

National Care Forum submission to the Health & Social Care Select Committee Workforce Inquiry: recruitment, training and retention in health and social care - Jan 2022

The National Care Forum – Who we are

The National Care Forum brings together 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 billion of social care support to more than 202,000 people in over 8,000 settings. The NCF membership body collectively employs more than 115,000 colleagues.

We would be delighted to have the opportunity to present evidence to the Health & Care Select Committee at one of your oral evidence sessions. As the leading voice for the not-for-profit care sector, we are keen to articulate the views of our sector and, as a membership organisation for not-for-profit providers, we can link you to a large number of not-for-profit care providers to bring their evidence to the table, from both large national care sector charities & smaller more local charities.

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Summary of our submission and key recommendations

In our submission, we consider the current picture of workforce pressures, including our suite of survey data over the last eight months charting the increasing staffing crisis, why this crisis matters, why the views of the not-for-profit sector matter and we propose a range of solutions we know will help. These include:

- **Immediate action to improve the pay and recognition of the workforce**, including a loyalty bonus for current care staff and a full review involving employers, commissioners, and employee representatives with a view to implementing a new career-based pay and reward structure
- **Better learning & development opportunities**, developing clearly defined pathways and training, supported by consistent investment that will enable employers to attract and retain the right people.
- **Making the Care Certificate** mandatory, accredited and fully portable
- **A fully funded People Plan for Social Care** that provides clear career progression, better recognition and valuing of staff, investment in staff training and support
- **A fully funded registration scheme for care workers** in England. We need to learn from and catch up with our colleagues across the UK, where the other nations have all introduced a care worker registration scheme
- **Joined up approaches by ICSs, LAs & CCGs and providers to the international recruitment of health and care staff now**, following the addition of care workers to the Shortage Occupation List (SOL), to reduce the cost and the burden on social care employers in navigating the complexity of the SOL.
- Planning now to develop the **future army of care staff** that the country is going to need, **including social care nurses**
- **Upskilling our workforce with digital skills and competencies** to maximise the use of the potential of current and future digital technology to transform the way care & support is designed and delivered
- **Transforming the way that that our future health and care professionals are trained**, to improve the placement opportunities in social care settings for all future nurses and doctors and relevant AHPs as a required part of their training and ensure these address misconceptions and inaccurate perceptions
- **Amendments to the Health & Social Care Bill** which would force the government to report on both the NHS and Social Care workforce at periodic intervals for workforce planning purposes and have funded integrated health and care workforce plans at ICS level.

Context – the current picture of workforce pressures

The workforce crisis has been growing, quietly, for a number of years and this has been systematically illustrated by the annual workforce reports from Skills for Care. Now the COVID-19 pandemic and Brexit have turbo-charged it. 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.

For months now, the National Care Forum has been warning of a staffing crisis in social care as reported by our members, who are not-for-profit providers of care and support. 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, shows that situation has deteriorated further:

- Overall, the providers responding reported an 18% vacancy rate with a 14% absence on top of this as a result of the Omicron variant.
- 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
- Delays in getting PCR test results
- Difficulty for non-care home providers accessing lateral flow tests

This data is backed up by [ADASS's winter contingency survey](#) which has found that 49 local authorities are now rationing the care services they commission or taking a number of other exceptional measures, due to staffing shortages.

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

The latest [Skills for Care](#) data tells us that approximately 1.54 million were working in adult social care in 2020-21. This compares to 1.3 million people who work in the NHS. There has

been a **large increase in ASC jobs since 2012-13** (approximately 170,000 jobs representing a 12% increase) but this still does not meet current demand.

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. Social Care will also need to be equipped to meet the needs of increasingly diverse communities and models of care.

Why the workforce crisis in social care matters

Why does it matter that there is a workforce crisis in social care? Why should the government and the public listen? It matters because of the essential role that social care plays, both in the lives of the people and their families who need it and in the wider functioning of the health system.

