

## **Social Care Policy Group: Reflections on the adult social care reform agenda**

The Association of Directors of Adult Social Services (ADASS), Care Provider Alliance (CPA), Care and Support Alliance (CSA), Local Government Association (LGA), Skills for Care, Social Care Institute for Excellence (SCIE) and Think Local Act Personal (TLAP) represent a broad cross section of people who draw on care and support services, employers, workers, and commissioners. We have coalesced around the vision for social care put forward by Social Care Future:

*‘We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.’*

The social care workforce is central to making the Social Care Future vision a reality and needs to be supported to do so, working in co-production with people who draw on care and support. That is why in July 2021 we came together to lay out a joint vision for a future workforce strategy, identifying a set of priorities that should be included in a national workforce strategy/people plan for adult social care:

1. Staff recognition, value and reward.
2. Investment in training, qualification and support.
3. Career pathways and development.
4. Building and enhancing social justice, equality, diversity and inclusion in the workforce.
5. Effective workforce planning across the whole social care workforce.

Since then, the Government has set out the key components of its reform agenda for adult social care. These include the [‘Build Back Better’ plan](#), the Spending Review, the adult social care system reform white paper [‘People at the Heart of Care’](#), the Local Government Finance Settlement and most recently the integration white paper [‘Joining up care for people, places and populations’](#). These developments, combined with the emergence of the Omicron variant and [new economic research](#) that found our sector is worth at least £50.3 billion to the English economy, have recontextualised this vision.

We welcome the specific recognition of the workforce in the social care white paper and its proposed measures to address some of the priority areas for action we set out in our vision for a future workforce strategy. We also welcome the £500 million dedicated funding for training, qualifications and wellbeing. However, it is clear to us that the announcements do not constitute a comprehensive long-term plan. To achieve our shared vision for the workforce we therefore need a stand-alone, co-produced national workforce strategy or people plan, alongside concerted action to improve terms and conditions.

The pandemic has highlighted the fragility of the adult social care sector, but also its many strengths, chief among them the dedication and resilience of its workforce. Moving beyond the pandemic without a coherent planning approach for the workforce will hinder the sector’s ability to learn the lessons from the last two years and respond to future crises.

A long-term plan for the care workforce must be accompanied by proper recognition and rewards for the whole of the 1.54 million strong workforce, including those working outside of registered services. This must be a legacy of the pandemic, particularly as the skilled and complex work they do with and for people who draw on services in our communities is becoming more widely understood by the public.

### **Workforce strategy**

A workforce strategy that drives the kind of change in social care that we want to see would need to be centred around our shared aim of ensuring that people who draw on care and support can live the lives they want. People's experience, expertise and opinions should underpin workforce planning at a local, system and national level.

To make this reasonable aspiration happen we will need to plan for changes to models and types of care delivery. Based on our collective experience, we do not believe this is possible without a workforce strategy. Such a strategy would help create the necessary level of priority and focus that all partners could unite around. This would need a national dimension to help set overall direction, but it would also need to be sufficiently flexible to reflect local needs, challenges, strengths and opportunities. It would also serve to help place the workforce agenda in the wider context of reform and linked policy developments, such as the integration white paper, the forthcoming health disparities white paper, the levelling up white paper and the Health and Care Bill, all of which again have important national and local dimensions.

A workforce strategy would also make choices about where we are going to focus our attention and what we are trying to achieve. For instance, we all know that capacity is an issue in social care. A workforce strategy would set out where we are going to focus to increase capacity – for example by recruiting among people who are typically underrepresented in social care such as men, disabled people or younger people; by changing terms and conditions and pay so that the role becomes more attractive; by recruiting from abroad and/or by using technology to increase capacity.

Regular workforce planning would then support us to think about what roles are required and in what numbers. It would help us determine the skill mix and other issues like how technology might change the way we deliver social care and what new roles we will need to deliver individualised, high-quality care. Importantly, it would enable us to engage with system and place level workforce planning as partners with a shared direction. Forecasts suggests that almost half a million new jobs will be needed to meet the care and support needs of the population by 2035. We need a workforce strategy to navigate us through this increasing demand, ensuring we have the right workforce with the right skills able to deliver personalised and preventative care.

