Homecare Association submission to Health and Social Care Committee Expert Panel - Workforce

Submitted online 13 May 2022

The Homecare Association is a member-led professional association, with over 2,300 homecare provider members across the UK. Our members encompass the diversity of providers in the market: from small to large; predominantly state-funded to predominantly private-pay funded; generalist to specialist; and from start-ups to mature businesses. Our purpose is to enable a strong, sustainable, innovative and person-led homecare sector to flourish, representing and supporting members so that people can live well and independently at home. As such, our response to this consultation will focus on the social care sector, with a specific interest in care delivered in people's own homes.

Policy Area	Government Commitment
Planning for the workforce	1. Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs. In Adult Social Care there is no evidence of workforce planning or of ensuring adequate workforce capacity at a local or national level. Skills for Care data show the vacancy rate in domiciliary care is continuing to rise and reached a new high of 13.5% in April 2022. The Homecare Association has conducted four surveys of homecare providers related to workforce capacity – February 2022, November 2021, August 2021 and July 2021. These suggest that demand for

homecare is rising and workforce numbers are reducing. A shortage of care workers is leading to high levels of unmet need, evidenced by survey data from the Association of Directors of Adult Social Services (ADASS).

The commitment should not be phrased in such a way that it focuses on "health professionals" only when careworkers are key to keeping the health and social care system operating, as has been recognised by NHS leaders.

The Government has outlined an approach to workforce planning for social care in *People at the Heart of Care*. There is no evidence that this has been implemented yet (hence our opening comment). The approach relies on local authority and NHS commissioners working together to shape the local market based on residents needs and preferences and developing a local workforce plan based upon an understanding of needs.

This approach to planning is concerning to us for two main reasons: firstly, that commissioners are one step removed from frontline delivery, recruitment, retention and other workforce issues that the sector is facing. How will providers be adequately included in such discussions (if they do, indeed, take place)? Secondly, many of the types of intervention that might be needed in terms of training, funding and immigration policy rest with central and not local government. So how will any local plans lead to coordinated national action, where required?

We believe that there should be an expert-led national workforce strategy for social care, that sits alongside the NHS People Plan, and have previously called on Government to create one. This is becoming increasingly urgent as vacancy rates rise to unprecedented levels.

Building a skilled workforce	2. Help the million and more NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead.

N/A

3. £1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.

The "People at the Heart of Care" White Paper lists several policy proposals. It is questionable whether this will lead to more social care staff (which is likely to require funding investment to allow for better pay, terms and conditions), though there will be other benefits from the actions proposed. The proposals include:

3.1. at least £500 million (over three years) so the social care workforce have the right training and qualifications, and feel recognised and valued for their skills and commitment. We want the workforce to also have their wellbeing prioritised. The plans include:

a knowledge and skills framework, careers 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 budgets for registered nurses, nursing associates, occupational therapists and other allied health professionals

investment in social worker training routes.

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

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

Some progress on these initiatives has been made, with tender processes started or concluded on the following:

ASC workforce learning and development offer- pre-tender stage

Supply of delivery model for care certificates- awarded. Consultation is also underway on the new model for care certificates.

Digital Skills Passport- awarded. The Department of Health and Social Care has issued an update on their plans for a Digital Passport for Skills to provide careworkers with a portable and verifiable record of training they have undertaken. A 9 week 'discovery' stage ended on 31 March 2022 which included early engagement by DHSC's consultants, Olive Jar, with social care providers.

It is currently unclear to us what is happening on the remaining proposals related to workforce.

This funding is insufficient to address pay, terms and conditions of employment, which are at the root of challenges with recruitment and retention. In England in homecare alone, we believe at least £1.3 billion a year in additional funding would be needed to pay homecare staff NHS equivalent salaries – i.e. for careworkers to be paid the equivalent of an NHS Band 3 Healthcare Assistant. This figure does not include care home staff costs or costs related to other parts of the social care sector.