If social care providers cannot help with new requests for care at home or offer places to people who need to move into a care home then those people and their families face impossible circumstances. It matters because people are not being discharged from hospital when their acute healthcare needs have been met, or they and their families are struggling at home, in need of care and support. It also matters because it means that care providers sometimes do not have enough staff to support new requests for care and support from people with high or complex needs.

Ultimately, a workforce crisis in social care puts strain on the wider health and social care system, as well as other parts of the public sector. It is a sign of system-wide failure.

Why the inquiry needs to hear directly from the not-for-profit care & support sector

Social care delivers public good, and the majority of it is funded by the public purse. In the future, it will be further supported by a hypothecated tax paid for by every eligible tax payer. Not-for-profit care provision ensures that all of the funding from either government or citizens is directed towards the delivery of care now and in the future, ensuring that the funding remains in communities and is reinvested to improve the quality of care, and importantly, the quality of pay, reward and conditions for the workforce.

We strongly advocate strengthening the Government's reform plans to ensure that the balance of care provision is redirected towards the not-for-profit sector and a set of parallel actions is developed over a ten-year period that strategically shifts public investment into the not-for-profit sector. This action will ensure that the benefits and social and economic value of the not-for-profit sector are fully realised, giving politicians and the public reassurance in their investment in social care.

This government has asked the public to help fund the vital care that we all will need in the future; it has asked the public to invest in a future vision of care and it needs a workforce for that future. It should also listen now to a public that wants assurance that its money is being 100% invested in the communities that they are part of, and the people who need and deliver care. It is time to create a social care sector that is true to the values of the 'People at the heart of care' vision, and has people, not profit, at its heart.

Specific themes of the inquiry call for evidence

Recruitment & retention: *What are the main steps that must be taken to recruit the extra staff that are needed across the health and social care sectors in the short, medium and long-term? What is the best way to ensure that current plans for recruitment, training and retention are able to adapt as models for providing future care change?*

It is clear from the data in recent reports and from the daily experience across the care sector that this is not a workforce that is recognised or valued for the amazing contribution it makes to millions of peoples' lives each and every day.

The solutions have been presented many times. The [Social Care Taskforce Workforce Advisory Group](#) recommended back in the summer of 2020 that as a top priority, immediate action should be taken to improve the pay and recognition of the workforce:

- **Immediate Loyalty bonus:** Measures should be in place to retain experienced members of the existing workforce, for example a loyalty bonus for those who remain in post for a specified period of time (eg. throughout the winter). *(Note: All other countries in the UK have paid their care staff a bonus in recognition of all that they have done over the last 18 months. It has not gone **unnoticed in England that there has been no Government bonus for care staff as there has in Scotland, Wales and Northern Ireland**)*
- **Within three months:** 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;
 - (c) mandatory on employers and commissioners of services.

Better pay is absolutely essential to solving the recruitment & retention problems in social care. Care providers need support now to deliver a funded pay increase for staff and a longer-term systemic approach to pay and reward structures. Those that argue that it is independent providers who deliver social care and therefore the state has no role in this are not fully sighted on the realities of the situation.

Social care is an integral part of the overall health and care system. Given that between 60% and 70% of all care is commissioned and paid for by the state, via local authority and health commissioners, it is absolutely clear that the ability of social care providers as employers to increase the amount they pay their staff is hugely dependent on the income they generate from the services they provide. If the price that the state pays remains significantly below the true cost of providing those care & support services, this inevitably constrains the ability of social care providers to offer better pay to their staff.

The [Skills for Care](#) report tells us that recruitment has become more challenging as providers compete with the better pay in hospitality, retail and cleaning. While starting pay has gone

up marginally, pay differentials have gone down. Pay in social care is still amongst the lowest in the economy due to underfunding.

