to support discharge of patients and working hard to support the NHS, we need urgent funding for social care and a plan for the health and care workforce that can meet the challenges faced across the health and care system this winter (*Oxfordshire County Council 2nd November 2021/13 Cllr Hanna, see appendix*).

Please can you support when you debate and vote on the Health and Care Bill next week and as the Bill progresses through Parliament to lobby government to meet the challenges faced across the health and care system for:

- (i) An immediate investment in the social care workforce enabling us to pay a fair wage (The sector advises £11.50 hour minimum).**
- (ii) A national workforce plan for health and care with a clear and funded plan for the transformation of adult social care in line with the NHS 10-year long term plan.**
- (iii) Public recognition of the hard work undertaken by paid and unpaid carers and all social care teams during the pandemic.**
- (iv) To support any changes that will tackle additional risks to successful health and care collaboration agreed cross-party in our County Council Motion.**

Needs of the Health and Care Work Force

The health and care system began the pandemic with 100,000 vacancies and without a national workforce plan.

The recent devastating report of the [State of Care | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk) found many people had struggled to access care they needed, with re-pandemic health inequalities exposed and having worsened. The Care and Quality Commission annual report found recruitment and retention of the health and care workforce a major priority with severe challenges for local systems and providers and deteriorating in adult social care. We align with the view that health and care professionals and unpaid carers across community and hospital settings have worked tirelessly, too often exhausted and depleted and need recognition and a plan.

5.8 million people are now waiting for hospital treatment. King's Fund analysis of the national performance statistics for ambulance response times, A & E treatment times and access to services suggest a health and care system on its knees. The NHS Confederation's recent survey found 9 of 10 health leaders reporting demands on the NHS as unsustainable and staffing levels are placing patients at risk [NHS has reached tipping point, warn healthcare leaders | NHS Confederation](#). This week a report from the Association of Ambulance Chief Executives finds that 1 in 10 patients experiencing delays in handover of more than an hour could have experienced severe harm ([AACE report published: Hospital handover delays potentially causing significant harm to patients - aace.org.uk](#))

Behind these statistics is escalating suffering and the many invisible heroes doing their best within the health and care system.

The position of the NHS Confederation, NHS Providers, the Local Government Association on the Health and Care Bill is that a greater focus on workforce and funding of social care is vital to the success of reforms is now urgent (Joint Statement [confed-nhsp-lga-joint-statement-on-hcb-2nd-reading.pdf \(nhsproviders.org\)](#), & independent think tanks [Integrated care systems explained | The King's Fund \(kingsfund.org.uk\)](#)).

Inadequate Funding for Health and Social Care

The public are likely to be unaware that only 2% of the Health and Care Levy will go to adult social care. The £36 billion announced for the NHS and Social Care will not mitigate the shortages of health professionals and social care workers needed to care for rising demands both through this winter and in coming years. In addition, we do not agree that against these challenges and these harms, the extra £1.6 billion funding to local authorities will be adequate for council pressures and does not tackle the social care challenges. The Association of Directors of Adults Social Services and numerous other sector organisations have said that the funding to social care fails to recognise the crisis and the perfect storm that is expected.

Please be aware that none of the additional £6 billion earmarked for social care is to support pressures today and indeed none of it is to meet new demand. Calls this month to government from the NHS Confederation and the Patients Association are in alignment that urgent investment in social care is the top priority in protecting the public through this winter (Act now to protect the NHS | The Patients Association ([patients-association.org.uk](#)); [NHS has reached tipping point, warn healthcare leaders | NHS Confederation](#)).

Unlike the NHS, local authorities have a legal duty to set a balanced budget. We believe an extra £3 billion is needed for care now if the government wishes to see, as we do more, people being attracted to work in the care sector to stabilise care supply and to build up and strengthen care at home, enhance community support, meet unmet needs, and mitigate ongoing, intensifying recruitment and retention challenges and provide a significant package of support for unpaid carers. As a council we have lobbied government but urgently need your help to avoid a crisis harming our most vulnerable [Council calls on government to urgently address national social care and special educational needs funding issues \(oxfordshire.gov.uk\)](#).

Demand Increases

Locally we have seen increased demands across all elements of the health and care sector, for example our hospital based social work teams are receiving 25% more referrals to support discharge. Our fantastic care providers have with the council delivered an additional 5% capacity increasing the weekly home care hours to over 25,000 each week. Despite this it is not enough to meet the new normal now established as part of Covid.

Workforce

The health and care sector are increasingly exposed as carers are attracted by much higher wages in other sectors such as hospitality. The National Care Association and care leaders report that staffing agencies are taking advantage of the workforce crisis in the public care system and the lack of government regulation of capping of private agency staff costs. Carers have not been properly valued for many years and are not included in the shortage occupation list or provided with temporary visas granted to other sectors such as the poultry industry and haulage. Compulsory vaccines required by December for the care sector months ahead of the NHS adds to the complex range of factors that are contributing to a tight workforce with increasingly severe competition harmful to the public and the workforce.

Sally Warren, Director of Policy at the King's Fund giving evidence to Parliament (Treasury committee November 18th) that whilst the NHS needed funding the social care system should be left behind waiting for funds unable to tackle a workforce crisis with rapidly rising numbers of care workers leaving for better paid jobs in other sectors undermining government plans to integrate health and social care.

