Royal College of Nursing

**Royal College of Nursing response to the House of Lords Economic Affairs Committee inquiry into social care funding in England**

## Key issues

1.1 Successive Governments in England have not made funding decisions for adult social care based on a robust, transparent assessment of population need. This means that local authorities are faced with impossible choices, and members of the public requiring social care do not have their needs met. In turn, this then places more pressure on other services, particularly general practice and older people's inpatient hospital settings. This means that funding for health services is spent supporting individuals whose needs would be better met in social care services, if the provision was there. Overall, this is a poor use of public funds, and value for money would be better achieved if it was calculated to meet population demand, rather than the arbitrary figure currently selected by Government. While we recognise budget limitations exist, we need to establish the baseline of need to ensure we are meeting these needs.

1.2 Without comprehensive population-need and workforce data, decisions about provision and resource cannot be made effectively. Thresholds for individuals receiving support are increasing, and patients frequently stay in hospital longer than necessary due to a lack of appropriate service provision in the community.

1.3 There are not enough registered nurses and healthcare support workers to deliver safe and effective care in adult social care settings such as nursing homes and residential care homes. Registered nurses report working unpaid overtime to fill gaps, additional stress caused by a high-pressure environment, and describe occasions when vital care is left undone. Data shows that while the number of registered nurses is declining, the number of care workers is increasing. We are concerned that inappropriate substitution of skills leads to poorer outcomes for people using these services.

1.4 A sustainable future funding model should be based on an assessment of population need, and an identification of appropriate service provision and required resource. Funding should include ring-fenced provision to address gaps in the workforce, and extend the size of the workforce to be appropriate to meet population need. This will include a national recruitment campaign, and incentives to increase supply of nursing staff.

## Recommendations

1.5 In order to develop a sustainable funding model for social care, the Government must undertake an assessment of population need for adult social care support, and use this as the basis for calculating the national service provision and resource needed to meet this need. Local authorities in England (alongside commissioners of health services) have a clear role to play in undertaking these assessments at local level and communicating their requirements to national government. This will provide a better position for starting discussions about how to address the funding gap.

1.6 Based on this assessment, the Government should produce a fully-funded national workforce strategy for health and social care, and then take steps to ensure that adequate numbers of staff are recruited and trained. This may include a national recruitment campaign specifically for social care.

1.7 Local authorities should take immediate steps to address challenges with retaining nursing staff in adult social care settings. Retention issues contribute to staffing levels which cannot deliver safe and effective care. Providers are finding this challenging on an individual level, so there is a role for local authorities to understand what incentives or interventions can demonstrate a good response, and then support providers to undertake these.

1.8 Robust workforce data covering all types of social care setting is not available, and this must be addressed. We recommend that local authorities with commissioning responsibilities be required to mandate data collection amongst their providers, which includes long-term outcomes data, cost of clinical interventions, and quality of life measures, amongst other indicators, which should then be collated nationally. We are also concerned that the contribution which international recruitment makes to the UK social care workforce is not available and addressing this should be a critical priority for the UK and devolved Governments, and employers going forward.

**Creating a sustainable funding model**

2.1 The Royal College of Nursing takes the position that in order for any meaningful improvements to be made to either the health service or the social care system, the Government must first understand what the need of the population is, and then determine the adequate provision and resources required to meet this need. Only by taking this approach (as opposed to one which seeks to make savings on an already stretched budget) can a national conversation be held on how to fund this system, and where the burden of cost should fall.

2.2 We consider the basic principles to be essential for a reformed, sustainable adult social care system:

2.2.1 ***Joined-up approach:*** Discussions about the future of adult social care should not be held in isolation from wider conversations about the NHS or the provision of public health services. There is a need to recognise that both health and social care depend upon there being enough registered nurses across the whole system. As an example, this approach should be taken towards the workforce element of the long-term plan for the NHS.

2.2.2 ***Based on population need:*** Options should only be proposed once a robust assessment of population need has been undertaken, and an outline of the respective service provision and resource and workforce requirements detailed. Only with this level of detail can adequate scrutiny on the options and level of resource needed be provided by the general public.

2.2.3 ***Supporting meaningful public engagement:*** National Government and local authorities should invest in educating the general public about current and proposed models for social care funding. Evidence demonstrates that the majority of the public assumes social care is 'free at the point of need' and only changes this view when they or a loved one requires support. Without this education piece, any proposal which seeks to raise taxes or require individuals to pay for insurance is likely to be seen unfavourably, thus risking the entire issue of social care being avoided for political popularity reasons.

