Written evidence submitted by Methodist Homes (EPW0035)

About MHA

MHA is the UK's largest charity providing care for older people. Our mission is to help people to live later life well. This involves helping people to be connected and engaged in their communities through local groups, offering residential communities for people who want to live somewhere independently with additional support, and providing care homes for people who need full residential support with care, dementia or nursing needs.

We are a proud employer of over 7,000 people across the country in a variety of roles, and support around 4,000 volunteers, helping to strengthen communities, reduce isolation and provide vital assistance to more people.

Our employees include more than 3,200 care assistants or senior care assistants; 260 nurses; 400 care home, residential community or community managers; 500 domestic assistants; 500 chefs or kitchen assistants; 150 activities coordinators; 190 maintenance workers or gardeners; 140 chaplains; 62 music therapists and many more roles and professions.

Across MHA we are regularly recruiting for more than 420 posts. This includes a vacancy rate of 17% of our nurses.

We would be delighted to provide further information to the Expert Panel in an oral evidence session as required.

SUMMARY

This response focuses on three areas of Government pledges, regarding the social care workforce:

- Planning for the workforce
- Building a skilled workforce
- Wellbeing at work

We acknowledge that in some of these areas, some work has been undertaken to address some of the issues facing the social care workforce and these are welcomed. However on the whole, we believe that key issues remain and if not addressed, will serve to undermine other Government efforts and fail to provide the care sector with the stability it urgently needs.

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

We appreciate the efforts of the Government recruitment campaigns November 2021 – March 2022, which have been helpful in drawing a spotlight to the sector and valuable in the recognition the Government has applied to address the issue. The addition of care workers to the shortage occupation list and subsequent addition to the health and care visa are also welcome.

But there are key issues:

- A failure by Government to acknowledge and address the key issue of low pay in the social care sector

- A failure to address the lack of nurses, specifically in the social care sector
- Other Government policy undermining efforts to retain and recruit colleagues, such as Living with Covid guidance and the vaccination as a condition of deployment
- A lack of long term workforce planning in the social care sector
- The Government recruitment campaign needs to be a long-term fixture, while the workforce challenges remain.

Pay and recognition

The pandemic has shone a light on the vital contribution that the social care workforce makes to every community in the UK, and it is now widely accepted that this vital workforce has been underpaid and undervalued for too long. There have been more than 100,000 vacancies in the sector for over 10 years, and at the moment more than 105,000 social care jobs will be advertised on any one day.

Under-investment in the workforce has also led to high turnover rates, at around 28.5% in 2020/21. This means around 410,000 people leave their jobs over the course of the year with only around 63% staying within the sector.

"Social care is always seen as a 'lesser' job…we are the forgotten sector." – MHA care home employee in focus group, May 2021

We also cannot ignore the increasing cost of living, which will force more people out of social care into higher paid work, if this is not addressed:

"Care workers are undervalued and underpaid, looking after the most at-risk people in our society whilst themselves being at dire risk of in-work poverty."[1]

The Government's plan for health and social care, set out in '*Build Back Better: Our plan for health and social care'* (7 September 2021) and in the '*People at the Heart of Care: adult social care reform white paper'* (1 December 2021) presents a historic opportunity to create social care provision that is person-centred and meets peoples' needs in the place they want to live, be that in their home, a residential community, or a care home.

We welcome the ten-year person-centred vision for social care, in particular measures to give people more choice, control and support to live independent lives, and to ensure people have access to outstanding quality and tailored care. However, these important aims will not be realised unless we have a thriving, vibrant social care workforce. To create this, we need a fundamental shift in pay and conditions for all those who work in care.

The White Paper has unfortunately missed an opportunity to address the critical issue of care worker pay, which in itself is central to achieving the Government's ambition of a fair price for care. This topic is only mentioned a handful of times in terms of national living wage, but the important aims visualised in the White Paper will not be realised unless we have a thriving, vibrant social care workforce and to create this, we need a fundamental shift in pay and conditions for everyone who works in care.

