NCF response to HEE Consultation on Framework 15

Introduction

This is the National Care Forum's (NCF) response to Health Education England's (HEE) call for evidence on the development of a long-term strategic framework for health and social care workforce planning. HEE is reviewing, renewing and updating the existing Framework 15 and extending it to regulated professionals in social care for the first time.

In the absence of a workforce plan for social care (the last was in 2009) this will be a very important first step. The absence of a plan has been a significant barrier to recruitment and retention in the social care sector for some time, compounded over the last 18 months by the pressures of the pandemic, a very tight labour market across many sectors and the ending of freedom of movement with the EU.

While a revision of Framework 15 won't amount to a workforce plan for adult social care, it is very important that the impact on the social care workforce is taken fully into account in HEE's thinking and in any NHS workforce planning due to the overlap of workforces, competition for the same staff which often leaves social care without enough staff and the integration landscape ahead with Integrated Care Systems.

Our response has been shaped by the input of our membership and the current workforce crisis (see our workforce survey) in adult social care as we head towards winter. We have chosen to respond via email rather than the survey because the format of the latter made it difficult to submit our views.

Who we are

NCF is the voice of the not-for-profit care and support sector. Our members:

- Provide care and support to over 197,000 people
- Operate over 7400 services
- Provide more than 48,000 care home places
- Employ over 105,000 staff and work with 13,500 volunteers

NCF works closely with a diverse membership of not-for-profit care organisations who are embedded in their local communities. Our members provide care and support to a wide range of people who are supported in their own homes, in residential care settings and in the community.

General Points

Adult social care is currently facing a workforce crisis with supply gaps nationwide. Even the pre-pandemic Skills for Care data made this very clear – COVID-19 has only exacerbated long-term trends. In 15 years' time we hope that we have a workforce which is responsive, flexible, person-centred and which works across the system for people. For this to happen the workforce needs to be valued, respected and rewarded.

There are a number of general points, which need to be taken into consideration when considering Framework 15:

- Caution is needed about making assumptions about the regulated social care roles covered. It is quite possible that more social care roles will be regulated, as well as new roles emerging, over the next 15 years in response to changes in models of care, the needs of those accessing care and support, and technological advances. There must be a mechanism in the framework to respond to this changing landscape. For example, the recent consultation from the Nursing & Midwifery Council offers a unique opportunity to build a future in which nurses working in adult social care are regulated, supported and influenced through the development of a Specialist Practice Qualification in Adult Social Care nursing. This would recognises the nursing skills and specialism required to work in adult social care and the framework would need to support this.
- Without the adequate funding and pay and reward systems in place, the social care workforce will be unable to meet the government's stated aims to clear the NHS backlog in 3 years, increase Discharge to Assess or provide more community-based care or reablement.
- The framework must support the aim of ensuring that everyone working in social care is digitally literate
- The framework must have a 'systems' approach to ensure that health and care roles are truly integrated across a system, to remove organisational and training barriers and to help to shape the more fluid, joined up roles between health & care that will be needed for truly effective and responsive integration.
- Training for health roles should always involve exposure to and in adult social care, with specific training placements and immersive opportunities
- Framework 15 must take into account the direction of travel in terms of Discharge to Assess, Home First, the prevention agenda and the need for more specialist, responsive multi-disciplinary teams in the community.
- There are big gaps in workforce supply currently and little apparent planning to meet workforce demand or the skills that need to be in place – the framework must help to respond to these.
- Skills for Care data on the state of the workforce must be heeded. Their data makes it very clear what the existing supply and demand problems are for the social care workforce, both regulated and unregulated.
- Skills for Care and providers of care should become involved in the development of the curriculum and training of these regulated professions which have a direct link into Social Care

The current workforce crisis needs to be taken into account in any framework as it will have ramifications for years. We are calling for the following in the short term from DHSC:

- pay a retention bonus to care staff which is not taxed and not subject to Universal Credit rules. Scotland, Wales and Northern Ireland have done something similar already
- Increase and extend the Infection Control and Rapid Testing Fund to the end of March 2022
- Delay the implementation date for making vaccination a condition of deployment until it is implemented for the NHS and whole social care sector
- Create a wholly flexible Workforce Capacity Fund now to support immediate recruitment & retention challenges & upskilling/ training
- Help local areas create staffing contingency & mutual aid plans
- Reframe a more effective national recruitment campaign to inspire people to join the care workforce
- Add all care workers to the shortage occupation list now for a two-year period

- Make Kickstart & apprenticeships work NOW for social care

Demographics and Disease

According to Skills for Care, based on the growth of the population aged 65 and above, by 2035 the social care sector will need at least 520,000 new jobs (32% growth). Considering the current workforce crisis with at least 112,000 vacancies in the sector, the impact of the end to free movement, the pandemic and vaccination as a condition of deployment, a huge amount of work needs to be done in the next few years to ensure we have the workforce required to deal with increasing fragility and acuity of need – including those of working age and older adults. This demand will only get greater, and as it stands the workforce will not be able to keep up. This demand is coming at a time when we are also trying to expand home care to fit with new Discharge to Assess and Home First policies and underfunded and stretched community care. The pressure is being felt now.