2.2.4 ***Specific consultation with the social care workforce:*** Historically, staff groups are not meaningfully involved in the design of changes to the health and social care system, and they report that the impact of changes are not effectively communicated to them. Going forwards, we expect to see consultation with specific staff groups, involving staff across health and social care, about any reforms to the adult social care system.

2.2.5 ***Evidence-based:*** Any proposals for service provision and resources within the scope of the consultation should be evidence-based, and the evidence should be available and accessible for members of the public to engage with. Likewise, proposals should be fully costed, and should clearly detail the resources and costs for different groups.

**The impact of funding challenges on the social care nursing workforce**

3.1 Over the last few years, numbers of registered nurses working in adult social care settings in England have declined at an alarming rate, despite the increasing need among the population for support, particularly in older age. In the next 25 years, the number of people aged 85 and over will double to 3.2 million[i]. With one in three adults living with a long-term illness or disability, and 20% of the population reporting that their health condition limits their day-to-day activities, alongside a rapidly growing and ageing population; the pressure which will be placed on both health and care systems should not be ignored.

3.2 We are concerned with the reduction in the amount of registered nurses in adult social care. While we can observe a drop in the number of registered nurses, we can see an increase in care workers. This indicates that there may be some skill-substituting occurring. Population needs are rising, and the shift

from registered nurses to care workers may indicate that the level of intervention and support which can be offered by a service is reducing.

3.3 There are other ways to become a registered nurse, for example through the apprenticeship route. Nursing apprenticeships have the potential to be a useful additional route into nursing but at present do not present a meaningful solution to the nursing workforce crisis, because of the small numbers involved. Nursing associates are a new support role in the nursing family, which represents another potential route to becoming a registered nurse. We welcome the addition of any new route to becoming a registered nurse, however, we have some concerns about the scope and delegation of the role. Any new support role must have clear lines of accountability between the new role and the registered nurse. This role should not be used to substitute registered nurses.

3.4 Without explicit lines of accountability, there is a risk of patient and staff confusion, and a negative impact on patient safety. Nursing associates could be prevented from working to their full potential if their relationship to the rest of the workforce is not clarified, justified and properly articulated. There also needs to be sufficient preparation of the wider nursing workforce to understand and accommodate this role. The new nursing associate must be a supporting role in the health and care workforce and must not be used as a way to replace registered nurses.

3.5 In the past, the Centre for Workforce Intelligence (CfWI) was tasked with delivering workforce planning advice across in England. The CfWI attempted some supply and demand-modelling to project the supply and demand of the nursing workforce in England in 2013. They used registered nurse registrant data and modelling techniques to project supply and demand based on a set of scenarios. The methods used at the time to determine demand, included working to meet Quality, Innovation, Productivity and Prevention (QIPP) targets and responding to the changing demographic profile with efficient preventive measures such as effective management of long-term conditions to keep people out of hospital, where appropriate.

3.6 We are not aware that any further attempts have been made since to establish population need for health or social care, or modelling credible scenarios. We have included a more detailed overview of key nursing issues (domestic supply, immigration and nurse staffing for safe and effective care in the appendix.

**Addressing this challenge – the need for national workforce strategy**

4.1 High thresholds for accessing care, an abundance of evidence of unmet needs and an over-reliance on self-funded individuals, alongside a shrinking registered nursing workforce are all symptoms of an inadequate system which cannot be ignored. Analysis by the Competition & Markets Authority shows that care homes across the UK are increasing the fees of self-funding residents in order to subsidise the care of council-funded residents[ii]. Eligibility criteria for continuing healthcare funding has been raised higher and higher, and subsequent funding is not based on individual need. People who fall between the gap of local authority funding and continuing healthcare funding are forced to rely on self-funded, unregulated, 'unqualified' social care support. Without their health needs being fully met, health crisis arises or nursing home admission beckons, both of which are hugely costly.

4.2 These are all signs which demonstrate the impact of a failure of successive Governments to coherently understand the needs of their populations and provide fully-resourced, fully-funded services to meet this need. The Royal College of Nursing is calling on the Government to begin to address this by producing a comprehensive, fully-costed (and funded) workforce strategy for health and social care. This strategy should be based upon an independent assessment of population need, rather than affordability. Only by understanding this need, and making an operational plan for meeting this need, will the Government be able to have credible conversations with its citizens with regard to the funding method for adult social care.

