Investment in Social Care Nursing

POLICY BRIEFING

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POLICY BRIEFING: Investment in social care nursing

Executive Summary

Across the UK, the funding, planning and commissioning approach to adult social care is different in each nation. Despite this, all countries are facing underfunding and rising demand. Insufficient capacity in adult social care prevents the effective flow of patients through acute services and often results in an increase in avoidable hospital attendances and admissions, due to people not being supported safely in community or social care settings, and delayed discharges.

The nursing workforce in adult social care settings work across a wide range of settings including in care homes as well as in people's own homes. This briefing is largely focused on the nurse-led elements of social care, in particular nursing homes or care homes with nursing.

We have identified several key challenges impacting the delivery of nursing care in social care settings:

Funding has not kept pace with demand and complexity, which has limited the capacity within social care which has increased avoidable hospital admissions.

- Pay, terms and conditions for staff in social care are often less competitive than for those employed directly by the NHS, which worsens recruitment and retention issues.
- Differences in commissioning, funding and provision across countries and regions can result in inefficiencies and delays.
- Incomplete and inconsistent workforce data limits oversight and risk management.

We surveyed RCN members working in care homes across the UK and asked them to describe how underfunding impacts them. 34% of respondents said they were thinking of leaving or actively planning to leave, reasons given included feeling undervalued, under too much pressure at work, and exhaustion.

Of those considering leaving, just under half (48%) cited low staffing levels, and the same number cited insufficient support from management. From the 861 registered nurse respondents working in care homes, half were at or approaching retirement age (55-64 and over 65), which poses risks for succession planning.

Of our members working in adult social care in England who responded, 38% cited unattractive pay and terms and conditions compared to other sectors, 36% cited negative perceptions of social care nursing, and 25% cited limited career progression. Pressures on retention are being driven by excessive workload/unsafe staffing (42%) and low pay or pay not keeping pace with the cost of living (38%).

Sustainable, long-term investment and reform in adult social care is vital to meeting rising demand, increased complexity and unmet needs. With additional investment, more people could be supported, and staff pay and working conditions could be improved.

The RCN is calling on governments to:

- Deliver additional, sustainable long-term investment for social care in all nations of the UK, underpinned by assessments of population-need.
- Address the registered nursing workforce crisis through funded workforce planning and measures to ensure nursing growth translates into social care staffing.
- Provide fair pay and terms and conditions for social care nursing staff to end the discrepancy compared to equivalent NHS roles, and enable adequate recruitment, retention and safe care.
- Promote the role of nursing in social care through clearer career pathways, secondment and training arrangements across sectors, expanded student placements, and development of advanced practice roles.

Background

Adult social care is funded, planned and commissioned differently across the UK however, underfunding and the inability to meet rising demand are consistent themes in all countries. Corridor care (the unsafe and undignified practice of patients receiving treatment and/or waiting for assessment, admission or transfer in spaces that were not originally designated, planned, designed, equipped or staffed for patient care) continues to be a challenging issue for nursing staff. A lack of capacity in social care is one driver of poor patient flow in acute settings that contributes to corridor care.

Without appropriate investment and a sustainable social care system, the levels of demand for social care cannot currently be managed within the care sector, leading to inappropriate admissions to health settings, such as Accident and Emergency (A&E) Emergency Departments.

In addition, pay, terms and conditions for social care staff are often worse than those offered in the NHS, which affects the recruitment and retention of nursing staff in social care. In turn, this impacts on the capacity of the sector to take on additional demand.

The RCN is keen to set out that sufficiently funded social care can be beneficial both within that sector and for reducing demand on other health and care services, particularly acute settings, A&E and primary care. However, additional investment alone will not address some of the wider systemic issues impacting the sector, and it is vital to look beyond headline funding challenges.

A note on definitions:

There is no universally accepted definition of social care, and there is variation across the UK. At its broadest terms, adult social care services help people with day-to-day living needs arising from an illness or disability. For some people, this is sufficient, however, for people with higher needs, including clinical needs, they will also need ongoing nursing support.