Current policy thinking, whether that is around enhanced health in care homes, the prevention agenda, anticipatory care, Discharge to Assess or reablement care, must recognise the need for the deployment of more regulated professional skills and supervision to enable and deliver this wider vision. The current frontline workforce, both regulated and unregulated, needs to be upskilled and in order to create and deliver new models of care, new innovative roles will need to be created. The framework needs to consider the role of existing regulated professionals in upskilling the existing workforce, inspiring and supporting the recruitment of the social care workforce and helping to shape new innovative roles as the social care delivery landscape changes.

There are a range of workforce groups where the framework needs to encourage the development of the multi-disciplinary approach needed for effective and responsive prevention, early intervention and reablement such as physios, OTs, speech and language therapists, GPs, dentists, opticians, chiropodist, nursing expertise, geriatrician, LD nurses, mental health nurses, registered managers, dietician and nutritionists, audiologists. Increasingly, these roles will be delivering these services exclusively outside of the hospital environment and therefore are going to need to be much more agile and available to support people needing social care in situ. This will mean that either community health teams will need to work much more closely with social care providers to do this or social care providers will have to become the employers of these roles to ensure a multi-disciplinary team approach. This will mean that future frameworks will need to think carefully about how to structure the development, mentoring and progression of AHPs outside of acute or health settings.

Public, People who need care and support, Patient and Carer Expectations

A high level of unmet need and significant differences in expectations versus the reality of those with lived experience illustrates other drivers of change.

ADASS' rapid survey found that almost 300,0000 disabled and older people and carers are waiting for social care assessments, care and support or reviews. This doesn't include many more with unmet need. Real-term reductions in in social care funding have left hundreds of thousands more ineligible for care due to tightening of eligibility criteria. Local authorities are increasingly reliant on local taxation and short-term unsustainable funding sources, which in turn impacts the quality of commissioning, the pay of frontline staff and ultimately the services available and care received. In addition, short term funding does not lend itself to the development and implementation of longer-term workforce plans. Those with lived experience of navigating the social care system as part of our NCF Reform Roundtable discussions on Investment in Social Care and Integrated Care Systems, made

it very clear that there is an expectation that commissioners should listen to them to co-produce their care and support – care must be person-centred otherwise it will not meet need and will be a waste of public money. One-size doesn't fit all.

If such a vision is to be made reality in the midst of funding and workforce pressures, we are going to need more people working in social care with the right skills and more specialist roles – particularly to support people independently where they want to live, as we have mentioned above. As part of this, there will also need to be a greater focus in the regulated professions on digital skills to keep pace with the explicit ambitions for care in both the Health and Care Data Strategy and the aim to have joined-up digitised social care records by 2024. Digital ways of working will also transform roles and the way processes work but this won't remove the need for the care professional; and this digital literacy must also involve training in the skills to 'read' and analyse data as well as act on it to improve the quality of care.

Socio-economic and Environmental Factors

We have identified a number of drivers of change which will impact workforce supply over the next 15 years.

COVID-19 has laid bare the scale of **health inequalities** between different communities across the UK that are connected to wage, income and wealth inequalities as illustrated by the 10 year review of the Marmot Review. Inequalities result in poorer health outcomes on a population level, and therefore greater level of acuity in social care. This impacts the workforce as care staff often come from same the disadvantaged communities which are hit hardest by these inequalities. Demand for social care workers looks set to increase as need increases whilst the supply of care workers is falling.

The political dynamics around additional public funding for the workforce is another driver. The government's new plan for health and social care only assigns £5.4bn of the £36bn to social care. Even within that, only £500m is going to workforce development. Without the political will to give adult social care the resources it actually needs – the Health and Social Care Select Committee thought an additional £7bn **per year** was needed **–** it is hard to see how the workforce situation will improve. The current lack of investment and underfunding in social care is exacerbating demand and pressure on the workforce, which is already exhausted after the last 18 months. Delayed access to timely care will inevitably lead to increased need and inevitably more strain on acute care. The framework will need to respond to the pressures on the workforce, both now in the foreseeable future, and look to equip and support workers with resilience and mental health support.

