NCF Submission to HSCC Expert Panel Evaluation

This submission has been written in response to an invitation from the Health and Social Care Committee's Expert Panel to submit our view of the progress the Government has made against its commitments in the area of the health and social care workforce in England. We appreciate this opportunity to share our views, and are more than happy to produce any further information or oral evidence that might be required by the panel.

The National Care Forum – who we are

The National Care Forum brings together over 160 of the UK's leading social care organisations, representing large numbers of care providers, offering thousands of services across the country, which are not-for-profit and always at the heart of community provision. Collectively, these organisations deliver more than £2.3 billion of social care support to more than 222,000 people in over 8,200 settings. The NCF membership body collectively employs more than 117,000 colleagues.

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Summary of our response

We have structured our submission around the three policy areas highlighted in the invitation and have grouped a number of the questions together within each section. We have only written responses to those commitments we believe are relevant to adult social care.

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.

In our view, it is very clear that this commitment has not been delivered in relation to adult social care. There is no social care workforce plan in place, nor is there any ambition for joint health and care workforce planning, while the workforce crisis grows along with demand, and capacity in the system shrinks.

As we and 100 other organisations said, the Health and Care Act was a major missed opportunity to place a requirement on government to make regular projections about workforce needs. The government's response was that this was being covered by Health Education England's Framework 15. HEE's Framework 15 is not an appropriate basis for an adult social care workforce plan as it focuses on health professionals, and not social care professions. It is abundantly clear that workforce

planning for social care is needed on a much broader basis than Health Education England (HEE) is being asked to cover.

The workforce crisis has not been created by the pandemic, rather it has exacerbated pressures caused by chronic underfunding and a lack of workforce planning that were years in the making. We are a long way from meeting long-term demographic challenges, as Skills for Care estimates that by 2035, we will need a 29% increase in the number of adult social care jobs.

The government urgently must prioritise proper consideration of the future numbers of care staff that the country is going to need and the understanding that these roles are skilled roles that need to be recognised, supported and developed for future need. We need a system-wide approach to planning and delivering staffing levels. The current work being undertaken regarding HEE's Framework 15 is important, but it is far from a robust workforce plan for social care. The government's commitment has most definitely not been met, and the assertion that the HEE work is the mechanism for meeting but it doesn't go anywhere near far enough.

Building a Skilled Workforce

Commitments:

£1bn 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 commitments relating to the social care workforce are closely linked and it is clear that they have not been met. This may in part be due to the pandemic but is also due to changes to policy priority and timings following the publication of the Adult Social Care White Paper, Integration White Paper and introduction of a Health and Care Levy (worth only £5.4bn to social care over the next 3 years as the rest will go to the NHS).

The commitment relating to access to mobile digital services and care records in particular has not been met. The Integration White Paper acknowledges that only 40% of social care providers have fully digitised care records. The commitment for this has been pushed back to 2024

Of the £5.4bn announced in the government's adult social care reform plans over the next three years, £1.7bn will be used for measures relating to workforce, infrastructure, technology etc. That seems considerably less than the promised £1bn a year. The remainder of the £5.4bn is being used to introduce a cap on care costs, allow self-funders to ask the Local Authority to arrange for their care at LA rates (removing the self-funder cross-subsidy of the state's underfunding), and a fair cost of care for providers. There is very significant risk that these reforms may have an unintended consequence of reducing the amount of funding in the system to provide care

Wellbeing at Work

Commitments:

Listen to the views of social care staff to learn how we can better support them – individually and collectively

In considering this commitment it is important to recognise the commitment in the white paper in relation to action to improving staff wellbeing and note that some of the £500m will be invested to support this work.

However, it is also key to recognise the wider context of the pandemic response when we consider delivery on this commitment. Social care workers were ignored by policymakers during the first few months of the pandemic, with very little support in terms of PPE, testing or access to clinical support. Financial and wellbeing support, when it did come, often came too late and was insufficient. The government over the last number of months has introduced a number of measures aimed stabilising social care workforce numbers, but unfortunately, this has had little success. It is also notable that the government in England refused to pay a retention bonus to its care workers, unlike the rest of the devolved nations. The government has also steadfastly refused to consider or discuss collective, collaborative approaches with the sector to guarantee better pay. Rather than taking a strategic approach to the funding of support to address workforce issues, the policy approach seems intent on a continual drip feed approach, with small amounts of short-term emergency funding announced intermittently, which as a result of bureaucracy fails to reach providers in a timely manner. This is not a way to value the people who receive or deliver care.