For the purposes of this briefing, we are generally referring to any nurse-led elements of social care, in particular nursing homes or care homes with nursing. It is important to note that in Northern Ireland, the term 'social care' is not commonly used, although the same challenges and issues exist. In this briefing, we are referring to Northern Ireland's nursing home sector when we refer to social care.

Much of social care is residential, however, many people in these settings will not be receiving direct care from a Registered Nurse. It is important to recognise that underfunding of the residential elements of an individual's support package will also have implications for their additional nursing care elements.

Funding structures in each country

There are varying funding arrangements for social care across the UK. Below we summarise the key elements of the funding structures in each UK country.

England:

Local authorities are responsible for adult social care for their local populations and organise and fund support and care for people with moderate or high needs who are unable to fund it themselves and organise care services for self-funding individuals who may require assistance to do so (Nuffield Trust, 2023).

Local authorities in England fund adult social care through a combination of council tax (including a specific social care precept), business rates, and central government grants (House of Commons Library, 2025). Funding is means-tested, so most publicly funded adult social care is only available to people with the highest needs and lowest assets: anyone with assets worth over £23,250 is not eligible (The Kings Fund, 2025a). Many people receiving social care support in England will receive funding from the NHS Continuing Healthcare budget.

Wales:

Social care funding in Wales is means-tested. For residential care, If you have capital over £50,000 (which could include the value of your home), you may have to pay all your care home fees yourself and for anyone below that threshold, the council will contribute towards your fees (the size of the contribution will depend on income) (Independent Age, n.d.).

For non-residential care, people with a high level of disposable income and/or savings and investments over £24,000 (not including the value of their home) will pay up to a maximum of £100 a week (Welsh Government, n.d.). Many people receiving social care support in Wales will receive funding from the NHS Continuing Healthcare budget.

Scotland:

In Scotland, funding for adult social care is designed around Free Personal and Nursing Care (FPNC) for anyone assessed as needing it, with services managed via Local Authorities and Health and Social Care Partnerships (Scottish Government, n.d.). Residential care is means-tested, with capital limits of £22,750 to £36,750 as of April 2026 meaning if capital exceeds £36,750, a person will pay full costs for care, but below £22,000, a person can get maximum council funding, although they would contribute from their income (Independent Age, n.d.).

Northern Ireland

Health and social care in Northern Ireland is different to the other systems in the UK as it is structurally integrated so social care is managed by integrated Health and Social Care (HSC) Trusts, where care is often free at the point of delivery but subject to assessment and means-testing for residential care. If personal capital exceeds £23,250, the individual is responsible for the full cost of their residential care and lower thresholds apply for partial funding.

Overall investment is too low

In England, trends in spending on adult social care over time suggest there has been significant volatility in social care spending and that average spending growth between 2019/20 and 2023/24 remained below the long-term average since 1997/98 (The Health Foundation, 2025).

Although spending has increased, it has not kept pace with rising demand and cost pressures - after adjusting for age, spending was 2.6% lower in real terms in 2023/24 than in 2009/10 (The Health Foundation, 2025). Demand for adult social care is projected to increase with estimates suggesting just meeting the expected growth in demand from an ageing population would require an additional £9.1bn in 2034/35 (The Health Foundation, 2025).

Social care in Northern Ireland is facing severe funding pressures driven by increasing demand from an ageing population and workforce shortages. The number of people aged 65 years and over is projected to increase by 74.4% between 2014 and 2039 and the share of the population aged over 85 years to increase from 1.9% in 2014 to 4.4% by 2039 (British Medical Association, 2024a).

The Nuffield Trust (2022) has previously highlighted that comparisons with other UK countries are complicated because of the integrated nature of Northern Ireland's health and care system which does not (as other UK countries do) separately identify adult and children's social care spending. This means that social care spending comparisons are made on the basis of total net spending across all age groups and on this basis, public spending on social care across all age groups in Northern Ireland rose faster than the rest of the UK since 2016/17. In 2022 the Nuffield Trust reported that per capita spending was around a fifth higher than in Wales and Scotland, and 43% higher than in England (Nuffield Trust, 2022).