4.3 Beyond this strategy, the Government, and local authorities need to establish a mechanism, supported by regular data collection, to identify changes in population needs so that they can ensure adult social care provision is responsive to demand signals.

**Lack of appropriate provision – risk of nursing beds being deregistered**

5.1 In a challenging funding environment, we are concerned that social care providers are deregistering nursing beds to provide general care beds instead. For residents, this means that specialist nursing care will not be available, and interventions which would have been undertaken by registered nurses will be reliant on a visiting district nurse to be available. Data from the CQC shows that since March 2015, the number of nursing home beds has decreased by 2%[iii], whereas the number of residential home beds has stayed about the same.

5.2 This trend reduces the provision available for those in need of this type of support and deregistration also poses risks in terms of quality. Without registered nurses supporting residents and leading care, more pressure is placed on the availability of district nurses to attend and provide support. This is particularly challenging given the decrease in the number of district nurses by more than 40%[iv] since 2010. When the support is not available in community, the likelihood is that more pressure will be placed on acute services, GP appointments which could be avoided and inappropriate A&E attendances.

5.3 We urge the Committee to look closely at this issue and understand the prevalence of this type of situation across the country. Steps should be taken to ensure that full impact assessments are undertaken whenever services are reconfigured. Local authorities who have a comprehensive understanding of local needs should be able to recognise what the adequate provision of nursing and residential homes needs to be, and therefore take steps when service reconfigurations lead to provision falling below the amount needed.

**Limited progress towards integration**

6.1 We expect barriers towards integration to be removed so that local services can work together to share information, identify opportunities and provide holistic support for those in need. This can only be achieved if social care provision is planned alongside health services and public health delivery.

6.2 We welcome the report of the recent Health and Social Care select committee inquiry on Integration, who highlighted the need for further clarification of the role and legal status of new bodies. We believe if this matter is taken forward and clarified, it would provide clarity and assurances for local decision makers about their responsibilities, accountabilities and sphere of autonomy. More needs to be done to educate the public and staff members about the aims and purpose of integration, and of the opportunities it provides for holistic, person-centred care.

6.3 The Committee also rightly highlighted that transformation of services cannot happen within existing budgets. Additional funding, or double-funding is needed to ensure that there is adequate resources to run the service while simultaneously implementing improvements.

**About the Royal College of Nursing**

The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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**Appendix – information on impact of funding challenges upon the nursing workforce in adult social care.**

**Workforce data**[v]

| | 2012 | 2016 | 2017 | Difference 2016 - 2017 | % Change 2016 - 2017 | Difference 2012 - 2017 | % Change 2012 - 2017 |
|---|---|---|---|---|---|---|---|
| **Registered nurses** | 51,500 | 43,000 | 42,000 | -1,000 | -2.33% | -9,000 | -18.45% |
| **Registered managers** | 21,000 | 22,500 | 23,000 | 500 | 2.22% | 2,000 | 9.52% |
| **Social workers** | 17,500 | 17,000 | 16,000 | -1,000 | -5.88% | -1,500 | -8.57% |
| **Senior care workers** | 82,000 | 85,000 | 88,000 | 3,000 | 3.53% | 6,000 | 7.32% |
| **Care workers** | 730,000 | 815,000 | 830,000 | 15,000 | 1.84% | 100,000 | 13.70% |

**Recruitment and retention**

Providers of adult social care services are faced with challenges in relation to recruiting staff. Fundamentally, this challenge arises from there being too few registered nurses being trained, meaning the available supply is too small to meet the demands of the system. We urgently need the Government to address this issue by developing a comprehensive, fully-funded workforce strategy for health and social care, based on a robust assessment of population need.

Part of the problem with recruitment in adult social care is caused by the sheer number of providers in the sector, without one central location to advertise vacancies. For registered nurses the career pathway in social care is much less clear than in an NHS setting, and this can dissuade people from applying. There are also challenges with the status related to working in adult social care, and these misperceptions may make it harder for individuals to choose social care over health. We recommend that the Government undertakes a national recruitment campaign for social care, giving real accounts of the value of working in social care settings.

Retaining qualified nursing staff is also a problem within adult social care settings, and there are several reasons for this. Staff report challenges with working arrangements and limited opportunities to develop within their role[vi].

