1. The National Centre for Post-Qualifying Social Work (NCPQSW) at Bournemouth University was established in 1999, and has since then become a leader in the field for post-qualifying social work. The NCPQSW has worked with over 15,000 social workers in Britain from a mix of local authorities (over half of the local authorities in England) to private providers, equipping them with new skills and knowledge to keep up their continuing professional development (CPD), ensuring they have the right skill set to care for the vulnerable in society.

2. This submission makes the following two main points about the impact of the Comprehensive Spending Review (CSR) on health and social care:

   - Whilst more funding for social care is welcome, it is not enough to keep up with the rising demand and pressures the sector is facing due to an ageing population.
   - The CSR has not addressed a number of significant problems, such as workforce development; the recruitment and retention of a suitably qualified workforce; and the growing risks posed by financial scamming of vulnerable adults and older people. It is unclear how the additional funding for the integration of health and social care will directly help social work services.

3. This submission by the NCPQSW at Bournemouth University focuses on the impact of the CSR on social work and social care, not health care, given the Centre’s specialism. We have only responded to a limited number of points.

**Social care funding, including implications for quality and access to services, provider exit, funding mechanisms, increasing costs and the Care Act provisions**

4. The CSR revealed that whilst grants from central government to local authorities will be significantly cut, local authorities will have the flexibility to raise council tax in their area by up to 2% above the existing threshold, exclusively to generate funding for social care. We suggest that there are several complications with this commitment.

5. Firstly, since the 2% rise is optional for local authorities, there will inevitably be huge disparity between regions, depending on whether or not they choose to use this power. With the grant from central government to local authorities being cut, citizens living in those areas with authorities choosing not to increase the council tax will be at a severe disadvantage concerning their adult social care provision. Therefore we have great concerns that the political position of local authorities will determine the level of social care provision that citizens will be able to access, which is particularly problematic when local authorities have a statutory responsibility to provide adult social care.
6. If local authorities do opt to raise council tax, we have further concerns that not enough consideration has been given to the increase in demand for adult social care. Whilst the funding is welcome and helpful if demand for social care support remains the same, we feel that it is likely to be insufficient given the growth in the number of people requiring social care. As well as the growth in numbers as a result of an ageing population, the number of older and isolated citizens is increasing, which is resulting in greater demands being placed on the social care workforce. We believe that overlooking the long-term view will create problems further down the line for local authorities in what they will be able to offer to vulnerable citizens.

Impact of the spending review on the integration of health and social care

7. We welcome the commitment to extra funding for the integration of health and social care within the Better Care Fund, and agree with the fund’s objectives in improving better care for the end user. However, we do have concerns around how this additional money will be used, particularly concerning how it will impact social work/care specifically.

8. For example, the CSR did not consider issues of safeguarding linked to financial scamming. This is a problem that affects vulnerable adults and older people. Multi-disciplinary approaches to safeguarding are a central tenet of the ‘Making Safeguarding Personal’ policy and so this area should be dealt with as part of the integration of health and social care. This omission is problematic not just because of the scale of the problem, but also as financial abuse is specifically highlighted as a safeguarding duty within the Care Act 2014.

9. Financial scamming is a recognised growing threat; in the UK last year more than £268m was lost to online scams alone according to the National Fraud Intelligence Bureau. Although everyone is at risk from financial scamming, vulnerable adults and older people are particularly at risk and citizens in the early stages of dementia who live alone are perhaps the most vulnerable. Social care services do not currently have enough staff and resources to support and protect these people. Local authorities have a duty to not only recognise financial abuse, but also to help protect individuals from it as it is covered in the Care Act 2014 as a safeguarding concern. Only very small amounts of money are devoted to this area at present. Financial scamming is an emerging issue, which is set to become a bigger problem, and we were disappointed that the government has not recognised the scale of the issue and the need to develop creative solutions to protect those most at risk of harm.

10. As mentioned previously, whilst we agree in principle with the integration of health and social care, we believe that there are problems technically which may arise from the integration, including different pay scales of employees and different employers. These issues have potential to cause great complications to the delivery and practice of an integrated service and would suggest these details are looked at further. Additionally, we are concerned about how social care will fare with the Better Care Fund compared to health care. We are concerned that the most expensive elements of social care such as residential care and intensive care plans to keep people in their homes will be affected by the changes.
11. We do not envisage that the 7 day service will have a huge impact on social work/care as social work/care is already ‘around the clock’. However, we do foresee some further implications for quality and access to social work support, which have not yet been addressed. For example, the retention of experienced staff is a cause of concern for the social work profession. Our research has found that staff in social care roles cite the responsibility and pressure they face as factors which put them off entering the occupation, rather than simply pay and zero hour contracts, these factors are heightened by the high-profile cases that regularly feature in the media. Please see our research here- (http://www.ncqgsw.com/publications/pathways-to-recruitment/). We believe this issue has gone unreported and unnoticed.

12. The CSR makes occasional references to new initiatives that will help nurses and doctors perform their jobs, for example, having more time to spend with patients and being able to access information more easily. Staff are crucial to the delivery of health and social care provision and we argue that more attention should be paid to similar issues in social care to address the retention of staff in the social work/care sector. This is becoming an alarming concern for employers in terms of workforce planning and the provision of a sustainable and suitably qualified workforce of tomorrow.

21 January 2016