In 2025, the Health Minister also highlighted the funding pressures and a funding gap of £400m for 2025/26 with pressures on health and social care services to make savings despite growing demand (Department of Health, 2025). The picture looks similar for 2026-2027 although the Executive budget has not yet been finalised.

The 2026/27 Scottish Budget was criticised for delivering a cut to social care in real terms (Convention of Scottish Local Authorities, 2026). Funding for social care has not kept pace with demand leaving local authorities facing significant future cost pressures (British Medical Association, 2024b). The Joseph Rowntree Foundation (2025) has highlighted that Scottish social care is under-resourced and fragile. The Scottish Government had previously committed to ending non-residential social care charges by 2026 but with local authorities reporting rising demand, need and costs, the achievement of this commitment by 2026 is looking very unlikely (Joseph Rowntree Foundation, 2025).

In Wales, social care is facing severe underfunding: in 2025/26, local authorities reported a projected £69m overspend, comprising 38% of their total overspends (Welsh Local Government Association, 2024c). Between 2013 and 2037 there is an expected 177% increase in net expenditure for community care services for older people and it has been estimated that social care funding for adults would need to rise by 4% in real terms to meet demand (British Medical Association, 2024c).

Approach

To deepen our understanding of this issue, we undertook several lines of inquiry to better understand the challenges facing the social care services across the UK.

At the UK level, we analysed the RCN's UK-wide biannual Employment Survey to explore how the findings from members working in the care homes differed from those working in the NHS.

Location	Number of respondents
England	728
Scotland	92
Wales	66
Northern Ireland	55
Channel Islands	4
Isle of Man	4
Across UK	2
TOTAL	951

In England, we also conducted a survey of RCN members working in adult social care, to explore issues relating to funding, workforce pressures, integration and reforms. We also conducted informal discussions with a small number of RCN members in England working in acute sector discharge roles and Integrated Care Board (ICB) ongoing care roles. These were helpful to understand the perspective of funding challenges and how they impact upon other parts of the health and care sector.

We also assessed available social care workforce data, noting that this is not a comprehensive data set with particular gaps in Northern Ireland where the data is not collated or published – an issue that the RCN has highlighted for many years.

UK wide findings: care home nursing staff

We found that:

High numbers of nursing staff are considering leaving their roles

- 34% of respondents said they were either thinking about leaving their job or actively planning to leave their job, in comparison to 37% who were not considering leaving.

- Of those who are considering leaving, the most cited reasons included: feeling undervalued (66%), too much pressure (59%), and feeling exhausted (54%).

- Almost half of respondents who are considering leaving cited 'not enough managerial support' (48%) and 'staffing levels are too low' (48%).

- Of those who are actively planning to leave their job, almost half are considering a completely different job outside nursing (45%).

The nursing workforce is ageing

- Of the 861 registered nurses working in care homes who responded to our survey, we found that 50% (437) were at or approaching retirement age (55-64 and 65+).

- If this distribution was representative of the wider social care nursing workforce, this would be particularly concerning for workforce succession planning.

England findings: adult social care staff

We ran an additional deep dive survey for members working in adult social care in England, ahead of the Government-appointed Independent Commission into Adult Social Care (Department for Health and Social Care, 2025). Our survey included both Registered Nurses (RNs) and Nursing Support Workers (NSWs).

The sample was predominantly mid-career and older, with over half of respondents aged between 35 and 54 (57%). The largest single age group was those aged 35–44 (31%), followed by 45–54 (26%). Around one-fifth were aged 25–34 (20%), while relatively few were under 25 or aged 65 and over (both 2%).

Across roles, Registered Nurses were more likely to identify as White or White British (61%), while Nursing Support Workers showed greater ethnic diversity, with nearly half identifying as Black, African, Caribbean or Black British (47%). Asian or Asian British representation was modest in both groups (13% of RNs; 9% of NSWs), with small proportions from other or mixed ethnic backgrounds.