73% of care and support workers across the sector are currently paid the national living wage of £9.50 an hour. MHA has been proud to pay all of our colleagues at least the Real Living Wage since 2018, which is currently £10 an hour (plus a London weighting). Whilst this has been a positive move for our colleagues and our organisation, we would like to go further and pay our colleagues a higher wage and increase the

[1] Care Providers: It's time to pay a real living wage, Living Wage Foundation, September 2021

benefits we are able to offer, but current funding streams do not allow for this. Comparable roles in the health service, for example Band 2 or 3 Health Care Assistants receive more generous pension, annual leave, sick pay and maternity allowances that amount to a cost of at least 23% more per salary than those that MHA can afford to provide.[2]

It has been accepted by the Government that local authority fees for care usually do not cover the actual cost of delivering care. LaingBuisson estimates that residential care homes for older people in England currently need to charge fees of £696 to £849 per week to generate a sustainable return, whilst residential nursing care costs between £969 and £1,075 per week. Yet average council fees paid were £596 for residential and £764 nursing for 2020/21.[3] These estimates are only enough to standstill and do not allow for investment in quality including improved pay and conditions. Our own cost of care exercise completed in April 2022, using the LaingBuisson model, shows the following:

Care Type	London	Rest of Country
Residential	£1,200	£1,000
Nursing	£1,500	£1,300

And if we were to match NHS pay and benefits, this would increase each cost above by £200.

The recent increase in the national minimum wage to £9.50 an hour from April 2022 is good news for all workers who are paid minimum wage. However, £9.50 per hour is still not commensurate with the level of skill, responsibility and commitment required for roles in the care sector. Carers must be competent and confident in safeguarding, life support, first aid, infection prevention and control, and much more. They support people in taking their correct medication and with their mobility, using hoists and other equipment safely. This is alongside the dedication, compassion and emotional intelligence needed to ensure they maintain peoples' dignity, and quality of life. In 2021, operational colleagues at MHA undertook over 10,000 hours of face to face mandatory, statutory and regulatory training and other development sessions. In addition, over 93,000 e-learning courses were completed by operational colleagues.

Comparable roles in health services, for example Band 3 Health Care Assistants, are paid around £4,000 a year more than social care colleagues on minimum wage and have more favourable NHS pension and sickness policy benefits. A report earlier this year by Community Integrated Care shows that other public sector roles with an equivalent scope, complexity and accountability, such as senior teaching assistants and police community support workers, are paid on average £7,000 a year more than care workers.[4]

It is vital that the planned charging reforms, which will include local authorities establishing a 'fair rate for care', must include enough to enable better pay and conditions (such as improved pension and sickness policy benefits), as for all employees in the sector. Pay scales must also allow for progression and higher wages to recognise skills and experience, commensurate with NHS pay scales. We therefore call for a national financial settlement that allows for increased pay for all care workers, with sufficient funding baked into the 'fair rate for care' to enable this. This needs to include enough funding for increases to pay for all frontline care and support workers, with additional funding to reward senior and more experienced care workers with higher pay bands.

---

[2] For example, NHS employer pension contribution are 20.6% (compared to 3% at MHA); NHS employees receive at least 35 days annual leave compared to 28 days at MHA; and receive at least one month sick pay per year which increases with additional years of service. This calculation excludes NHS allowances for paid breaks and an unsociable hours premium.
[3] Care Cost Benchmarks - Eleventh edition, LaingBuisson, 2020
[4] Unfair to Care, Community Integrated Care, July 2021

We agree with the Government's Social Care Taskforce's Workforce Advisory Group recommendation in August 2020 that, "Government should instigate a review involving employers, commissioners, and employee representatives with a view to implementing a new career-based pay and reward structure, in-year, for social care which will be:

(a) comparable with the NHS and equivalent sectors;
(b) fully-funded by Central Government; and
(c) mandatory on employers and commissioners of services." [5]

Other roles in the social care sector, particularly covering night shifts, kitchen and laundry colleagues have been equally hard to retain due to burnout, and recruit to as we face competition from other industries, such as hospitality, that can put their prices up and pay higher wages. With most local authorities already paying below the actual price of care, we do not have this option and cannot compete.