Adding to the pressure are the current drivers pushing care staff towards the NHS and hospitality sectors which can offer higher wages. Health and Social Care in particular are competing for the same workforce. It is telling that the government has a target for the numbers of NHS nurses but not for adult social care nurses – one of the hardest professions to recruit currently. A combination of burnout, lack of workforce planning, inequality in reward and recognition compared with health colleagues and unhelpful migration rules means that the workforce is in crisis and will continue to be in crisis unless something is done urgently.

Workforce planning and skills development & training must also be underpinned by an understanding of housing. The framework needs to equip the regulated social care workforce to recognise the relationship between social care and housing and health, where housing is a key element in sustaining the independence, choice and dignity amongst people of working age and older adults, supported by access to the social care that will help them to live their best lives. Access

to good healthcare, social care and mental health services will be fundamentally undermined if quality housing is not available.

Staff and Student/Trainee Expectations

The framework needs to recognise that potentially all roles in social care could fall under regulation within the next 15 years if reform introduced a care worker registration scheme. The scope of this framework is going to need to have a mechanism to react to such changes if they occur.

However, even if that does not happen, the curricula for all the regulated professions that interact with social care must include social care rotations, learning and immersive opportunities. Experience is the best teacher. Social care should be well understood by any of the roles covered by this framework both now and in the future.

Those looking to work in social care have a right to expect clear career progression and pay and reward which matches their skill. We need a social care workforce plan which joins with the NHS People Plan to enable this. Elements of this can be embedded in HEE's framework – particularly in ensuring the skills and learning needed to work across the system is part of all training.

This framework also needs to learn from the social care model – to think beyond a medical focus. Social care is not a medicalised model, but focusses on a person-centred wellbeing model of care instead.

Science, Digital, Data and Technology (including Genomics)

We have made a number of observations regarding the use of data and digital innovation by the workforce in our response to NHSX's consultation on the draft Data Strategy. This can be read here.

The draft strategy emphasises the need to build analytical and data science capability for health, while for social care the references are to a digital skills framework and training. As with our response to NHSX's consultation, this does not seem sufficient to us if this is all that is included in HEE's framework. The social care workforce must be equally trained and empowered to deliver effective data analysis - this is important to drive business intelligence and our workforce, like the health workforce, needs to understand what to do with the data it captures and have the data literacy needed to interpret derived insights. This must be a crucial element of any new workforce strategy.

The use of digital technology will augment the role of frontline workers and improve the quality of care as well as create new insights – with the use of technologies such as acoustic monitoring or passive sensors which learn patterns and alert staff to problems – rather than replace workers. Technology, rather than substituting care workers, should free them to spend more time with the person being supported as well as giving them the insights to know what to change in any care plan or approach. This will enhance person-centred care.

Interoperability and integration in data flows between health and social care will require better data standards and a workforce able to read and analyse data. This will bring with it new roles for social care in terms of increased emphasis on data security, digital transformation and analytical and research skills – all of which need to be reflected in any workforce strategy.

Service Models and Pandemic Recovery

The government's new £36bn plan for health and social care & the announcement of an extra £5.4bn for the NHS's winter and COVID pressures for the next 6 months contain within them concerning implications. The latter provides funding to ensure hospital discharge happens in a timely manner while the former aims to clear the hospital backlog and introduce new hospital capacity to increase elective surgery. In both cases, it assumes the social care workforce will be able to deal with the increased number of discharges to home settings and increased need for pre and post care and reablement in the community alongside Allied Health Professionals, not to mention a focus on wider community care. Current recruitment and retention challenges and insufficient funding means that this will simply not be possible. It will be very difficult for the NHS to meet its goal if it doesn't share more of its allocated funding with social care.

As such, whether we are thinking about service models to facilitate this or future innovative service models, we can't assume the roles we are talking about now will be the ones of the future. We need more responsive service provision arranged in the style of multi-disciplinary teams, which are nimble enough to work across health and social care to meet the holistic needs of a person. The framework needs to embed this vision while acknowledging the current challenges for social care in meeting the government's ambition due inadequate funding.

An ability for the workforce to work across the system, will also open up new learning and career development opportunities which can improve the quality of care overall in the system.

Conclusion

While this consultation is looking at a framework for the next 15 years, we cannot forget that the social care workforce is facing its biggest crisis now and needs support now. The impact of this will be felt for years to come and must be factored in to any system-wide workforce planning. As it stands, the social care workforce is not in a position to assist the NHS or in preventing need escalating to the point where acute care is required.

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