We found that:

There are issues with recruitment and retention

Registered Nurses identified several significant barriers to recruiting nurses into adult social care, with the strongest concerns focused on pay and professional perception. The most commonly cited challenge was that ‘pay and terms and conditions are unattractive compared to other sectors’, which was selected by 38% of respondents.

This is followed closely by ‘negative perceptions of social care nursing’, which was identified by 36%, and ‘limited career progression’, chosen by 25%, indicating that reputation and progression issues continue to affect recruitment.

Workforce constraints also play a role: 21% highlighted ‘inflexible rostering or shift patterns’ and 15% cited ‘few or no student placements available in adult social care’. A further 15% identified ‘rural or hard-to-reach work location’.

Only 12% reported that their organisation faces no recruitment challenges.

Registered nurses identified several major challenges impacting retention in adult social care. The most common concern was 'excessive workload or unsafe staffing levels,' (selected by 42% of respondents), closely followed by 'insufficient pay or lack of pay rises in line with the cost of living' (selected by 38% of respondents).

Nursing support workers generally feel supported

Among Nursing Support Workers (NSWs), most reported receiving regular supervision from a Registered Nurse, but the level of supervision varied.

- 40% said they receive supervision from a Registered Nurse *'all the time'*, and a further 35% said *'most of the time'*, meaning that 75% have frequent or consistent supervision.
- However, 15% said they receive supervision *'rarely'*, and 11% reported that they *'do not receive supervision from a registered nurse'* at all. Taken together, this means that just over one in four NSWs (26%) have limited or no access to RN supervision.

Pay and staffing levels are priorities

We asked Registered Nurses to tell us which reforms they felt would have the biggest impact on improving adult social care.

- 51% of respondents ranked "*A legal requirement for safe staffing levels, setting a minimum number of registered nurses per resident*"
- 35% of respondents selected: "*A national approach to ensure nurses working in ASC are paid in accordance with their job's unique level of professional responsibility, expertise, knowledge, skills and working conditions*"
- In response to asking Registered Nurses what would most help to expand or unlock capacity in adult social care: 59% selected "*Investment in packages to support staffing and care delivery*" and53% selected "*Improved recruitment and retention of staff*".

RCN member insights (England)

From our informal discussions with RCN members with expertise in discharge and ongoing care funding roles in England, several key themes emerged which we summarise below.

Variation in local discharge policy

There are different policies and guidance in place at local level; particularly between the health and care sectors. In practice, someone working on discharge within an NHS Trust may be interacting with several different local authority partners, each with different processes, priorities and information sharing systems. This means that individuals may end up on the wrong pathway, requiring additional steps to be taken and time delays occurring.

Differences in local priorities and funding context

There are issues which occur at the local level where different partners have different priorities and funding constraints and this can lead to cultural divergence. Some staff shared the perspective that partners will prioritise getting an individual 'off their

books' to meet budget constraints or employer-led targets, rather than partners pulling together to do the best thing for the individual.

Lack of universal information sharing systems

There are key differences in information sharing and data capturing systems between the NHS and social care; in practice this makes it challenging to observe trends and identify reoccurring local issues.

Benefits in pooling budgets

Where pooled budgets exist (for example in some elements of the Better Care Fund and Section 75 of the National Health Service Act 2006 which enables NHS organisations and local authorities to enter formal partnership arrangements), this can be beneficial in overcoming the difficulties arising from perceived difference in priorities and financial constraints.

Desire to align objectives of delivery partners

The discharge guidance used during the COVID-19 pandemic was imperfect, however, there was an acknowledgement that the flexibility and stated policy goal of working together between NHS and Local Authority partners was beneficial.

Insufficient social care funding

Overall funding for adult social care is insufficient, meaning that social care partners are often making decisions based on cost, rather than need. Providers are often reliant on self-funders, which can impact on decision making about which individuals to support. While funding and discharge issues are not the factors which contribute to most delays, it is still a significant amount and changes made could have a big impact.

Testimonies

We extracted a series of illustrative quotes from respondents working in care homes from our most recent biennial Employment Survey from 2025.