We believe retention is the better investment: if we could stop people leaving we wouldn't need to invest so much in recruitment, or indeed in agency cover. We have great people working in the sector and their resilience has been phenomenal. We are doing what we can as an employer, but the care workforce needs national recognition. The relentless pressure of the past two years, which has grown significantly since the Omicron wave and the focus on protection for the NHS has led many care workers to question their employment choices. Skills for Care estimate a third of care workers leave the sector every year.[6]

We know, from our own exit interviews with leavers and colleagues focus groups that many people leave for higher paid job opportunities. Meanwhile social care employers also face competition from a range of other sectors, who are also understaffed but can often afford to pay higher wages, as they have a greater ability to increase their consumer prices. For example, in November 2021, supermarket chain Lidl announced an increase in entry level wages and Amazon has offered Warehouse Operatives a sign-on bonus of £3,000 in many areas. In recent exit interviews in November 2021, 45% of colleagues leaving MHA were leaving for a job in a different sector. In its recent review of adult social care the Migration Advisory Committee[7] said:

"…one cannot seriously address the workforce issues in social care unless pay is improved; this is essential to boosting recruitment and improving retention. There is no reason why the pay of care workers should rise only when the national living wage rises; indeed, there are clear reasons why relying on national living wage uplifts will not address the recruitment and retention difficulties."

Ultimately we believe that pay and recognition is the biggest issue in the recruitment and retention of social care colleagues, and the Government has failed to significantly address this in its published plans.

For more information we invite you to read our report Building back the care workforce: Opportunities for the social care reforms to build a thriving social care workforce.

Nurses

There are simply not enough UK nurses to meet the demands required in the NHS, private health providers and across social care. Unfortunately this means the social care sector is in direct competition with the NHS in recruiting nurses. MHA has a 17% vacancy rate for nurses and while we have been able to match nursing salaries to that paid by the NHS, we are unable to compete with the more generous pension, annual leave, sick pay and maternity allowances and overtime premiums. As a consequence where we have

[5] Social Care Sector COVID-19 Support Taskforce: Workforce Advisory Group report and recommendations (publishing.service.gov.uk), Adult Social Care Taskforce, August 2020
[6] Recruitment and retention data – 2019-20, Skills For Care, December 2020
[7] Adult Social Care and Immigration: A Report from the Migration Advisory Committee, April 2022, p.11

been unable to recruit enough nurses and we have had to remove nursing provision from at least three care homes over the past few years.

We welcome the creation of the Chief Nursing Officer for Adult Social Care role, and we would like to see further sector support to illustrate the rewarding career that nursing in social care can bring. MHA supports the restoration of a full bursary for nurse training and modules or specialisms included for care home nursing, including work placements. An additional solution is to improve access to nursing training via vocational routes and to develop training pathways for care assistants. There could be a role for Integrated Care Systems to take a lead in ensuring nursing provision is sustainable across the wider health and social care sector.

Government policy undermining efforts to retain and recruit colleagues

Whilst there have been staffing issues in the care sector for a while, we are currently experiencing the most acute workforce recruitment and retention crisis that we are aware of historically. This is being felt across social care and is the result of many years of low pay in the sector, compounded by valued colleagues leaving due to changes to immigration rules, and exhaustion from the pandemic. However, this has been exacerbated by historic under-funding of the sector and recent Government policy.

