

Written evidence submitted by Care England (EPW0003)

Introduction

Care England is the largest and most diverse representative body for independent care services in England. We speak with a unified voice for our members and the care sector. We are committed to supporting a united, quality-conscious, independent sector that offers real choice and value for money. Our aim is to create an environment in which care providers can continue to deliver and develop the high-quality care that communities require and deserve.

This submission is being made at the request of the Panel, who are now proactively seeking the views of a shortlisted number of health and social care providers, professionals and stakeholders.

1. Planning for the Workforce

Commitment:

- ***Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.***

The Government has now published a raft of mutually reinforcing reforms: the adult social care reform white paper, [People at the Heart of Care](#); the Health and Care Bill and reforms to the public health system. These reforms are aimed at making integrated health and social care a reality for everyone across England and to level up access, experience and outcomes across the country. However, Care England holds more needs to be done to deliver an integrated workforce plan. There has to be a clear and comprehensive workforce strategy for social care that mirrors the strategy for the NHS.

Although the Government has committed to 50,000 more nurses for the NHS by 2025, Care England holds that the nursing needs of the adult social care sector remain an unaddressed afterthought for the Department of Health and Social Care (DHSC) and as such the sector's nursing workforce is not adequately supported.

A recent analysis from Skills for Care detailed how registered nurses were one of the only job roles in adult social care to see a significant decrease over the period between 2012/13 to 2019/20 (down 15,500 from 51,000 (30%)). The decline in nurses is significant as current forecasts show that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population between 2020 and 2035, an increase of 29% (490,000 extra jobs) would be required by 2035.

Care England has proposed several solutions to this problem, which we feel need a greater degree of visibility. For example, the need for more student nurses to carry out placements in adult social care contexts. We believe that such a trend would be a positive step in demonstrating the nature of adult social care nursing. In addition, it would also help to forge greater understanding and integration between the two sectors.

The discussion around the future development of adult social care nursing is intertwined with the general funding debate. Both the NHS and social care employers recruit from the same pool of employees across all roles, including nurses. However, the NHS can typically provide better pay, terms and conditions, and career progression; for example, there is a 7% gap between the pay rates for adult social care nurses, and the rates available for nurses in the NHS. To put adult social care nursing on a sustainable footing, the sector as a whole must too be secured financially.

We have been encouraged by the permanent appointment of Professor Deborah Sturdy as the Chief Nurse of Adult Social Care, as well as the £500m generated through the Health and Social Care Levy to develop the adult social care workforce, including continuous professional development budgets for registered nurses, nursing associates, occupational therapists and other allied health professionals. However, we are conscious that the financial purse associated with the expansion and development of the nursing role within adult social care is limited.

The system must increase the overall supply of nurses through better valuing adult social care staff and building a sense of community and wellbeing. Care England suggests this includes pay, bursaries and help with the cost of living. In December 2019, it was announced that from September 2020 all new learning disability nursing students would receive at least £6,000 a year to help with their cost of living. We would implore the DHSC to re-launch this initiative or one similar; increasing the number of people training to become a nurse in adult social care is of paramount importance to protecting vulnerable service users and providing the quality of service the NHS wants to achieve.

2. Building a skilled workforce

Commitments:

- ***Help the million and more NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead.***
- ***£1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.***
- ***Supporting moves towards prevention and support, we will go faster for community-based staff. Over the next three years, we want all staff working in the community to have access to mobile digital services, including the patient's care record and plan, that will help them to perform their role. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see. Ambulance services will also have access to the digital tools that they need to reduce avoidable conveyance to A&E.***

The adult social care sector has and continues to experience significant issues with the recruitment and retention of staff. In terms of retention rates, Skills for Care estimate that on average, 6.8% of roles in adult social care were vacant in 2020/21. This is equivalent to 105,000 vacancies being advertised on an average day.

This issue is closely intertwined with the high levels of staff turnover within the sector. Skills for Care suggests the staff turnover rate of directly employed staff working in the adult social care sector was 28.5% in 2020/21. This equates to approximately 410,000 people leaving their jobs over the course of the year. Most leavers don't leave the sector. Around 63% of jobs were recruited from other roles within the sector.

The driving factor behind much of the retention issues owes to an increasing cohort of adult social care service users who are being supported through a smaller pot of government funding. In turn, this has inevitable consequences for the nature of some employment opportunities within the sector. The number of older people and working-age adults requiring care is increasing rapidly, and public funding is not keeping pace.

Significantly, the adult social care sector is not able to compete with sectors such as retail or hospitality. Given the choice of working in social care or retail, many people choose to not work in social care due to the challenges of the role, despite its many emotional rewards. For example, care sector employees operate under more restrictive and demanding employment conditions than other sectors; employees are still subject to Personal Protective Equipment requirements, testing regimes

and vaccination policies. This has only heightened the likelihood of staff burnout and has made retention increasingly challenging for employers.

Further, employers are hunting in the same pool of employees, leading to wage inflation that social care employers cannot compete with. This is particularly true of both retail and the NHS. In relation to the latter, adult social care providers are not able to compete with the NHS benefits packages, in particular the NHS pension contributions. Community Integrated Care evidenced that care staff would get a £7,000 pay rise by moving into the NHS and public care providers.

As a result of recruitment becoming more competitive, many providers have increased their use of agency staff which has, in turn, increased the demand and cost of agency staff. Further, the increased use of agency staff does not guarantee staff as even agencies are struggling to find candidates and so money spent on agency fees does not always lead to effective recruitment.