The [Skills for Care](#) report finds that care workers in the independent sector earn on average around £3,500 less than similar roles in the NHS. Even more compelling evidence on the pay gap for social care staff comes from a hard hitting report from one the NCF's members, Community Integrated Care. The report, called '[Unfair to Care](#)', provides an independent perspective on the complex, skilled and demanding roles within social care. The research, carried out by Korn Ferry, shows that far from being low skilled, front line social care roles are proven to be technically, emotionally and physically demanding, and requiring the application of a wide range of innate and technical skills.

This independent research clearly articulates the pay gap across social care with a key finding that many frontline care workers would be paid 39% more – nearly £7000 per year – in equivalent positions within the NHS, local authorities and other public funded industries. For the first time, we have an external evaluation and comparison between the skills and competencies needed for care and how this compares to colleagues in health & other public sector services.

The Fair Price for Care work, which the DHSC has outlined in the [Adult Social Care White Paper](#) and a [Policy Paper](#), offers a real opportunity to reset the baseline for the true costs of care. **It must enable better reward and recognition of our social care workforce so that care providers can pay staff in line with the skills and expertise they bring**, at levels commensurate with other sectors and enable more professional development and clear career pathways. Failure to do so will compound the existing, systemic workforce pressures in social care and inevitably, workforce pressures across the wider health & care system.

If the government is truly to make levelling up rhetoric a reality, the focus on building a high wage economy needs to extend to social care, which forms an integral role in the delivery of public services for all our communities.

As it stands, the [Adult Social Care White Paper](#) is, very disappointingly, entirely silent on the issue of pay, considering this is one of the main barriers to recruitment and retention.

[Better learning & development opportunities](#). COVID-19 has highlighted just how important it is to invest in the social care workforce to create a professionally skilled, recognised workforce, that is properly valued, better paid and has more training and development opportunities

Investing in social care cannot ignore the importance of investing in the workforce. This will bring a range of strong economic and quality benefits as well as enabling social care employers to pay social care workers better, at levels which properly reflect their skills, competencies and expertise and at levels which improve staff retention, reduce staff turnover and support recruitment.

The government must develop a fully funded People Plan for Social Care, joined-up with the NHS People Plan, that provides clear career progression, better recognition and valuing of staff, investment in staff training and support, and introduces professionalisation and

registration where this is appropriate. This will improve our ability to recruit and retain high quality, skilled social care staff with the right values and our ability to grow innovative models of support, as well as to develop and recruit a workforce that reflects and understand the needs of communities being served.

Public perception polling that the [NCF carried out in the summer of 2020](#) found that three quarters (74%) of adults in England believe care home staff do a brilliant job. It also shows an overwhelming belief that care workers are undervalued (81%) and 80% of adults in England believe that care workers should be paid better.

Even the regulator has taken the opportunity in their latest [State of Care](#) report to propose that there should be a sharp focus on developing clearly defined pathways and training, supported by consistent investment that will enable employers to attract and retain the right people.

The DHSC has set out some welcome ambitions in the [white paper](#), with plans over the next 3 years to create a workforce which is well-trained and developed, healthy and supported & sustainable and recognised workforce

It promises to invest at least £500m to transform the way the government supports & develops the workforce including:

- A knowledge and skills framework (KSF), career pathways and linked investment in learning and development to support progression for care workers and registered managers
- Funding for Care Certificates, alongside significant work to create a delivery standard recognised across the sector. This will improve portability, so that care workers do not need to repeat the Care Certificate when moving roles
- Continuous Professional Development (CPD) budgets for registered nurses, nursing associates, occupational therapists, and other allied health professionals
- Investment in social work training route
- Initiatives to provide wellbeing and mental health support and to improve access to occupational health
- A new digital hub for the workforce to access support, information and advice, and a portable record of learning and development (skills passport) and the foundation for a registration scheme for care workers
- New policies to identify and support best recruitment practices locally
- Exploration of new national and local policies to ensure consistent implementation of the above, as well as higher standards of employment and care provided.

While all of the above offer a useful framework, there is still much more to do. The white paper does not offer a clear vision of the social care workforce that we will need in 5 – 10 years' time and the skills and expertise they will need to deliver care differently, in light of existing and emerging technology and future workforce supply pressures.