As we have outlined, there needs to be a fundamental shift in pay and conditions for everyone who works in care, so that people are adequately financially rewarded for the important work they do. It is vital that local authorities are funded to pay providers a fair rate for care that includes agreed pay scales, and improved pension and sickness policy benefits, as the founding remuneration for all employees in the sector. The Government has acknowledged that many local authorities are not paying a fair price for care and has taken steps to resolve this through social care reform. Local authorities are currently undertaking 'cost of care' exercises, to inform the implementation of the care cap and introduction of section 18(3) of the Care Act 2014. This will enable local authorities to arrange social care on behalf of self-funding individuals. The major flaw in the development of the 'cost of care' is that the Government has already earmarked the funding quantum that will cover the price increases in the cost of care – this is before local authorities have established what those actual costs are. There is real fear in the sector that the funding quantum will be insufficient to cover the true cost of care and will mean that it will therefore not be fully implemented, with serious implications for care providers. This could therefore impact on the choice available to people in need of care.

While the Workforce Recruitment and Retention Fund (WRRF) was a welcome response to supporting the sector during the pandemic, it failed to make a difference in practice. This fund was administered via local authorities, who were able to devise their own 'solutions' depending on need locally. Not only was the funding distributed slowly, it was inconsistent. The National Care Forum found 32% of providers have had funding for all their services from round one funding, with 17% of providers receiving funding for all services in round two.[8] MHA was only contacted by 34 out of the 100 English local authorities that we work with. However the more crucial factor for us, is the variation in approach from each local authority, making it difficult for a large national provider, such as ourselves to implement and therefore the fund made little impact or benefit to colleagues. Each local authority had a different proposal for how the WRRF could be used. Some of the proposals were ill-thought out – for example offers of new starter bonuses, failing to recognise the need to better value the contribution of existing colleagues; or proposals of wage uplifts, providing a short term fix, with no consideration of how these wage uplifts could be sustained. It would have been more helpful if providers could work in partnership with local authorities to determine what would best work for them from a nationally agreed set of solutions.

[8] Survey of NCF Membership – Impact of the Omicron variant, National Care Forum, January 2022

Around 150 MHA colleagues left due to the 'Vaccination as a Condition of Deployment' regulations introduced in care homes in November 2021. Vaccinations have truly been a game changer in terms of reducing the severity of illness of our residents and colleagues over the course of the pandemic and this success has been possible because our homes and schemes have increasingly become places where everybody has been vaccinated. The subsequent u-turn on extending this to wider social care provision, was welcome but also a bitter blow in terms of the experienced and valuable colleagues who had already left MHA because of the initial policy.

The introduction of the 'Living with Covid' guidance has been another example of Government policy that undermines care sector workforce. Like healthcare colleagues, at the time of writing the guidance still requires social care colleagues care to continue asymptomatic testing, and isolate if they have a positive test result. This guidance has no clear review date or end date. It also indicates that changes to staffing requirements may need to change in periods of 'high prevalence' but does not define what that is. In addition, the Infection Control funding (ICF), which previously supported the payment of occupational sick pay to cover the need to isolate has not been carried forward. The end of ICF puts social care workers in the unfair position of being the only people to now have to experience Living with Covid as something that has a material impact on their family's financial situation. It also means that the burden falls to providers to cover this cost, with no end date in sight. The financial sustainability of charitable care providers has already been significantly affected by the pandemic, and the new guidance threatens to destabilise these organisations further. At MHA, supplementing the withdrawal of Government funds for sick pay would cost the organisation in the region of £100K - £150K for one month. If the guidance continues to be in place for longer periods, this could be around an extra £1.5m for a year, with a knock-on impact on our other services. The dilemma is that if we withdraw occupational sick pay, our colleagues will leave the social care sector, because they cannot afford to isolate. There has been no impact assessment of this policy. Meanwhile, the devolved nations of Wales and Scotland are continuing their sick pay support until the end of June.