Retention is a much bigger challenge in adult social care in comparison to NHS health care settings. Skills for Care estimates that the turnover rate of directly employed registered nurses was 33.9% in 2014 (approximately 16,800 a year) in adult social care nursing, and 35.1% in care home services with nursing[vii], whereas in the NHS this is about 15%[viii]. The demographics of the nursing workforce in social care should also be of concern to local authorities; 72% of registered nurses are aged 40 or over, and 44% are 50 and over – meaning that almost half the nursing workforce could be lost to retirement in the next 10-15 years[ix].

There is evidence to show that registered nurses often leave positions in adult social care to take up roles within the NHS. A previous survey[x] of RCN members working in care homes identified the following reasons for this change:

- Funding and admissions (Assessed needs of people are not adequately funded)
- Inadequate staffing levels
- Inappropriate skill mix
- Difficulties with recruitment and retention
- Low levels of morale and extreme pressure at work
- Lack of training
- Lack of equipment
- Too many inspections and bureaucracy
- The ethic of the care home and concerns about the general management
- Difficulties working with professionals from other sectors

Given that many of these challenges are also present within the NHS, there is a risk that skilled registered nurses will leave the health and social care system altogether. Figures from the Nursing and Midwifery Council demonstrate that more registered nurses are now leaving the register than joining[xi].

The impact of retention issues, alongside high numbers of vacancies and inadequate supply of new registered nurses, is that staffing levels are not sufficient to provide safe and effective care. Last year, the Royal College of Nursing asked members to describe staffing levels on their last shift, and the impact which this had.

Data[xii] from over 1,829 shifts from care homes showed that:

- 18% of shifts had a shortfall of one or more registered nurses
- 47% of shifts were short of one or more health care support workers
- 24% of registered nurses were temporary staff (bank or agency)
- 20% of health care support workers were temporary staff (bank or agency)
- 71% of people working in care homes across the UK said they did not take sufficient breaks.

**Challenges with domestic supply**

Historically, the number of nurse education places has been determined by affordability, rather than being based on an assessment of the level of nursing staff needed to deliver safe and effective care across the health and social care for the population. The Government has not taken responsibility for calculating this level of need, therefore meaning that not enough places are being offered. Alongside this, the removal of the nursing bursary has led to a decline in the numbers of people choosing to pursue nursing degrees at university. Nursing degrees have historically had a large proportion of people who do not graduate, estimated to be 1 in 4[xiii].

Together, these issues lead to a situation in which vacancies within social care settings cannot be easily filled – there simply aren't enough registered nurses being trained to be able to meet the demands of the population. In reality, this means that vacancies are filled by expensive agency workers who may be less familiar with clients and the workplace, or substituted with less-skilled staff, or left vacant. Any of these possibilities leads to reduced outcomes for residents and their families.

**The 'Aldi' effect**

Providers of adult social care services report that additional pressure on recruitment and retention is generated through the introduction of new budget supermarkets into the local area. Evidence[xiv] suggests that members of the social care workforce can receive better working conditions, more sociable hours and less pressure by choosing to move into the retail sector. Blame should not be directed to the individuals who make these difficult choices, but the Government should take action to ensure that healthcare professionals who provide vital support and care to vulnerable adults should not be lower paid, less supported or less appreciated than those working in a budget supermarket.

**Uncertainty related to International immigration**

Robust statutory data on the contribution which international recruitment makes to the UKs' social care workforce is not available and addressing this should be a critical priority for the UK and devolved Governments, and employers going forward.

Despite this, we are confident in our assertion that social care is heavily dependent on international recruitment, possibly more so than the NHS. The latest data collected by the National Minimum Data-set shows that in March 2017 of all the registered nurses working in social care in England, 16.5% came from the European Union (EU) and 19.7% were from non-EU countries. For all regulated roles in social care (including social workers and occupational therapists for example), 12% were from the EU and 14.8% were from non-EU countries[xv].

By contrast, only 5.5% of the entire UK-wide registered nurse and midwifery population came from the EU in 2017, while 11.5% came from outside the EU[xvi]. While these datasets are not like-for-like comparable they strongly suggest that social care is much more vulnerable to sudden shifts in immigration patterns.

For this reason we are calling for the UK Government to confirm that its settled status programme for EU nationals wanting to remain in the UK after Brexit will be honoured even in the event of a no-deal Brexit. If this does not happen then EU nationals may feel that they have no choice but to leave the UK. The NMC register has already shown that this is happening. Between 2016 and 2018 the number of EU nurses leaving the profession doubled from 1,981 individuals to 3,962[xvii].