Learning from previous workforce reviews/reports

Gillian Keegan MP, the current Minister for Care, was formerly the Joint Chair of one of the APPG's looking at Social Care, which has since been closed down. In 2019, this APPG published a cross party report on the [professionalisation of social care workers](#).

It made a number of asks', which remain very valid now, 3 years on:

- The development of a workforce strategy for England
- Creation of a national Care Body for England
- Creation of a Governing Council for England for the Care Body
- Elevation of social care workforce up to NHS parity

Flowing throughout each of these is an 'ask' for social care pay to be increased up to the corresponding NHS bandings. The report recognises that low pay deters people from joining the sector or retaining them in the sector: *"It has been made overwhelming clear to this inquiry – both in written and oral evidence – that endemic low pay and sometimes unfairly calculated pay are key factors in deterring people from joining the sector, or retaining those that do, especially within the first 12 months of employment"*.

The report also recognises that competition from other sectors makes this harder. It also recognises the importance of training & development and structured career pathways. Its recommendations are quite interventionist, so it does offer a helpful perspective on how to 'professionalise' the workforce.

International recruitment

Inquiry asks: What is the correct balance between domestic and international recruitment of health and social care workers in the short, medium and long term? What can the Government do to make it easier for staff to be recruited from countries from which it is ethically acceptable to recruit, with trusted training programmes?

On Christmas Eve, the government announced that it will, temporarily, add social care workers to the Shortage Occupation List (SOL) and Health and Care visa, following a recommendation from the Migration Advisory Committee. This is very welcome, as we, and others, have been asking for this for years. It will be imperative that all organisations – large and small – needing these additional valued workers, are able to utilise the Immigration system at speed. At present, it is complex and organisations currently using it for wider roles recognise the financial and bureaucratic burdens inherent in the system (see this [NCF briefing outlining the complexity](#)).

To help social care employers make the most of this potential route to recruitment, it is essential that local systems, including Integrated Care Systems, LAs and CCGs, work together to support the recruitment of international social care staff. We do not have data on the number of NHS bodies already working to recruit internationally, but it makes sense to immediately join up the international recruitment of health and care staff now, to reduce the cost and the burden on social care employers in navigating the complexity of the SOL.

The ending of freedom of movement last year has made it incredibly hard to fill vacancies for our members when combined with the impact of COVID-19. Some of our members are

turning to overseas recruitment **for the first time** due to current workforce shortages (even after raising salaries) and will need expert guidance on how to do this.

There are additional concerns about the unintended consequence of the SOL salary requirements that might mean that members of an international workforce are required to be paid at a higher rate than a domestic workforce. This approach must be viewed through the necessity of raising the salary level of all frontline care workers, not just those who come from outside of the UK.

Future planning

Inquiry asks: What changes could be made to the initial and ongoing training of staff in the health and social care sectors in order to help increase the number of staff working in these sectors? To what extent is there an adequate system for determining how many doctors, nurses and allied health professionals should be trained to meet long-term need? Do the curriculums for training doctors, nurses, and allied health professionals need updating to ensure that staff have the right mix of skills?

This inquiry should not focus on the NHS to the exclusion of social care – the inquiry must make space for consideration of developing the future army 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. However, it does not currently come with any commitment to fund the requirements for social care. The government must provide that assurance, otherwise all the national figures arising from this exercise in relation to the professional staff such as nurses and AHPs required for social care will be meaningless. It is of note, for example, that whilst the government has held forward a target for an additional 50K nurses, the social care nursing workforce has fallen by nearly 10K over a 5 year period, with no attempt to rectify or remedy this shortfall

We note the inquiry’s questions about the training of future nurses and doctors; it is vital to note the importance of adult social care nursing as well as NHS nursing. We outline the importance of joined up workforce health and care planning in more detail below, and the inquiry must recognise the urgent need for the workforce planning on training nurses and allied health professionals specifically to support the delivery of social care as well as the health service.