"I am the only nurse in the building on a day shift for 39 residents. I have to work autonomously ... All decisions regarding care are mine as is accountability." – ***Mental health nurse, Wales***

"I think the workload for all healthcare workers, especially for nurses is increasing steadily. And I think that we should have safe staff ratios to promote safety at work for staff and patients." – ***Registered nurse, Northern Ireland***

"Due to the high level of responsibility and accountability we are not paid properly for the job we do. Sometimes [I am the] only nurse for 74-80 residents." – ***Registered nurse, Scotland***

"The company refuses to use agency staff to cover shortages. Staff are crying for help but management is not listening." – ***Mental health nurse, England***

"Patient care is being compromised while the company is saving money." – ***Mental health nurse, England***

"I am considering retiring. Nursing is not the rewarding job that I was trained for… I do not want to end my career in a negative way, but I feel that working 12 hour shifts sometimes without breaks is dangerous both for clients myself and other staff members." – ***Divisional/clinical/directorate lead, England***

"Racism is now experienced a lot in [my] workplace and outside so that makes me feel out of place. Just looking forward to retirement so I can go back home." – ***Registered nurse, England***

"I feel that the nursing role is mostly looking after paperwork and not the person. I feel the job is about tick boxes leaving less time for person centred or relationship centred care." – ***Mental health nurse, Wales***

"Nothing will change - I came into nursing to care for people, but all I have time to care for is paperwork - I don't want to be a nurse anymore and that's really sad." – ***Mental health nurse, Wales***

"Whilst I provide education to care home staff I recognise the huge stresses staff face both in the NHS and private homes. Often they struggle to attend training, an essential part of their role due to lack of staff & work pressures… Training is not always seen as a priority and staff don't feel valued." – ***Nurse educator, Scotland***

Analysis

There are too few Registered Nurses

Across the UK there are significant issues with nursing supply, recruitment and retention. This leads to vacant nursing posts and nursing staffing levels which do not support safe and effective care. In adult social care the continued decline of registered nurse numbers and turnover of nursing staff is particularly concerning. There are also shortages of nursing support staff, and this is concerning in the context of our findings that many support workers have varying levels supervision from Registered Nurses.

In some countries, there has been a significant decline in the Registered Nursing workforce in recent years, despite increasing demand and complexity. This picture is further complicated by patchy, non-mandatory workforce data collection, making it challenging to monitor trends and identify risks.

As an indicator, in England alone 16,000 registered nurses in adult social care have been lost since 2012 (Skills for Care, 2025). Given the scale of workforce losses in recent years, significant investment will be required to expand the workforce. Growing this part of the workforce by 16,000 posts, to restore to 2012 levels would cost in the region of £780million in domestic supply costs.[1]

In Scotland, while access to robust nursing workforce data for social care remains limited, there are an estimated 1,260 fewer Registered Nurses working in care homes for

[1] Figures are based on analysis of nurse retention by London Economics in 2025. Government costs of training a domestic nurse total £48,986.

adults over the last decade, a decrease of 24.1% in the sector (Scottish Social Services Council, 2025). The balance in the nursing workforce in care homes in Scotland has also shifted towards greater provision of direct care by support workers. In 2014 Registered Nurses represented one in eight of the care workforce in care homes for adults, dropping to one in ten of the workforce in 2024.

Social Care Wales has informed RCN Wales that there were 1,845 registered nursing staff working in social care in 2024. 319 registered nursing staff left the sector in 2021, while only 204 joined; and 88 left while only 83 joined in 2022. However, the Care Inspectorate Wales' Annual Return survey results for 2023 and 2024 show a reversal of this trend: 469 registered nursing staff joined the sector in 2023 while only 382 left, and 463 joined the sector in 2024 while only 246 left. While these are positive developments, the age profile of the social care workforce is concerning.

The RCN has long taken the position that workforce strategies are key to addressing these workforce challenges, and we have stated that there should be a fully costed and fully funded workforce strategy covering all parts of the health and care workforce in each country of the UK. Workforce strategies must include overall supply, as well as staffing levels, skill mix and professional education. However, national workforce strategies are often NHS-focussed, leaving recruitment and retention in social care vulnerable to market forces.