We welcome the plans in the adult social care white paper around improving staff wellbeing and look forward to the delivery of the various resources to support the sector's workforce and the outcomes of the occupational health pilots – occupational health services, access to mental health first aid and bereavement services, counselling and practical support were among the recommendations from the workforce advisory group. However, we note with concern that the same £500m set aside for other elements of workforce reform, is also expected to cover this. It is also noticeable that improved pay, terms and conditions are conspicuously missing from the government's reform plans despite it being at the top of what social care workers are telling government they want and despite the cost of living crisis engulfing the workforce.

On balance then, the promises remain on this commitment but the reality of delivering against seem as far as away as ever.

Below, we set out more detail on our views on each of the commitments under the headings of Planning for the Workforce, Building a Skilled Workforce and Wellbeing at Work.

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.

Was the commitment met overall?/Is the commitment on track to be met? Was it an appropriate commitment?

It seems very clear that this commitment has not been delivered and there currently isn't a plan to deliver it for adult social care. The Adult Social Care White Paper is a vision for wider reform over the next 10 years, including training and qualifications for the workforce, but it is very far from a detailed workforce plan. The government has consistently ignored and indeed resisted opportunities to meet this commitment for adult social care. During the parliamentary debates over the Health and Care Act, NCF and over 100 other organisations supported an amendment to require the government to produce workforce projections and planning for health and social care – this amendment was

repeatedly rejected. The government insists that Health Education England's Framework 15 is sufficient but that only covers regulated health professionals – as we have said, it doesn't cover care workers, support workers and many others who work in a social care context. This same criticism applies to the above commitment itself – it is simply too narrow for the needs of social care.

It is of note that whilst the government has held forward a target for an additional 50,000 nurses for the NHS, the social care nursing workforce has fallen by nearly 17,000 since 2012/2013, according to Skills for Care, with no attempt to rectify or remedy this shortfall. As with simple targets, there is also the risk that many of the 'new' nurses who have joined the NHS as part of the push towards 50k are actually moving across from social care and the unintended consequence will be hitting the target for the NHS, but missing the point of the essential importance of nurses in social care.

The reality is that the situation in relation to social care nurses is getting worse. As of March 2022 monthly Skills for Care data shows that there is a vacancy rate of 18% for registered nurses in adult social care. It was 9.5% in March 2021. As it stands, there is no coordinated, funded and joined-up workforce planning happening for adult social care despite the current workforce crisis.

The workforce crisis in social care has been growing, quietly, for a number of years and this has been systematically illustrated by the annual workforce reports from Skills for Care. In October 2021, Skills for Care's annual state of the adult social care sector and workforce report stated that there were 105,000 vacancies in social care while the number of job posts available had decreased over the previous 12 months. This means that while demand is going up for social care, capacity in the system is shrinking. CQC's most recent report into the State of Care contained a similar message and described a workforce that is exhausted and depleted from the unrelenting pressures of the last 18 months on top of the existing long-term structural problems. Far from meeting the government's commitments, the opposite appears to be happening.

For months now, the National Care Forum has been warning of a staffing crisis in social care as reported by our members. In July 2021, we raised the alarm, following a survey of our members, where nearly 60% said they have seen the rate of staff exit increase since April 2021.

In August 2021, a survey of our membership found that nearly three-quarters of respondents had seen an increase in staff leaving and 46% said their employees were leaving the sector entirely.

In October 2021, our survey of registered managers found an average vacancy rate of 17% amongst respondents. 67% reported limiting or stopping admissions of new people into care homes or turning down new requests for home care. 33% limited or stopped admissions from hospitals.

Our most recent survey of our membership carried out in January 2022, showed that:

- 66% of home care providers are having to refuse new requests
- 21% of home care providers are handing back existing care packages
- 43% of care home providers are closing to new admissions

This data is backed up by ADASS's winter contingency survey which has found that 49 local authorities were forced to ration the care services they commission or take a number of other exceptional measures, due to staffing shortages.

This crisis has not been created by the pandemic, rather it has exacerbated pressures caused by chronic underfunding and a lack of workforce planning that were years in the making.