Currently, January 2022 [monthly Skills for Care data](#) shows that there is a vacancy rate of 17.4% for registered nurses in adult social care. It was 9.5% in March 2021.

Social care nurses have an essential role in enabling the delivery of high quality nursing care across social care services. They have distinct role, a relationship-based approach to support wellbeing, provide person-centred nursing practice, lead and enable others, operate within a complex regulatory and organisational landscape, and work at the frontline of health and social care boundaries.

The current and future training of all health professionals need to address the many misconceptions around what it is to be a nurse in Adult Social Care. These are highlighted in the Skills for Care “[Ten Myths about being a Registered Nurse on Adult Social Care](#)”.

It is clear from the all the long standing challenges to truly joined up integrated working that health and social care lack understanding of how each other works. The way that our future health and care professionals are trained offers a real opportunity to address those misconceptions and inaccurate perceptions.

The NCF is calling for specific measures to improve the placement opportunities in social care settings for all future nurses and doctors and relevant AHPs as a required part of their training. Work with HEE, the NMC, the GMC, the NHS deaneries and the higher education institutes must focus on how to improve the opportunities for social care to offer a much wider range of placements that are properly funded and supported with the appropriate supervision and clinical preceptorships. The current system of placements favours large well-resourced NHS Trusts and attitudes, perceptions and relationships will never change unless the placements system changes. Those of our members who have been able to engage successfully with the placements of health trainees have found it hugely valuable for them as care organisations and been able to inspire those students about social care, some of whom have chosen to pursue a career in social care - see here for an example:

<https://www.caretalk.co.uk/11916-2/> and here:

<https://www.nationalcareforum.org.uk/draft/university-of-roehampton-student-nurses-begin-royal-star-garter-placements/>

Future workforce supply issues present a significant challenge, especially in the context of rising demand for care and support services, and the government’s plans for how to respond to this workforce shortage are urgently needed.

The DHSC [Evidence Review for Adult Social Care](#) highlights that demand for social care has risen in both the older and working age population. It describes a population in England that is ageing and an over 65 population that is becoming more diverse in terms of its care needs. Alongside this group, it reports that key drivers of increased demand in the under 65 population include the increased proportion of people with a learning disability following improvements in the diagnosis and reporting of disability and in the increased survival and longevity of babies born prematurely.

The ageing of the population will reduce the proportion of the population who are of working age (as currently defined), raising challenges for the staffing of care services; a proportionately smaller working age population is likely to lead to labour market shortages across the wider economy as well as social care.

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%.

This makes longer-term workforce planning essential now. Workforce plans must include upskilling our workforce with digital skills and competencies to maximise the use of the potential of current and future digital technology to transform the way care & support is designed and delivered. They will also need to be able to inspire & support people using care and support to experience the benefit of digital technology in maintaining their independence and ability to participate fully in their communities, employment opportunities and wider civic life.

It is also worth noting that workforce supply pressures may mean a greater number of people needing to provide unpaid care for friends and relatives. This would reduce their own labour market participation, with consequent impacts on the wider economy (as discussed earlier in this chapter). These pressures are likely to grow over time unless mitigated by a future proofing approach to workforce supply issues in the reform planning.

Fully funded registration scheme for care workers: The NCF is also calling for urgent plans to create a mandatory care worker registration scheme. The lack of a care worker registration scheme really hampered the Government's ability to respond to COVID-19. The absence of a systematic way to identify care workers has made it very difficult to identify care staff, both as essential keyworkers and support for them in the first wave (access to supermarkets, essential travel, access to schooling), and as the JCVI priority group one for urgent COVID-19 vaccination.

The Government should create a **fully funded registration scheme for care workers** in England. We need to catch up with our colleagues across the UK, where the other nations have all introduced a care worker registration scheme. We need to learn the lessons from their experience of implementation and progress plans as soon as possible to bring this in – the white paper proposals do not go far enough, fast enough. A registration scheme will bring professional recognition to our skilled care workforce and give them a stronger voice.