High vacancy rates also leads to a decrease in internal development. Care providers are faced with the difficulty of developing and training their workforce, particularly in digital skills. When faced with a high turnover rate, they find it difficult to justify the investment. Ensuring that there is support to accommodate the sector's workforce needs will allow care organisations to invest in their staff.

As part of the Government's reform ambitions, people working in adult social care in England are set to benefit from £500 million from the Health and Social Care Levy to improve recruitment, retention, progression, and staff wellbeing. The Government has set out the ambition of developing a knowledge and skills framework, career pathways and linked investment for learning and development to support progression for care workers and registered managers. Unlike the NHS, social care does not have a clear or set career pathway that creates an ease of understanding of how staff can progress in their careers in social care. The Government needs to fully consider implementing clear career progression for social care staff, which involves continuous training and pay progression, to encourage more staff into the sector and to encourage more staff to stay.

Scotland, Wales and Northern Ireland all have their own professional register of care workers which helps to oversee the registration, workforce and promotion of high standards of professional conduct of social care professionals, among other things. England is currently the only nation in the UK without this professional register of care workers. Care England, therefore, believes that the introduction of an English professional register of care workers could help to raise the status of working in social care which would in turn increase the attractiveness of work in the sector. Further, successfully implementing the registration of care workers in CQC registered services could help to lay the foundations for professionalising the care workforce.

Relatedly, In July 2021, Health Education England was commissioned to work with their partners and review long term strategic trends for the health and social care workforce. However, we must emphasise that the Health Education England Long-Term Strategic Framework Review must ensure that social care is not lost within the NHS review. Care England is glad to see that for the first time, the framework will also include regulated professionals working in social care. It is essential that the review of social care is treated equally as important as the review of the NHS and that the voice of social care leaders is not overlooked. Without sufficient support of the social care workforce and the pressures being faced by the sector, the NHS will suffer as much as the social care sector.

Care England welcomes the announcement of a 59p (6.6%) increase to the National Living Wage (NLW) as a positive step forwards for those within the sector. However, providers exposed to a high degree of public funding are unable to increase their fees. As such, the new NLW rates will add to a raft of cost pressures that local authorities will likely be unable to accommodate into their annual uplifts. More broadly, the professionalisation of the sector will not happen at the NLW.

Staff across both the health and social care sectors would also benefit from a greater degree of joint training. Social Care Wales launched a pilot programme of joint health and social care induction training between 2019 and 2019/ The pilot has subsequently been linked to positive changes in practice and better outcomes for people who use care and support services. Learning should be taken from this pilot and built upon to improve the training initiatives available to English health and social care staff.

Finally, and tied to the Government's reform agenda, adult social care providers, as well as employees, will need to pay significant sums in increased National Insurance contributions as part of the Health and Social Care Levy, without providing the ability for providers to offset the increase, putting financial sustainability under further strain. The approximated impact upon the sector, for both employers and employees, is circa £600m per annum. This is at odds with the NHS where employer contributions are being recompensed by the government; adult social care and the NHS are two sides of the same coin and they need parity. This lack of parity only undermines the Government's ambition of providing a better infrastructure for adult social care staff.

3. Wellbeing at work

Commitments:

- **Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.**
- **Reduce bullying rates in the NHS which are far too high.**
- **Listen to the views of social care staff to learn how we can better support them – individually and collectively.**

The Covid-19 pandemic has exacerbated many of the wellbeing challenges encountered by adult social care staff.

Adult social care staff have had to prove adaptable to the changing needs of service users as a result of the Covid-19 pandemic. For example, due to the withdrawal of community NHS support in the early months of the pandemic, adult social care staff had to fulfil many of the tasks previously fulfilled by NHS colleagues. However, their ability to do so has only accentuated their professionalism and ability to adapt during unprecedented circumstances. Such changes in the tasks fulfilled by adult social care staff inevitably impact the morale amongst staff.

The implications of Covid-19 on absenteeism levels have inevitably impacted the morale of staff. Rising absenteeism levels have often meant that particular staff have had to work additional hours in place of colleagues. We believe that this is indicative of the professionalism that staff have shown during the Covid-19 pandemic.

Stress has also been compounded by the introduction of new working practices, including infection control procedures, including the vaccination as a condition of deployment policy, which was introduced and then abolished across residential care homes. Such frequent changes in significant policy inevitably leads to increased stress upon the adult social care workforce.

Care staff have had to incur increased levels of risk as a result of Covid-19. In some parts of England, care staff have been rewarded by their national government by providing a bonus to adult social care staff, for example, in Wales. However, in England, this has not been replicated.

Staff burnout is fundamentally intertwined with reward and pay and thus, we would ask that the Government commits to a long-term funding solution that allows for care workers to be appropriately rewarded for their work. However, staff burnout will not only be resolved by the

introduction of staff retention bonuses and a pay increase. Therefore, Care England calls for the Government to take into consideration methods to support the wellbeing of social care staff.

Supporting the mental wellbeing of residents in light of their decreased interactions with family members has been very challenging work falling entirely to the adult social care workforce. Similarly increasing support for individuals with particularly complex needs has been difficult, for example, a higher staffing ratio for those residents who have to self isolate in their bedrooms, particularly those with learning disabilities or dementia.

In light of the effects of Covid-19, there must also be an increase in the access to specialist PTSD support given to the adult social care sector to ensure that they are fully supported for all mental health issues that may have arisen. If staff wellbeing is not sufficiently supported, it will only exacerbate staff burnout and retention issues.

The end of the Infection Control and Testing Fund as of 31 March 2022 has meant there will be a further reduction in the support care providers can provide to their staff. Staff who are positive may not receive their full pay while isolating, and with the increase in cases, this will result in a higher proportion of the care workforce losing out of money.

May 2022