Last minute amendment to `The Care Cap`

Sir Andrew Dilnot CBE giving evidence to the Treasury Committee examination of government plans for health and social care (18th November) said that the last minute amendments to Care Act now mean that anyone needing care with lower-value homes or assets of less than £186,000 would be worse off. 18 year olds with care and support needs will no longer benefit from a zero cap. We agree with Sir Andrew Dilnot and the Health Foundation this last minute change to cap is a step in the wrong direction ([Last minute changes to social care reforms are a step in the wrong direction \(health.org.uk\)](https://www.health.org.uk/news/articles-and-opinions/last-minute-changes-to-social-care-reforms-are-a-step-in-the-wrong-direction)).

Unresolved governance concerns with the Health and Care Bill

We believe Oxfordshire County Council must have the freedom to work with the NHS and other partners to respond to the needs of our people, most especially as inequalities have worsened through the pandemic. Government planned reforms for integrated health and care are not likely to succeed if governance issues are not addressed urgently alongside a greater focus on health and care workforce and funding of social care. [confed-nhsp-lga-joint-statement-on-hcb-2nd-reading.pdf \(nhsproviders.org\)](https://www.confed-nhsp-lga-joint-statement-on-hcb-2nd-reading.pdf), independent think tanks [Integrated care systems explained | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/integrated-care-systems-explained) and evidence from the Centre of Scrutiny.

Risks of failure have been identified by Research from the Centre of Policy Studies from 13 pilots of the planned reforms with advanced ICS organisations which found delayed transfers of care had increased by 65% since 2016 against 9% in other trusts. They propose the pilots are let to run their course to evidence that they work, whilst allowing the rest of the country to develop and build on new and better approaches to integration and collaboration.

The Department of Health Social Care Impact Assessment on the Health and Care Bill states “there is mixed evidence on whether collaboration can provide cost savings in delivery and on the impact of collaboration on definitive health improvements”.

The Kings Fund independent think tank has cautioned about the risk of a top-down reorganisation, unless there is an approach that supports incremental, locally led change.

The Bill once passed gives sweeping powers to the Secretary of State to involve themselves in operational and local issues and powers of the Secretary of State to direct NHS England. The Bill is permissive on new governance arrangements.

We draw your attention to the evidence from the Centre of Scrutiny of Government to the Committee stage of the Health and Care Bill:

“ICS bodies would be looking over the shoulder at what the Secretary of State would want them to do rather than looking down to local communities to understand where local need lies and decision-making led by what people think national priorities should be”

Thank you for your consideration. With best regards



Cllr Jane Hanna OBE
Chair, Oxfordshire JHOSC, OCC



Cllr Liz Leffman
Chair, Health and Wellbeing Board, OCC

Appendix

Oxfordshire County Council November 2nd

MOTION BY Councillor Hanna (Agenda Item 13)

“Government planned reforms to integrate health and care by April 2022 are being implemented across Buckinghamshire, Oxfordshire and Berkshire West (BOB) ahead of the Health and Care Bill 2021 and there are many non-elected new decision-makers and groups in place.

We believe Oxfordshire County Council must have freedom to work with partners to respond to the needs of our people, most especially as inequalities have worsened through the pandemic. County councillor democratic involvement at each local and regional level of decision-making is vital as well as ensuring local authority standards of accountability apply to new non-elected bodies.

Oxfordshire statutory committees of Health and Wellbeing and JHOSC are well established Oxfordshire committees. Their role must be core to understanding and tackling inequalities and helping build back sustainable local communities. New decision-making powers for health and care above Oxfordshire as place must be compelling and accountable.

Proposed new powers for ministers to intervene in any local change need to be removed from the Bill. If joint health and care plans are to succeed locally government needs to deliver now on national workforce planning and on its failed pledges in 2017 and in 2019 to deliver a social care settlement fit for the 21st century. Council calls on and supports the Chair of Wellbeing Board and Chair of HOSC writing to all Oxfordshire MPs seeking their active support for this Council's position in Parliament and to seek wider support with local partners with view to influencing improvements to reforms."

RESOLVED: Accordingly (48 votes to 0).

Previous motion 2020

Oxfordshire County Council December 8th 2020

81/20 MOTION BY Councillor Jane Hanna; Cllr Hannaby seconding (Agenda Item 15) Councillor Hanna moved and Councillor Hannaby seconded the following Motion: "The increasing powers of non-elected decision makers is impacting negatively on Oxfordshire's population. Buckingham, Oxfordshire and West Integrated Care System (BOB) is an exemplar. A local pilot for an Oxfordshire Population Health and Care Needs Framework has stalled since February awaiting a review by BOB under national instruction. It marks an early test case of the value placed on local communities across Oxfordshire by non-elected agencies. The pilot in OX12 targeted a population of over 27,000. The local community endured the loss of a GP practice, a vibrant community hospital, with no delivery of infrastructure needed for 1000 new houses. A further 50% increase in housing is planned. There have been many excess deaths in recent months disproportionately impacting care homes. A starting point for recovery would be a clear commitment to completing the population-based pilot with a plan acceptable locally. A successful completion of this pilot would ensure consideration of local communities by people making decisions who do not know our local communities, who are less effective in securing confidence, and are not accountable to the public.

Council calls on the leader to influence a positive commitment now within BOB to the OX12 pilot. In addition, we request that he send an open letter to the Prime Minister, the Select Committees for Health and Social Care, Housing, Communities and Local Government to urge the vital importance of safeguarding local democracy and scrutiny as non-elected decision-makers implement policy across Oxfordshire." Following debate, the Motion was put to the vote and was carried unanimously.

RESOLVED: Accordingly (unanimously).