Care Certificate: while the plans in the white paper in relation to the Care Certificate are welcome, the NCF believes more is needed here – the Care Certificate needs to be mandatory, accredited and fully portable.

Thinking creatively about recruiting and retention

There is also the need to think differently and more creatively about how to boost the overall pool of care workers

Work done by Neil Eastwood with his Care Friends App has looked at why care workers choose care work. The responses were: the opportunity to help others (96%), make me feel meaningful (93%), feeling useful to society (84%), which shows just how much our care workers are special people with drive & values to put people first.

The overall churn of social care workforce means that it is essential to grow the pool of new care workers, not just attract existing care workers away from other employers. One avenue is to seek to maximise recruitment of new workers via more creative routes than job boards/ the usual advertising routes. One of the more creative recruitment routes is the friend or family member referral route, which has the added benefit of bringing access to a

group of new staff who already have a connection to care, whom the research suggests are likely to be more prepared to consider and commit to a career in social care.

Case Study: The [Care Friends App](#) is an employee referral app, which uses a gamification-style approach where a point earned in the App equates to £1 toward some form of reward bonus. Points are awarded for referring new staff as well as for other things, such as excellent work & individuals' own retention. Job details are shared with contacts via social media – FB, WhatsApp etc. - and this activates many more employees to recruit. When an existing staff member refers a new person into a social care role, the App enables that staff member to earn extra points in the App then the points are translated into real-life rewards – in essence, the App creates a tech enabled route to reward & retention bonuses.

There is still a bottom line for the policy makers and commissioners in social care, which is that better pay, terms and conditions will of course support the retention of highly skilled experience staff and attract new staff.

Staff leaving

Inquiry asks: What are the principal factors driving staff to leave the health and social care sectors and what could be done to address them? any specific roles? Or locations?

High levels of vacancy rates and sickness rates all compound the pressure on remaining staff – see our [latest press release](#) and [survey](#) on these pressures, where we see vacancy rates of 18% and absence rates of 14%.

On top of this, high turnover rates both magnify and exemplify the problems that the workforce face – the Skills for Care data shows that in 2020-21, the turnover rates of directly employed staff was 28.5%, representing 410,000 staff leaving their jobs over the course of the year. They tell us that the data tells a story of a workforce that risks burn-out and this has been evidenced in other data.

Insight from NCF surveys run in 2021, which show a consistent set of responses about the reasons that people leave the social care sector and the impact of Vaccination as a Condition of Deployment (VCOD). Note that we will see an even greater impact of VCOD due to its extension to wider social care settings from April 2022.

Reasons for Leaving Job	NCF Survey 6-7 July 2021	NCF Survey 18-31 Aug 2021
'Wanting an easier job / less stress'	47%	50%
'Better pay elsewhere'	38%	44%
'Feeling burnt out'	38%	38%
Rejecting VCOD	15%	38%

Better terms and conditions elsewhere	21%	29%
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The DHSC also ran a [workforce survey via the Capacity Tracker](#) during September and October 2021 which agrees with our findings.

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
- Helping local areas create staffing contingency and mutual aid plans

The government over the last number of months has introduced some of these measures, but notably refused to pay a retention bonus. 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 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 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, pay is conspicuously missing.

People planning

Inquiry asks: What should be in the next iteration of the NHS People Plan, and a people plan for the social care sector, to address the recruitment, training and retention of staff?

To what extent are the contractual and employment models used in the health and social care sectors fit for the purpose of attracting, training, and retaining the right numbers of staff with the right skills?

What is the role of integrated care systems in ensuring that local health and care organisations attract and retain staff with the right mix of skills?