### **Terms and conditions**

A social care workforce strategy would also need to address the fundamental issues of pay, terms and conditions and recognition to help tackle capacity challenges in the long-term. There is a global shortage of care staff and, with demographic changes,

we are going to need an estimated 490,000 more people working in social care in England by 2035. We know that pay and terms and conditions significantly affect a worker's sense of value and recognition.

Pay remains a key issue for finding and keeping care workers, particularly given the very competitive wider employment market that is characterised by decreasing differentials between social care and other low paying occupations (as defined by the Low Pay Commission). Notably, sales and retail assistants earned 13 pence per hour less than care workers in 2012/13, but in 2020/21, on average, they earned 21 pence per hour more. Further, we know workers with five years (or more) experience in the sector are paid just 6 pence (1 per cent) more per hour than care workers with less than one year of experience.

On the issue of pay, in its social care white paper the Government pointed to increases in the National Living Wage. However, this alone will not address the pay question as it is a common wage floor across the whole economy. Aspirations for increasing care worker pay ultimately depend on sustainable funding within adult social care. The well-documented funding pressures facing the sector make it likely that local budgetary constraints will inhibit employers' ability to provide uplifts to staff pay to make a career in adult social care financially attractive. Action is needed at a national level.

Over time, people working in adult social care have been paid less than their NHS colleagues, with many paid at or just above the minimum wage. The white paper does acknowledge that people working in adult social care should be properly rewarded and valued, but there were no specific commitments (beyond the NLW increase) to improve the terms and conditions of care staff or bring them in line with their NHS colleagues. This must be considered, particularly as joint workforce planning is introduced at place level, carrying the risk of unsustainable movement between health and care if funding is not directed towards making terms and conditions equitable.

We also know that on average, providers that pay staff higher wages have better CQC ratings as do providers who undertake more staff learning and development. Unsurprisingly, this also correlates with higher retention rates and lower staff turnover. Pay is therefore a key factor in quality and continuity of care.

As a first step towards meaningful progress on this crucial issue, we reiterate our suggestion that the Government set up an independent review of pay levels and mechanisms across the sector. This should include consideration of the contribution 'Fair Cost of Care' will make to pay levels and the extent to which it will enable employers to invest in their workforce; the implications of workforce pay increases for individual employers and direct payment holders; and what other measures and incentives may be needed to address the issue. We need to be able to link pay to progression, not only for management roles but also in specialised roles as the need for these is likely to increase with demographic changes. Commitments to addressing pay levels should be viewed as an important investment by the Government in a vital public service and should be fully funded accordingly.

## **Next Steps**

We suggest that Government:

- Work with the sector, including people who draw on care, to develop a standalone 10-year care workforce strategy, building on the positive plans set out in the white paper and addressing the priorities we identified in our 'Vision for a future workforce strategy'
- Tackle the crucial issue of care worker pay by setting up an independent review, the recommendations of which should be factored into future calculations on fair cost of care.

Prioritising the dual issues of a 10-year workforce strategy and a sustainable approach to care worker pay with clear actions at national, system, place and provider level will help the sector plan for and attract the right people we need to meet demand; enable us to reward people working in social care; and clearly set out explicit skills and competency frameworks to improve the recognition and portability of qualifications.

This is essential work and should be taken forward with close and ongoing engagement with people who draw on social care and the frontline care workforce. Such experience and expertise will help ensure initiatives remain firmly rooted in what works best for people. We stand ready to work with Government to take this agenda forward.

## **Supported by**

Cathie Williams, Chief Executive, President, Association of Directors of Adult Social Services (ADASS)

Professor Martin Green OBE, Chair, Care Provider Alliance (CPA)

Jackie O'Sullivan, Co-Chair, Care and Support Alliance (CSA)

Simon Williams, Director of Social Care Improvement, Care and Health Improvement Programme, Local Government Association (LGA)

Oonagh Smyth, CEO, Skills for Care

Kathryn Smith, CEO, Social Care Institute for Excellence (SCIE)

Ian McCreath, Head, Think Local Act Personal (TLAP)