This cost would be even higher if staff were to be offered public sector equivalent terms and conditions as the use of zero-hours contracts in the sector is common. This is driven by per-minute commissioning, and low fee rates paid by commissioners. Operating on a system where staff are offered permanent contracts working shifts, for example, would likely require commissioners to be prepared to fund more staff down-time where there are gaps between calls (or else be more creative about what and how they commission). The proposals to date do not engage with these issues.

The majority of new funding allocated to the sector has been to cover the cost of the care cost cap proposals and not to improve working conditions, improve infrastructure, expand the workforce, or enhance skills. With a workforce of over 1.5 million (see Skills for Care data) £500 million over three years amounts to about £111 per staff member per year in investment (via the above initiatives) which is helpful but will not create fundamental change.

3.2. at least £300 million to integrate housing into local health and care strategies, with a focus on increasing the range of new supported housing options available. This will provide choice of alternative housing and support options

We are unaware of any progress on this proposal.

3.3. at least £150 million of additional funding to drive greater adoption of technology and achieve widespread digitisation across social care. Digital tools and technology can support independent living and improve the quality of care

Substantial engagement has been conducted on the Digital Health and Care Plan (DHCP). At present, this appears to be focused more on care homes than homecare. We would like to see more evidence of technology solutions being employed to enable people to live well in their own homes, including improvements to infrastructure such as mobile phone signals.

The focus appears to be on digital technology, which is a good start, but there are many other technology solutions that could help to support people at home and reduce pressure on the workforce. For example, equipment to enable people to get themselves out of bed and into a wheelchair; robotics to help with medicines administration; robotic exoskeletons to help people to walk; gadgets to help people open bottles or chop food, which can be challenging for people with conditions such as arthritis and frailty.

Barriers to adoption of technology solutions appear not to be being addressed; for example, cost in relation to income from public sector commissioners; commissioning models focused on time and task rather than outcomes; how to evidence return on investment in homecare, when benefits may be evident elsewhere in the system (e.g., in NHS); ways of working across health and care systems, e.g., GPs being the under-resourced gate-keepers for everything, rather than re-imagining how we could operate new models of care using remote monitoring of health and activities of daily living.

3.4. a new practical support service to make minor repairs and changes in people's homes to help people remain independent and safe in their home, alongside increasing the upper limit of the [Disabilities Facilities Grant](#) for home adaptations such as stairlifts, wet rooms and home technologies

Unclear about progress on this.

3.5. £30 million to help local areas innovate around the support and care they provide in new and different ways, providing more options that suit people's needs and individual circumstances

Unclear about progress on this.

	4. 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. An estimated 30% of homecare providers now use digital care delivery management systems. Some providers have been given access to relevant parts of the GP Summary Record, which is a positive development but is not yet widespread. The Government has stated an intention (which is included in *People at the Heart of Care*) to ensure that 80% of social care providers have digitised care records in place that can connect to a shared care record by March 2024. We are still a significant way off this target and progress is likely to require good availability of advice, infrastructure and financial support. It is also important to ensure that the supply market maintains an appropriate offering of competitive products that support data standards and interoperability with NHS systems. It may be more difficult for providers to prioritise resource to support digital transition if workforce shortages continue at such a significant level.
Wellbeing at work	5. Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.

N/A

6. Reduce bullying rates in the NHS which are far too high.

N/A

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

Social care staff have been consulted about some initiatives but it is not systematic and includes only a fraction of the workforce. Better approaches to engaging with the social care workforce need to be developed.

Identifying the social care workforce might also be a key consideration in engaging with them and supporting them. While workforce registration has been pursued in the Devolved Administrations, this has not yet been taken forward in England. Some types of provision are not regulated by the CQC. Not all care is purchased by local authorities. This can mean that the Government struggles to define and identify who social care staff are. We would suggest that serious consideration is given to registering the workforce, noting that doing so would require appropriate funding and consultation with everyone involved in the sector.