Great care needs great people to provide it, yet there has been no dedicated national social care workforce strategy for social care since 2009. A fully funded Social Care Workforce Plan, joined-up with the NHS People Plan, is urgently needed. In its absence, we might hope that the Integrated Care Systems would be able to do this but unfortunately the Health and Care Bill also neglects to include a rather crucial power to ensure this. We have been supporting a series of amendments to the Bill which would force the government to report on both the NHS and Social Care workforce at periodic intervals for workforce planning purposes. If Integrated Care Systems are to achieve the goal of closer integration between health and social care, then there must be a requirement for joint workforce planning. The NHS and Social Care often compete for the same staff, and the NHS is better resourced to be able to win these competitions. The current arrangements mean that the system undermines itself, rather than working together.

The Health & Social Care Bill really is a missed opportunity to reset the approach to the health & care workforce and we urge the committee to lend its voice to a fundamental rethink here.

True integration would allow us to get to a point where health and care staff can work across organisational boundaries in the interests of the person receiving health or social care support.

To get us there we need to think about a new deal for care workers in terms of pay, reward and career development, funded by a Fair Price for Care. We also believe that a focus on not-for-profit provision will be one way to further this goal, as the taxpayer can be assured that any public money will be reinvested back into the workforce and the quality of care provided. They also bring values-based approaches to the provision of care, in a way for-profits simply cannot.

The economic value of the social care workforce must not be overlooked as highlighted in the [APPG on Adult Social Care's policy paper](#) and by Skills for Care which estimates that the adult social care sector contributes an estimated £50.3bn per annum to the economy in England. Half of this goes on staff wages while the rest is spent on the delivery of services and the maintenance of care settings. Care settings are anchor institutions that, by necessity, and intention, generate spending which remains within the same community in which it exists. This spending in turn supports a wide-range of local businesses ranging from retail to construction and entertainment.

In summary:

Working in social care is incredibly rewarding – our workforce help people to live their best lives every day, making a difference to families and communities across the country. Our workforce is made up of amazing people with a huge level of skill and experience. Social care providers need help to pay them at a rate which recognises those skills, experience and contribution and help to be able to inspire them with clear career progression and learning and development opportunities. Our social care workforce is undervalued and underpaid, and this must come to an end. Employers alone cannot do this – we need action and support from the government.

At the NCF, we are calling on the government to develop a fully funded People Plan for Social Care, joined up with the NHS People Plan that provides clear career progression, better recognition and valuing of staff, investment in staff training and support, and introduces professionalisation and registration where this is appropriate. This will improve our ability as a sector to recruit and retain high quality, skilled social care staff with the right values and our ability to grow innovative models of support, as well as to develop and recruit a workforce that reflects and understand the needs of communities being served.

Appendix 1 – NCF Shortage Occupation List Briefing

The process to access the Shortage Occupation List and Health and Care visa is currently incredibly complex and organisations currently using it recognise the financial and bureaucratic burdens inherent in the system.

On 1 January 2021, the UK introduced a [points-based immigration system](#). Under this new system, most non-UK resident workers must apply for a visa to come to the UK to work. The primary route is through the skilled worker route which features two key visas. The first is the new [Skilled Worker visa](#). This visa has replaced the Tier 2 (General) visa. The second type of visa on the skilled worker route is the [Health and Care Worker visa](#). The Health and Care Worker visa allows medical professionals to come to or stay in the UK to do an eligible job with the NHS, an NHS supplier or in adult social care.

The Skilled Worker route has a [shortage occupation list](#). This list features roles deemed by the UK Government to be in short supply within the UK resident labour market. Roles which feature on the Shortage Occupation List give individuals an advantage in obtaining a Skilled Worker visa. If a role is on the shortage occupation list and eligible for the Health and Care visa, the worker can benefit from a fast-tracked, reduced-fee visa. Both visas on the skilled worker route have associated costs payable by the applicant.

As an employer there are some key things that you will need to do to be able to hire workers from the shortage occupation list. They are:

- Become a licensed Sponsor
- Check that your job is suitable
- Sponsor a worker
- Pay the regular fees

Please read our full [NCF briefing outlining the complexity](#) of going through this process.

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