We are a long way from meeting long-term demographic changes if this workforce crisis continues any longer. Skills for Care estimates that by 2035, we will need a 29% increase in the number of

adult social care jobs. At the same time, the government's own evidence review says that the number of over 65s is projected to increase by 43% (from 10.2 million to 14.5 million) and the number of adults aged 85 and over is projected to increase by 77% (from 1.4 million to 2.4 million) between 2018 and 2040. By comparison, the 20 to 64 population is only projected to grow by 3%.

The government urgently must prioritise proper consideration of the future numbers of care staff that the country is going to need and the understanding that these roles are skilled roles that need to be recognised, supported and developed for future need. We need a system-wide approach to planning and delivering staffing levels. The current work being undertaken regarding HEE's Framework 15 is important, but it is far from a robust workforce plan for social care. The government's commitment has not only not been met, but it does not go anywhere near far enough.

Was the commitment effectively funded (or resourced)?

The government is setting aside only £5.4bn from a total of £39bn being raised its Health and Care Levy over the next three years for the reform of adult social care. The Adult Social Care White Paper assigns £500m of this to workforce training, qualifications and wellbeing. While these are important components of a workforce plan, there is nothing explicitly committed for joined-up workforce planning beyond that. Instead, the adult social care white paper explicitly references Health Education England's work, which, as we've pointed out above, is completely inappropriate as the basis for a social care workforce plan because it focuses on regulated health professionals. We would also add that pay, terms and conditions are an essential part of a workforce plan and the White Paper is completely silent on these issues apart from a commitment to the National Living Wage, which is far too low for the skilled work care workers perform.

There are systemic issues with the way in which funding for the sector and social care workforce currently works which is constraining the ability for workforce planning. The care market is a monopsony, where the state is the biggest buyer of what are in essence, public services, from a mixture of for-profit and not-for-profit providers. The state has a responsibility to make sure care fee rates are fair as the biggest purchaser of care. The ability of providers to pay their staff good wages, terms and conditions, recruit and retain new staff and reinvest back into their infrastructure, is constrained by the amount the state is willing to pay. It is clear that currently, local commissioners are consistently underpaying in terms of the true costs of care, resulting in much lower rates for care than the true cost of providing that care. This is largely down to underfunding from central government and some unfortunate procurement practices driving a race to the bottom, rather than ensuring high quality, person-centred care. The government has recognised this with its fair cost of care exercises but it is very clear to all that the current reform plans will not provide enough money (£1.36bn of the £5.4bn through a series of cost of care exercises) to rectify this issue. Indeed, analysis by the County Councils Network estimates that the government has underestimated the costs of its fair cost of care reforms by £854m for care homes alone. This will be an underestimate as home care and other types of social care are not included in this analysis.

If providers are unable to invest properly in their workforce due to underfunding, it is very hard to carry out any form of workforce planning. Social care providers are unable to offer a sufficiently attractive type and level of structured pay bands and career structure to potential employees and often the social care sector is recruiting from the same pool of people as the NHS which is able to offer these. This can lead to an unhelpful conflict and competition for staff across health and care, when there should be a joined-up workforce plan in place.

Did the commitment achieve a positive impact for patients and service users? (Indirectly through impacting workforce)

The failure to meet this commitment, as inadequate as it is, has been illustrated by the impact of the current workforce pressures on people and their families accessing (or trying to access) social care services. As we pointed out above, our most recent survey of our membership carried out in January 2022, showed that:

- 66% of home care providers are having to refuse new requests
- 21% of home care providers are handing back existing care packages
- 43% of care home providers are closing to new admissions

Access to care is becoming harder because of the shortage of staff – partly caused by a lack of joined up, national workforce planning. The longer we do not have a workforce plan, underpinned by proper pay, terms and conditions, the worse it is going to get as local authorities increasingly ration care and support services by making the eligibility criteria stricter. The result will be further pressure on acute and primary care services in the NHS.

Building a Skilled Workforce

Commitments:

£1bn 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.

Was the commitment met overall?/Is the commitment on track to be met? Was the commitment effectively funded (or resourced)? Was it an appropriate commitment?

These two commitments are closely linked and have not been realised, partly due to the pandemic but also due to changes to policy priority and timings following the publication of the Adult Social Care White Paper, Integration White Paper and introduction of a Health and Care Levy (worth £5.4bn to social care over the next 3 years). The second commitment above in particular has not been met. The Integration White Paper acknowledges that only 40% of social care providers have fully digitised care records. The commitment for this has been pushed back to 2024 and it is unclear how much funding is being set aside (the adult social care white paper commits at least £150m) to enable the digitisation at the pace required via Integrated Care Systems, or how providers access this. The same goes for wider digital transformation and adoption of technology.