Long term planning

We understand that Health Education England have been commissioned to review social care workforce planning and will be publishing their work in Spring 2022. However, this will only go as far as reviewing regulated professionals working in social care, like nurses and occupational therapists and not take into account the wider workforce. This is a missed opportunity to undertake whole sector analysis of health and care.

The adult social care sector needs a long term comprehensive workforce plan aligned to the NHS People Plan, which must have a strategy to create a sustainable workforce and adapt as care models and needs evolve and avoid further staffing crises which have been so damaging to the wider health and social care sector. This is something that is missing from the 'People at the Heart of Care: adult social care reform' White Paper. With an ageing population and rise in people with higher needs such as those living with dementia, a more strategic approach is need to ensure that along with health professionals, there are enough people skilled to take up roles in social care.

As a nation, we also need to value our care workers. We need more people to see caring for others as a professional career choice, with good career pathways and consistent training, with roles seen as skilled and valuable to society. Having given their all to protect those most vulnerable during the pandemic and gone above and beyond in maintaining the system during epic staffing shortages, care workers deserve parity of status with equivalent health professionals including pay and benefits, but a long term comprehensive national workforce plan as suggested by the Future of Social Care Coalition[9] is needed.

[9] A Social Care People Plan Framework, Future of Social Care Coalition, July 2021

We believe a long term workforce plan must address:

- Pay and benefits through a fair rate of care
- Recognition through registration
- Making the sector attractive to young people
- Good training and career paths
- Parity of status with equivalent health professionals

A plan would also help in preparation for staffing emergencies. For example, we do not feel that local authorities are prepared should a care provider need support in a staffing emergency. The acute workforce crisis, exacerbated by the rise of the Omicron variant, led us to be concerned about maintaining our services over the Christmas period. We contacted every local authority with whom we work, asking them about their plans for supporting care homes if colleague absences becomes acute. The majority of responses, with a few exceptions, simply asked what we were planning and offered no proactive staffing support. While MHA has contingencies in place and our colleagues so often go above and beyond in covering shifts, we have to be assured that if the worst happens and we don't have enough people to care for our residents safely, that there are plans in place locally to support the people who rely on our care.

The Migration Advisory Committee also backs the need for a social care 'people plan', as well as coordinated recruitment across health and social care[10].

BUILDING A SKILLED WORKFORCE

Commitment: - £1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.

The '*People at the Heart of Care: adult social care reform'* White Paper (1 December 2021) proposes many positive steps to support and develop the workforce. The £500m in funding acknowledges that investment is needed in the workforce and some of the proposals are welcome, but it stops short of considering what may be needed as future models of care are developed.

However while providing funding for training is a good thing, we believe the Government is focussing on the wrong staffing issue, where more of a focus is need on the issues described above in the first section.

At MHA we have a strong training offer and offer pathways for career development and while this may not be the case for all providers, on the whole there is a lot of work already underway in improving training. As outlined earlier, in 2021, operational colleagues at MHA undertook over 10,000 hours of face to face mandatory, statutory and regulatory training and other development sessions. In addition, over 93,000 e-learning courses were completed by operational colleagues.

Carers must be competent and confident in safeguarding, life support, first aid, infection prevention and control, and much more. They support people in taking their correct medication and with their mobility, using hoists and other equipment safely. This is alongside the dedication, compassion and emotional intelligence needed to ensure they maintain peoples' dignity, and quality of life. In her report Baroness Cavendish writes *"[the] mapping exercise carried out by DHSC colleagues for this review, of key roles in the health and social care sectors… demonstrates a very strong overlap between many of the tasks and responsibilities. It suggests that social care is not less skilled; and that care workers often have to*

[10] Adult Social Care and Immigration: A Report from the Migration Advisory Committee, April 2022, p.8

demonstrate more independence and maturity than health workers who are more likely to be working under supervision. For a junior care worker versus a Band 2 healthcare assistant, the authorised tasks are almost identical, but the care worker will need the maturity to function even more on their own… Similar roles should attract similar levels of pay."[11] If the competencies and the pay could be matched, the sectors could be mutually supportive across the workforce.

