

Written evidence submitted by Dementia UK (PSN0006)

1. Summary of response

1.1 Dementia UK provides the following points in evaluation of the Health and Social Care Committee's Independent Expert Panel recommendations (Gov.UK, 2022) on patient safety:

- The challenges within the social care workforce impede the implementation of the recommendations to introduce new, national induction and mid-career training for the health and social care workforce.
- The Adult Social Care Workforce Pathway, which is due to be introduced, will supersede the recommendations as it is more ambitious in scope. However, a workforce plan and further funding are still required to fully flesh out the steps to improve the social care workforce.
- Dementia UK encourages there to be consideration of how learning and development can be personalised and meet the needs of a diverse workforce and how dementia specialists can support workforce learning to ensure people with dementia receive quality, person-centred support.
- Dementia UK also recommends that there is both broader, and deeper, education on dementia via training, such as greater encouragement of the take up of Tier 2 dementia training.

2. About Dementia UK

2.1 Dementia UK is the specialist dementia nurse charity. Our dementia specialist nurses, called Admiral Nurses, who we continually support and develop, provide life-changing care for families affected by all forms of dementia.

2.2 Admiral Nurses help families and carers manage complex needs, by providing clinical support, care co-ordination and advocacy on behalf of people and their families. Clinical support from Admiral Nurses spans peri diagnosis through post diagnostic care, through pathway transitions, to end of life care and post-bereavement support. Their specialist support can help people living with dementia stay independent for longer – and ensure families are better supported in their caring role. This also takes the pressure off NHS and social care services. Admiral Nurses also provide health and social care services with specialist advice and best practice guidance. For more information visit

www.dementiauk.org

3. General comments

3.1 Dementia UK welcomes the opportunity to provide a written submission to inform the Health and Social Care Committee's Independent Expert Panel in their evaluation of recommendations on patient safety.

3.2 Dementia UK can provide feedback on the implementation of the recommendation of “targeted interventions on collaborative leadership and organisational values, including a new, national entry-level induction for all who join health and social care,” which was made within the Health and Social Care Review: Leadership for a Collaborative and Inclusive Future (Gov.UK, 2022). Our response is focused on

social care workforce development, as we believe this to be an area requiring urgent attention, especially given the lack of a full social care workforce plan.

4. Limitations to implementation of the recommendation

4.1 We are aware that the two core components of this recommendation (new, national entry-level training for those joining health and social care and for managers), while positive in theory, have not been implemented in practice in the experience of those operating within clinical dementia care.

4.2 While there have been new training programmes at a local level, we have not seen evidence for the introduction of standardised, national level training programmes. Indeed, it has been estimated that in 2023, only 46% of direct care staff have any form of qualification (Skills for Care, 2023b).

4.3 Further opinion gathered from experts in dementia specialist care indicates that the full implementation of these recommendations is unrealistic given the significant challenges within health and social care, especially given the need to recover from the long-term impact of the Covid-19 pandemic.

4.4 Specific problems highlighted are the large recruitment problem within health and social care; the siloed nature of health and social care workforce development; a lack of cohesive vision of what the future of the social care workforce will look like; low pay for care workers; rising costs of services and pressures on Local Authority budgets. For example, 1 in 10 social care posts were vacant in 2022-23, and there was a turnover rate of 35.6% for care workers (Hoddinott et al., 2023) These problems underpin further, more specific challenges – including insufficient staff learning and development – due to a general culture of meeting minimum standards of care rather than focusing upon personal and professional growth and development.

4.5 Key policy barriers, at present, are, firstly, the reduction in government funding for social care workforce development, which was reduced from £500 million in December 2021 to £250 million in April 2023. More broadly, the Institute for Government has recognised that even the new level of funding that was injected by the government in 2022 is unlikely to be enough to address the rising levels of unmet need (Hoddinott et al., 2023). Average fees from care providers often still do not meet operating costs and are below the level that would allow firms to pay social care workers enough to improve recruitment and retention (Limb, 2023). Indeed, the Institute for Government has estimated that increasing demand from an ageing population will mean that if the government wants to provide the same level of care in 2023/24 as in 2022/23, it will cost an additional £0.4 billion (Hoddinott et al., 2023).

4.6 Secondly, the lack of an adult social workforce plan, on par with the NHS workforce plan, means that it is still unclear how social care will achieve stated goals. Although People at the Heart of Care (Gov.UK, 2021) provides objectives for developing the social care workforce, it states that it is 'just the beginning'. Indeed, the strategy within this White Paper involves aspirations, rather than concrete steps to combat the major challenges. Furthermore, as referenced in paragraph 4.5, the funding for workforce development stated in the White Paper (£500 million) has since been halved, so further updates are needed as to how ambitions will be met.

4.7 The lack of a funding and workforce plan means that it is unclear how many people are needed within social care, what the future of social care will look like, how people will be recruited, how careers will be developed, and how change will be funded. If the foundations of improvement to the health and

social care workforce development are missing, specific recommendations such as entry and mid-level training programmes are likely to fall by the wayside.