Beyond Brexit, we are calling for the UK Government to design an immigration system which supports the education, recruitment and retention of the nursing workforce as a whole, to ensure the UK has sufficient numbers of staff with the right skills to deliver the vital health and care services the population needs, while complementing much needed investment in educating and training our domestic nursing workforce.

We also call on the UK Government to immediately exempt non-EU nurses coming to work in the UK from having to pay the Immigration health surcharge. Given the contribution overseas nurses already make to our health services and the fact that they pay tax and national insurance, it is morally unjustifiable that they should pay extra to access care. It is also a potential barrier to recruiting from the international workforce.

We would also echo the findings of the Migration Advisory Committee (MAC) – the body which advises the Home Office on immigration policy – in their 2018 report on EEA migration into the UK. In that report the MAC concluded that social care's underlying problem is a failure to find a funding policy that allows the payment of higher wages. This directly impacts its ability to recruit and retain all staff – including internationally-recruited professionals – and this must be addressed urgently.[xviii]

**Staffing for safe and effective care**

Issues with supply, recruitment and retention all lead to a staffing crisis. Registered nurses working in social care settings report that they are unable to provide the care that they want to. A selection of quotes from registered nurses working in care home demonstrate this issue[xix]:

- Staffing levels have impacted my shifts negatively. It has led to be taking a back step on my nursing role and having to focus on a carer's role. As a nurse, I adapt myself to both roles however with staff shortages my role as a nurse is put on hold to ensure the individuals I provide care for are safe, clean and have their dignity and respect maintained, with compassionate care. This delays my tasks as a nurse during my shift, affecting my breaks and can often affect the individual's routine.
- The nurse's role has become one of administrator, book keeper, font of all knowledge, financial juggler, diplomat, counsellor, etc. and generally to be adept at everything and knowledgeable about everything attempting to process enormous quantities of information. So much so I packed the last job in after six weeks and am considering strongly looking at a totally different career.
- I feel one nurse for 30 residents is far too much. You put your residents first so you have no breaks on a 12-hour shift. You have three drugs rounds, paperwork, updating care plans etc. It's so hard to spend quality time with residents.

- Morale is very low due to pressure of work. We are always rushing to give even basic care. The stress levels are high. Sickness rates are high. I myself have just returned to work after being ill for the past three weeks due to a viral chest infection. My GP did ask if I had been suffering from stress recently. I have returned to work and the stress levels have not altered. I am considering whether I will continue in nursing. It is a very sad situation.

Appropriate registered nurse staffing levels are critical to the delivery of safe and effective care. The planning and delivery of safe and effective care is complex, and is dependent on the constantly changing circumstances of patients' diagnosis and treatment when they access any type of health or care service. When we refer to "safe and effective staffing", we mean that health and care services have the right numbers of registered nurses, with the right skills, in the right place, at the right time. This means registered nurses working as part of multidisciplinary teams, with appropriate numbers of staff with a range of skills. Not only do insufficient numbers of staff lead to care being left undone, but it also has an impact on the ability for new models of care, or innovative practice to be undertaken. Registered nurses in care homes may also struggle to engage within research or audit activities.

Currently, no one individual or organisation has responsibility or accountability for ensuring an adequate supply of nursing staff to deliver safe and effective care in all settings across the UK. The Royal College of Nursing is calling for legislation which designates this responsibility and introduces accountability at national, regional and local level to ensure that health and social care settings are not exposed to unsafe and ineffective nurse staffing levels.

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[ii] Competition and Markets Authority, 2017
[iii] https://www.cqc.org.uk/files/state-adult-social-care-services-2014-2017-data-appendices
[iv] NHS Digital, Monthly workforce statistics
[v] Skills for Care data
[vi] Royal College of Nursing (2012) Persistent challenges to providing quality care survey and report.
[vii] https://www.skillsforcare.org.uk/Documents/NMDS-SC-and-intelligence/NMDS-SC/Analysis-pages/Stimulating-debate-on-the-distinctive-contribution-of-nurses-to-adult-social-care.pdf
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[x] Royal College of Nursing (2012) Persistent challenges to providing quality care survey and report.
[xi] https://www.bbc.co.uk/news/health-40476867
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[xiii] https://www.health.org.uk/news/one-four-student-nurses-drop-out-their-degrees-graduation
[xiv] Christie and Co (2017) 'Adult Social Care 2017: Funding, Staffing & the Bed Blocking Challenge'
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[xvii] Ibid.
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