Funding made available over the past two years hasn't enabled more social care staff, better infrastructure, technology or facilities. It has been aimed at simply keeping the system afloat in terms of infection control measures, paying staff to isolate due to the pandemic, and attempts to recruit and retain staff in the midst of a workforce crisis:

- Infection Control Fund Round 1 £600m - June 2020 (announced May 2020)
- Infection Control Fund Round 2 £546m- October 2020
- Infection Control and Testing Fund Round 1 £341m - 29 March 2021

- Infection Control and Testing Fund Round 2 £251m – July 2021
- Infection Control and Testing Fund Round 3 - £388m October 2021
- Round 1 Workforce Recruitment and Retention Fund - £162.5m October 2021
- Round 2 – Workforce Recruitment and Retention Fund - £300m December 2021.
- Omicron Support Fund – £60m extension to the Infection Control and Testing Fund Round 3 – December 2021

In response to the impact of the pandemic and a recognition of the need to reform adult social care, the government introduced a Health and Care Levy in April 2022 to raise £5.4bn over the next three years for social care in order to begin to fund some of the commitments in the Adult Social Care and Integration White Papers. However, it does not appear that this will amount to £1bn extra a year being committed to social care staff and better infrastructure, technology and facilities. The adult social care white paper assigns up to £1.7bn to the following:

- **At least £300m** to integrate housing into local health and care strategies – focused on increasing range of supported housing options available
- **At least £150m** of additional funding to drive greater adoption of technology and achieve widespread digitisation across social care.
- **At least £500m** so the social care workforce can have right training and qualifications and feel recognised and valued for their skills and commitment. Includes a wellbeing offer.
- A **new practical support service** to make minor repairs and changes in peoples' homes to help people remain independent and safe in their home, alongside increasing the upper limit of the **Disabilities Facilities Grant** for home adaptions such as stair lifts, wet rooms, and home technologies
- **Up to £25m** to work with sector to kick start change in the services provided to support unpaid carers
- **£30m Innovative Models of Care Programme** to help local areas innovate around the support and care they provide in new and different ways providing more options that suit peoples' needs and individual circumstances
- A **new national website** to explain the upcoming changes and at least £5m to pilot new ways to help understand and access the care and support available
- **More than £70m** to increase the support offer across adult social care to improve the delivery of care and support services, including assisting LAs to better plan and develop the support and care options available

That is £1.7bn over three years, **not £1bn a year.** The remainder of the £5.4bn is being used to introduce a cap on care costs, allow self-funders to ask the Local Authority to arrange for their care at LA rates (removing the self-funder cross-subsidy of the state's underfunding), and a fair cost of care for providers. We are concerned that these reforms may have an unintended result of less choice of care, less accessibility to care and less money to provide care.

The fair cost of care exercises have a limited – and insufficient in our view – quantum of funding as the government has assigned only £1.36bn of the £5.4bn as the amount needed to raise LA fee rates to the level required to pay providers enough to remove the cross-subsidy (Section 18(3) of the Care Act 2014), as well as introduce a cap on care costs. When the LA cost of care exercises determine that the actual shortfall between the cost of state and self-funded care is higher than that figure, how will that funding gap be met? How will full operational costs be met? Failure to do so will result in less money to provide care, not more - the state cannot continue to underpay. Even worse, we will be building in decades of historic underfunding into the price that is set. This will exacerbate the

workforce crisis in social care as providers will simply not have the ability to expand their workforce to meet demand or invest and improve the pay, terms and conditions of existing staff.

Finally, we noted with disappointment that despite how integral social care is to the proper functioning of the NHS, and wider population health and wellbeing outcomes, and the ongoing workforce crisis in the sector, social care has received a much smaller proportion of the Health and Care Levy compared to the NHS. This is short-sighted. Without a functioning social care system with expanded capacity, the NHS backlog will never be cleared, no matter how much money or clinical staff are involved. Prevention activities are also not possible.

Wellbeing at Work

Commitments:

Listen to the views of social care staff to learn how we can better support them – individually and collectively

Was the commitment met overall?/Is the commitment on track to be met?, Was the commitment effectively funded (or resourced)?