5. Initiatives which may supersede the recommendation

5.1 There are policies within the pipeline which are likely to meet, and may indeed supersede, the recommendation from within the Leadership for a Collaborative and Inclusive Future review, if implemented.

5.2 We are aware that changes to the Care Certificate, to be implemented by 2024, would mean inclusion of Tier 1 dementia training. Currently, Dementia awareness is included in the 'Skills for Care' Care Certificate workbooks, however it is combined with Learning Disability and Mental Health awareness and is thus more basic awareness (Skills for Care, 2023a). Research has found that 60% of people using home care and 70% of people who live in care homes live with some form of dementia (National Institute for Health and Care Excellence, 2023); as such, it is vital that those entering the social care profession have adequate knowledge of dementia, so that they can best support the needs of the people they will work with. It is worth noting that the Care Certificate is completed post-induction, and therefore would not meet the objective for a new, national entry-level induction for all who join health and social care.

5.3 However, dementia training during entry into a career in social care is part of the proposed Adult Social Care Workforce Pathway (Gov.uk, 2023.). This proposed policy would help to professionalise care, providing an outline for building a career in social care, from entry level to management. The final version of the Adult Social Care Pathway has not been published yet. However, we expect this to supersede the recommendations from the Leadership for a Collaborative and Inclusive Future review in that it will cover changes to both induction and middle-management training, as well as the steps between the two. It also covers values and behaviours needed, as well as knowledge, and considers how social carer employers and educators can provide this. The proposed Adult Social Care Pathway does not mention whether a national, standardised training process for those in entry and mid-career levels will be introduced, or whether training will vary depending on location and provider; however, it does state the need to standardised expectations of knowledge, values, and behaviours at different stages of the social care career progression.

5.4 The People at the Heart of Care White Paper (Gov.UK, 2021) likewise includes ambitious targets regarding training and development, such as a new national Knowledge and Skills framework to be accompanied by a funded learning and development offer. It also states that the government will fund accredited Level 5 diplomas for registered managers who do not hold relevant formal qualifications and introduce a bespoke support programme for newly registered managers in their first year. However, as noted, the funding behind these statements has been halved and we have not encountered evidence that this is being implemented.

6. Further ways to improve workforce learning and development

6.1 Dementia UK wishes to stress several factors which should be considered, regardless of how improvements to induction and middle-management training are implemented.

6.2 Within social care, there are many non-typical learners; for example, those who do not have English as their first language. Many registered nurses and carers are from overseas; 40,416 visas were granted to care workers in 2022-23 (Hoddinott et al., 2023). This diverse workforce is an asset, in being matched

to the diverse needs of those requiring social care. However, it is essential that training is tailored to the diversity of the workforce, where learning meets the needs of each individual professional, rather than there being an over-reliance upon standardised, blanket content. As with the need for personalised care, learning and development must be person-centred. For example, different cultural perceptions of dementia should be addressed, and information should be provided on meeting the needs of people with dementia from diverse backgrounds or who are LGBTQ+.

6.3 Secondly, we wish to stress that there is currently insufficient knowledge of dementia within the social care workforce. The APPG on Dementia's 2022 inquiry into how the social care workforce can better support people with dementia and their families highlighted that, of the people surveyed as part of the inquiry, less than half (44%) found that care workers had a good understanding of dementia. The APPG inquiry also noted statistics from Skills for Care that only 44% of social care staff have a record of training in dementia.

6.4 Across all levels of learning and development, there should be access to dementia specialists, such as Admiral Nurses. This is so the workforce has a point of contact for gaining specialist insight into the needs, experiences, communication styles, and challenges of people with dementia, to support best practice when it comes to their care.

6.5 There should likewise be broader education of the social care workforce about dementia, with opportunities for strengthening and broadening knowledge as the individual's career progresses. In particular, Dementia UK recommends that there should be a greater focus and encouragement of the take-up of Tier 2 dementia training to build knowledge and dementia specialism within the care workforce (All-Party Parliamentary Group on Dementia, 2022)

6.6 People affected by dementia with experience of using social care should be included in the design and delivery of learning resources and learning outcomes. This co-production will help ensure a greater focus on understanding the needs of people affected by dementia that can aid the knowledge, skills, and behaviours to deliver person-centred care. Resources should also be rooted in evidence, such as is the case with the WELD programme, which provides care home staff with training in person-centred dementia care, including antipsychotic review by GPs, social interaction, and exercise (National Institute for Health and Care Research, 2020).

6.7 Finally, with regards to mid-career, management training specifically, Dementia UK recommends a focus on culture, including affirmation of the importance of managers' work and an understanding of the importance of relationships between managers, staff, families, and people receiving care. My Home Life (My Home Life England, 2023) is one such example of culture and relationship focused training of managers.

Dementia UK welcomes any opportunity to inform, or feedback on, policy related to health and social care.

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