Workforce strategies should take specific steps to ensure that overall nursing supply increases result in an expansion in the numbers of nursing staff working in social care settings. This may include initiatives such as an increase in the availability of higher-level apprenticeships which provide a career development framework culminating in a nursing degree. Consideration should also be given to the development of advanced nursing practice roles in social care, which could deliver clear benefits for people and services.

Nurses working at an advanced level use expert clinical assessment, decision-making, and leadership to reduce unnecessary hospital admissions, improve continuity of care, and strengthen collaboration across health and social care services. Taking these steps would allow for a clearer career pathway for social care nurses.

Nursing care provision has not expanded in line with increased demand

The RCN has been clear that the expertise of Registered Nurses is critical to the development of new models of care and the designing of innovative ways of working. Nursing staff have an important role leading services and co ordinating care at the interface between health and social care, managing the admission, stay and discharge of people accessing health services. They are clearly positioned to inform the much needed and long overdue modernisation agenda.

All UK countries are struggling with pressures on adult social care, including increasing demand from an ageing population with multiple co-morbidities, numbers of younger people and working age adults with complex health and care needs, funding constraints and workforce shortages and gaps.

Social care in Northern Ireland is facing severe, interconnected pressures, with high demand for domiciliary care and care home beds, leading to delayed hospital discharges and a reliance on informal unpaid carers.

A recent report by the Commissioner for Older People for Northern Ireland (2026) highlighted that demand for health and social care is growing far faster than the system's capacity to respond, and that Northern Ireland is on course to become the oldest region in the UK by 2050, intensifying demand for care. It also highlighted that the number of people reaching retirement age will exceed those entering the workforce by 2040, placing unprecedented pressure on funding and staffing.

In its 2025 Social Services Pressures Report the Welsh Local Government Association warned that social care accounts for over £200m of council budget pressures in 2026-27 which is more than a third of all local government pressures (Welsh Local Government Association, 2025). It reported that around £126m of this is driven by staff pay and rising costs, and £75m by growing demand with rising demand for services and increasingly complex needs alongside budget constraints. It called for long-term investment from the Welsh Government.

In England over the past decade, local authorities have increased fees significantly to reflect the increased costs faced by providers but costs have continued to rise and the market situation has led to concerns about the viability of social care providers which have focused on self-funded clients who can pay more than council-funded clients (The Kings Fund, 2025b). There are often significant workforce shortages in social care which affect capacity, with high vacancy rates and poor retention, driven by low pay and difficult working conditions (The Kings Fund, 2026). A report from the Health and Social Care Committee in 2024 called the social care system in England 'failing' and urged reform, stating:

"too many people aren't getting the care they need, care workers are undervalued and far too much pressure is placed on unpaid carers. The cost of this vital public service continues to increase, with £32 billion spent on adult social care in 2023/24, and an unsustainable pressure is falling on local authorities." (House of Commons Health and Social Care Committee, 2024).

Audit Scotland has said that the Scottish social care system is facing a critical, "unprecedented" crisis where rising demand from an ageing population with complex needs is outpacing available funding and workforce capacity (Audit Scotland, 2026). It reported that the Scottish Integration Joint Boards (IJBs) which are responsible for health and social care are facing a widening funding gap of nearly £450 million, leading to unsustainable pressure and "irreversible" service cuts (Audit Scotland, 2026).

Public Health Scotland (2026) has reported that the number of people in Scotland waiting for a social care assessment for a package of care was 8,050 on 5 January 2026, which is an increase of just under 28% from the number of people waiting at the same time last year (6,310 on 6 January 2025). The number of people in Scotland (estimated) assessed and waiting for a care at home package was 3,374 on 5 January 2026 which was 7% higher than the number of people waiting for a care at home package at the same time last year (Public Health Scotland, 2026).