We do welcome the White Paper's commitment to developing a new universal career structure and training opportunities to enable people to progress and realise their potential. A consistent, high quality approach to developing knowledge and skills, with recognised benchmarks and a portable Care Certificate, will improve quality of care, reduce duplication and increase efficiency in training across the sector.

Plans to improve the portability of the Care Certificate are also welcome and we would urge for this to be made a priority. Currently, while a new recruit may present a care certificate, we are unable to validate and accept the training and will initiate our own training schedule to be confident a new colleague has access to good quality training. New care workers at MHA undertake 115 hours of training in their first 6 months of working in care, this includes training towards their Care Certificate. Therefore as portability of the Care Certificate is introduced the external validation and accreditation must be recognised good quality providers and the sector must have full confidence in its delivery.

Similarly, the introduction of the Knowledge and Skills Framework needs to be backed up by a robust processes and quality endorsed provision that must include mandatory training subjects. The focus must avoid the numbers of people participating, which attracts funding and be driven by real outcomes for learners, which drive behaviour change and outcomes for people in their care. The Knowledge and Skills Framework should go further and complement revised pay bands as we have recommended above.

Regarding the Skills Passport we are keen to learn more about how the system will work. How it will be accessed, governance around the training undertaken, assurances for care providers that quality training has been completed and delivered by an appropriately approved provider. This will remove any ambiguity for the sector and furthermore ensure our regulators, upon inspection, are able to pass judgement on a satisfactory trained workforce with increased confidence and consistency.

In addition, the offer for Registered Managers really must include the breadth and depth of learning that covers both business skills, people management and health and social care specific requirements.

However, beyond this the key must be to make the social care sector an attractive place to work and that is not just about training. Coupled with this is an ageing workforce - the average age group of our frontline care workers are people in their 50s. To address future sustainability of the care workforce, more needs to be done to ensure that working in social care is seen as an attractive, valued and rewarding career. This includes training, long term planning and pay, as mentioned previously.

Health and social care integration has the potential to make a real difference to the lives of people, particularly frail older people and the ultimate goal is surely for all aspects of care to be person-centred outcomes and flow with seamless transitions amongst all the institutions and people involved in a person's care. Integration cannot be for its own sake – it has to lead to good things for people who need care.

The integration agenda has at the moment, a tendency to focus on commissioning and budgets particularly in the health sector. However, good health and wellbeing are not just clinical issues, the care sector needs

[11] Social care: Independent report by Baroness Cavendish - How can we lock in the lessons of the crisis to build a more robust, sustainable, joined-up system of health and social care?, February 2022, p.33

to have parity with health services. There is an opportunity for Integrated Care Systems to support local workforce planning across the health and social care sector, but we fear this will focus on the health workforce.

WELLBEING AT WORK

Commitment - Listen to the views of social care colleagues to learn how we can better support them – individually and collectively.

During the pandemic the Government did open up NHS wellbeing services to care staff, which are appreciated and added to the range of wellbeing resources that MHA has put together for our own colleagues.

However we are not aware that any of our colleagues have been approached to share views on how they could supported, particularly demonstrated by the failure to recognise pay as an issue and implement policies that have hindered recruitment and retention, as discussed previously.

The pandemic raised public consciousness about the valuable role of social care staff. The Government need to find ways to tell a new story about care staff as people who provide a vital service, who work at the heart of the community, building networks, promoting independence and supporting aspirations. But also a greater public awareness of what social care is would help and how the public could be encouraged to think about it the options for a good later life, not just about care, but including retirement living, extra care and other options.

A care worker registration scheme and the establishment of a Royal College of Social Care would help raise the profile, prestige and professional status of the sector and create pride in its essential work and create a representative body for the Government to work with. This will help the sector to protect its image and more importantly add additional protection to the people who need our care and support.

May 2022