In considering this commitment it is important to recognise the promise in the white paper in relation to action to improving staff wellbeing and note that some of the £500m will be invested to support this work.

However, this commitment has not yet been met – the experience of the pandemic makes it clear that the government has not listened to the views of social care staff around their mental wellbeing, pay, terms and conditions or what they want from a career structure. This was particularly stark during the pandemic.

During the first few months of the pandemic, care workers struggled to access PPE and testing (it took until February 2021 for all social care settings to have access to asymptomatic testing), while dealing with the onslaught of COVID-19 with little, or no, clinical support from health colleagues. Very far from putting a ring of protection around care settings, care workers and providers were left unsupported by the government. This has taken a toll on physical and mental health with many suffering from PTSD. Between March and December 2020, ONS estimates that 469 social care workers died from COVID-19. The government's mental health and wellbeing resources feel insufficient in light of what care workers went through. The only resource the government published was advice and links to other organisations on managing mental health. Further information about mental health resources tended to recycle this same information or add new organisations to refer people to.

It is also very unfortunate that the government has not adopted a systematic route to gathering insight into what care workers think. The government has repeatedly turned down the suggestion of expanding the NHS workforce survey to social care or creating a version of it for social care. This seems rather short-sighted.

In terms of other forms of support, the various versions of the Infection Control Fund, first introduced in June 2020 (far too late during the first wave), were designed to help providers pay for infection control measures, including ensuring staff had enough pay to be able to isolate if required. This was certainly welcome but was never sufficient to cover the level of costs incurred by providers – nor did it do anything to resolve the fundamental issue of low pay for care workers despite their skilled and dedicated work. Lessons do not seem to have been learned. Despite the continuing prevalence of COVID-19, at the end of March 2022 the government issued new guidance containing

an expectation for social care workers to continue to self-isolate if they test positive for COVID-19, potentially up to a period of 14-days, without guaranteed full sick pay as the government has removed the funding that enabled this. This is presenting an impossible choice for care workers who are being forced to choose between their wellbeing and that of their families, and those that they provide care and support to. This is very far from meeting the commitment above. Not all staff who need to isolate due to testing positive are eligible for Statutory Sick Pay – it only applies to those who are actually sick. Social care providers who are facing repeated outbreaks in their settings, with staff off for up to 14-days at a time, possibly without access to SSP, will not be able to continue paying these staff for much longer without support.

The issue of pay is one lesson the government should have learned during the pandemic if it was truly listening to care workers. Indeed, DHSC ran a workforce survey via the Capacity Tracker during September and October 2021. Respondents were asked about the reasons for increased staff retention challenges; for this question, respondents could select one reason as a response.

Amongst care homes, the top 3 reasons believed to be the main cause of staff leaving were:

- Better pay outside of the care sector (25.9%)
- Do not wish to be vaccinated (14.7%)
- Better hours and working conditions outside the care sector (13.4%)

Amongst domiciliary care providers, the top 3 reasons believed to be the main cause of staff leaving were:

- Better pay outside of the care sector (29.1%)
- Better hours and working conditions outside the care sector (11.5%)
- Feeling burnt out/stress (10.2%)

When we asked our NCF members about what would help improve staff retention and recruitment in the short term, they listed the following in order of importance

- Paying a retention bonus to care staff which is not taxable and not subject to Universal Credit rules
- An increase and continuation of current funding to manage all IPC and testing requirements
- Adding all care workers to the Shortage Occupation List (this has since happened)
- Helping local areas create staffing contingency and mutual aid plans

The government over the last number of months has introduced one these measures, and notably refused to pay a retention bonus or guarantee better pay. Rather than taking a strategic approach to the funding of support to address workforce issues, the DHSC seems intent on a continual drip feed approach, with of small amounts of short-term emergency funding announced intermittently, which as a result of bureaucracy fails to reach providers in a timely manner. This is not a way to value the people who receive or deliver care.

We welcome the plans in the adult social care white paper around improving staff wellbeing and look forward to the delivery of the various resources to support the sector's workforce and the outcomes of the occupational health pilots – occupational health services, access to mental health first aid and bereavement services, counselling and practical support were among the recommendations from the workforce advisory group. However, we note with concern that the same £500m set aside for other elements of workforce reform, is also expected to cover this. It is

also noticeable that improved pay, terms and conditions are conspicuously missing from the government's reform plans despite it being at the top of what social care workers are telling government they want.

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