Exploitation of internationally recruited staff within social care

The RCN is deeply concerned by reports of abusive and exploitative practices experienced by international nursing staff working in the social care sector across the UK. Our members have highlighted the use repayment fees as high as £25,000; underpayment; bullying and harassment; illegal work finding fees; and pressure to sign exploitative contracts under threat of sponsorship withdrawal. A review of RCN member cases also uncovered over 100 cases since 2023 where employers have used the threat of sponsorship withdrawal to keep migrant nursing staff in exploitative conditions.

Our members have also told us that they are reluctant to report instances of exploitation as the validity of their Health and Care Worker visa is directly tied to their Certificate of Sponsorship, which is issued by their employer, meaning if they lose their job, they lose their sponsorship. This condition is often used as a threat, both directly and indirectly, to keep migrants in exploitative positions, working unreasonable hours for low pay. Inaction on exploitation has permitted employers to carry out unethical labour practices, at great cost to vulnerable workers, and may affect the future workforce. The RCN has called for substantive reform to the sponsorship system to allow migrant workers to more easily transfer their sponsorship to new providers, rebalancing power away from unscrupulous employers.

In November 2025, the UK Government announced that care workers would be subject to an extended qualifying period for indefinite leave to remain (ILR). Expert stakeholders such as the Work Rights Centre have highlighted that by extending the duration that people are tied to employer sponsored visas, the Government is putting them at increased risk of exploitation and in a near-permanent state of insecurity (Work Rights Centre, 2025).

In contrast, as noted by the Migration Observatory, secure status is associated with increased bargaining power, which can lead to better pay and conditions in sectors that are more reliant on an international workforce (Migration Observatory, 2026). Better investment in social care would go some way toward addressing these issues, preventing employers from using these methods to retain staff.

Conclusions

Sustainable, long-term investment and reform in adult social care is vital to meeting rising demand, increased complexity and unmet needs. With additional investment, more people could be supported, and staff pay and working conditions could be improved.

Stabilising the adult social care sector would also alleviate pressure on the NHS, reduce spending on avoidable hospital admissions, and enhance care standards, contributing to healthier communities and a more resilient healthcare system fit for future purpose.

Pressures on adult social care inhibit the NHS from implementing crucial reforms, such as improved hospital discharge and community-based care enhancements, as unmet needs in the social care sector cause inappropriate demand in other areas. As a result, patients miss out on smoother transitions from hospital to home and preventative services that reduce hospitalisations, which would improve public health and save costs.

It is important that governments across the UK take vital steps to reform commissioning and funding arrangements for adult social care, to ensure that systems, structures and funding reflect an accurate level of population demand, now and in the future. These decisions should include embedded nursing leadership to ensure that the increasingly complex needs, including clinical needs, are central to any future configurations of adult social care provision in each country. We call on Governments across the UK to:

Deliver additional, long-term investment

There is a need for additional, sustainable and long-term investment in the sector, a recognition within service planning for people of all ages, and an opportunity to keep couples and families together. We are calling for a long-term funding settlement for adult social care settings in all parts of the UK, based on a robust assessment of population needs.

Address the Registered Nurse workforce crisis

While it is vital that service provision and overall investment is increased, it is essential that the registered nurse workforce crisis is also resolved to ensure that services can deliver their full potential. Safe and effective levels of nurse staffing are critical to patient and resident safety, outcomes and experience. This should be underpinned by robust workforce planning and safe staffing legislation. Appropriate levels of nursing staff can reduce patient and resident complications and overall length of stay, which contributes to seamless patient flow through health and care services.

Provide fair pay, terms and conditions

Overall funding for social care must be sufficient to provide fair pay, terms and conditions for all nursing staff. Investment levels must also fund staffing for safe and effective care in all social care settings. It is vital that nursing staff working in social care are not paid less than equivalent roles in the NHS.

Promote the role of nursing in social care

National bodies should investigate ways to introduce clearer career pathways to promote all nursing roles in the sector and/or promote movement between social care and the NHS (on a secondment / training arrangement). This may include undertaking campaigning to promote the role and profile of nursing in social care to recruit newly qualified and existing nursing staff into social care settings, and promoting more opportunities for nursing student placements.

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