

## Joined in Name



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Facing the Facts, Shaping the Future - A draft health and care workforce strategy for England to 2027  
The joint health and social care workforce consultation has been largely met within social care by a sense of despondency. How do you square the circle of a report that boldly states that it is the first ever paper on a combined health and social care workforce, goes on to trumpet the fact that social care is in fact the largest employer of the pairing – and yet then dedicates a mere five pages (I am being generous here and allowing for the title page) to the challenges impacting that part of the workforce?

However, once you get past the Skills for Care statistics that are very familiar to us all, there is a useful set of priorities that I believe are helpful to have articulated in a joint document – and of course, it is important to remember that this is a consultation paper. There are also within the document some salutary lessons for us as a sector which in some ways partially explain the dearth of targeted attention.

This does, ultimately, feel like a report written by health, for health. However, one of the most useful early observations is to understand what are viewed as the important statistics about social care through that lens – and these are the points that they chose to pull out.

- The adult social care workforce is larger than the NHS workforce but has lower average pay, fewer qualifications and more part time staff.
- Turnover is high and there are 88,000 vacancies.
- Required growth of between 14% and 31% is forecast by 2030.
- 18% of the workforce is from overseas with regional variation.
- 20,300 independent organisations provide care in England.
- The government is consulting on changing aspects of the system.

It would, of course, be unfair to put words in the mouths of the authors – but so far you are not selling social care to me as a career of choice. Low skill, high turnover, fragmented market, with a heavy reliance on an international pool of staff with all the uncertainties of Brexit associated with that statement.

This set of headlines stands in stark contrast to the NHS workforce headlines for the future which highlight the importance of individual professions, the role of innovation and technology and underline the critical importance of leadership.

The challenges that the paper reports on for social care are again familiar, but I do think they are useful to have articulated in this joint paper – although disappointingly – there does not seem to be much lateral thinking about ‘joint’ responses to common issues. However, the key area that the paper drills into is that of recruitment and retention, which it then breaks down into four key points.

The report notes “Relative low pay, resulting from industry structure, low productivity and funding issues, is associated with low levels of learning and development, and high turnover. Average ASC pay increased by 4% between 2012 and 2016, largely due to the National Living Wage (NLW), but showing a divide between registered professions and NLW roles with wages increasing for independent sector nurses by 19% as opposed to 2% for support and outreach staff”. There is within the document an important boost for values based recruitment. There is a useful reminder of the role of terms and conditions, highlighting that a quarter of ASC staff are on zero hours contracts, alongside other variable employment costs including different approaches to who pays for travel, training, uniform etc... Finally, career structure limitations come under scrutiny, with the differential job definitions and staffing structures meaning that progression is often sought outside of the sector. This is recognised, alongside the impact of the National Living Wage on reducing differentials between roles.

I have grouped these three areas together because I think they are key areas where we need some strong sector based response. The ‘structure’ of the social care sector, referred to regularly within the consultation report, is seen as fragmented and slippery. This makes it appear difficult to engage with and difficult to implement change. The risks in this report is that many of the problems associated with recruitment and retention are seen to fall directly at the door of the employer, and yet we know that for many of them there are national response, or geographically targeted initiatives that can and do make a difference. Without this understanding, these ‘structural’ challenges will justify an ongoing sense of ‘laissez faire’ from the centre.

Finally, within the long list of problems, there is recognition of the importance of a regulatory framework for care staff, building on the Care Certificate. This does acknowledge that amongst the plethora of employers, there are limited levers for consistency – but that this might be one – albeit one that has the potential to sit on the ‘too difficult’ pile.

This report gives us another valuable reminder that you should be careful what you wish for. The announcement of the green paper has once again provided an opt out for this important paper to condense the future of the social care into one short paragraph – which in the name of brevity could be summarised as ‘Green Paper will provide all the answers’.

However, we must not let that panacea stand in the way of a robust response to this consultation from the social care sector. For those of you looking for inspiration, I would draw your attention to this helpful summary of the strategy by Health Education England (which notably doesn’t mention social care once), but does on slide 10 set out a list of key principles for all future NHS workforce decisions – I think that sort of approach would help us enormously in progressing a shared vision.

For details on how to respond to the strategy – see [here](#). The final date for responses is 23<sup>rd</sup> March 2018 and NCF will be working with members to provide a collective response.

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