

**UK Parliament: House of Lords Adult Social Care Committee
Lifting the veil: Removing the invisibility of adult social care**

Royal College of Nursing response

1. With a membership of close to half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector.
2. The RCN welcomes the opportunity to set out in response to the call for evidence how the issues facing the nursing workforce in adult social care contribute to the 'invisibility' of adult social care.
3. Adult social care in England has been in crisis over successive governments - an unsustainable system unable to meet the care needs of an aging population or vulnerable working age adults with mental health, learning disabilities and enduring physical difficulties.
4. The RCN view the invisibility of adult social care as contributed to significantly by the lack of transparency regarding UK Government accountability for assessing and understanding the needs of the adult social care workforce, and planning to ensure the adult social care workforce is sufficiently equipped to deliver safe and effective care for those that use and depend on adult social care services.
5. The RCN have long been calling on the UK Government to take accountability for planning for the adult social care (and wider health and care) workforce. Most recently, this has been through calls for inclusion of legal duties in the recently passed Health and Care Act for the Secretary of State for Health and Social Care to hold accountability for an independently verified assessment of the health and care workforce needs, and for health and care workforce planning and supply to deliver safe and effective care to meet the needs of the population now, and in the future.
6. These duties, if accepted into legislation, would have resolved the issue of lack of transparency which exists around assessment and planning for the health and care workforce. However, the UK Government rejected proposed amendments to the Health and Care Act, and as such, there is no assurance that the invisibility of adult social care and its overstretched and unsustainable workforce will be resolved.
7. Much of nursing in social care is delivered within independent providers, which means there is no universal framework for pay, terms and conditions or banding of nursing roles, as there is with the Agenda for Change structure in the NHS. This leads to variation in nursing pay, terms and conditions between different individuals working across social care. Through the Agenda for Change structure, there is a nationally recognised system of pay and conditions, including pay scales and a job evaluation scheme that provides a system to measure job value, which seeks to ensure equal pay for work of equal value across job roles within NHS employers. Having a national system can be an effective model and mechanism for supporting recruitment and retention

across the NHS.

8. In adult social care, variable decisions on employment terms and conditions are made by employers, including on pay, unsocial hours payments, pension, maternity pay, annual leave and occupational sick pay. This fails to deliver contractual and employment conditions fit for attracting and retaining the right numbers of nurses within the sector. Contractual agreements, rates of pay, and terms and conditions vary widely between employers, are sometimes variable within the same employer, and are rarely transparent. It is the RCN's position that regardless of where a registered nurse or nursing staff member is employed, they should at least have parity with Agenda for Change pay, terms and conditions.
9. Recruitment and retention are a significant issue for the registered nursing workforce in adult social care. In 2021, registered nurses working in social care had the highest turnover rates of any job role in social care – at 38.2% - much higher than counterparts working in the NHS, who had a turnover rate of 8.8% as at March 2021ⁱ. The number of registered nurses working in social care continued to decrease year-on-year between 2012/13 and 2019/20, and in 2021 was down 1,800 jobs (5%) on the previous yearⁱⁱ. The number of registered nurses in adult social care significantly decreased over this period (down almost 17,000 jobs, or 33% since 2012/13)ⁱⁱⁱ.
10. The most recent Care Quality Commission (CQC) assessment of regulated health and social care services in England found that vacancy rates in social care are rising, with monthly staff vacancy rates among the adult social care workforce rising from 6.0% in April 2021 to 10.2% in September 2021^{iv}. Rising and significant vacancy rates have an impact on staffing levels, and on the ability of nurses to provide safe and effective patient care.
11. The NHS has a 'Looking after our people – retention programme' devoted to the retention of staff, with a particular focus on finding solutions to better support the NHS workforce in the early and later stages of their careers^v. A lack of evident similar programmes for the independent sector – particularly adult social care – demonstrates a lack of parity between the NHS and the adult social care sector when considering actions to address retention issues.
12. It is clear that without significant action to improve pay, terms and conditions, the adult social care nursing workforce will continue to experience a recruitment and retention crisis. The RCN is clear that to address the recruitment and retention issues in adult social care, the sector needs increased long-term investment and reform of the complex and fragmented social care system.
13. Funding for the social care sector must be sufficient to provide fair pay, terms and conditions for all nursing staff, including an NHS Agenda for Change pay award that delivers an above inflation increase, and adequately rewards nursing staff fairly for the highly skilled safety critical work they do, and includes parity for members of the non-NHS nursing workforce.
14. The RCN acknowledges the recently announced funding for NHS-funded nursing in care homes^{vi}, however, this will only be paid to care homes, which does not cover the entire

adult social care nursing workforce. It is unclear whether or not this funding will be enough to attract sufficient nursing staff to care homes, and retain them. The RCN is clear that the entire health and care nursing workforce (including those working in non-NHS settings) needs a fully funded Government led workforce strategy covering each country in the UK – including England. Any health and care workforce strategy must 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, and include a fair pay rise for all nursing staff. The RCN are also clear that any strategy must be based on an independently verified assessment of workforce needs.

15. The recent Government adult social care reform White Paper commits to at least £500 million to ‘transform’ the way the Government supports and develops the adult social care workforce^{vii}. The White Paper describes how this will be spent on mental health support for staff, continuing professional development (CPD) for nursing staff, training, and a digital hub for support and advice^{viii}. However, without a plan for increasing and retaining nursing staff in social care, the RCN are concerned that this funding does not, and will not go far enough to address the nursing workforce crisis in adult social care.
16. The UK Government’s recent Integration White Paper sets out measures to ‘make integrated health and social care a universal reality for everyone across England regardless of their condition and of where they live’^{ix}. Whilst the RCN supports intentions to better integrate health and social care services, the White Paper fails to address the workforce issues that have caused a recruitment and retention crisis across nursing in health and social care - such as inadequate staffing levels to provide safe and effective care, low pay, and stressful working conditions and patterns. The RCN have concerns that other public health and care services will not be able to play a substantial role in tackling the invisibility of adult social care as they currently stand.
17. The RCN Workforce Standards recognise the importance of nurse leadership in positively impacting patient safety and quality of care, as well as the mental health and general wellbeing of the nursing workforce^x. The RCN has called for registered nurses to be included in the minimum core membership of Integrated Care Boards (ICBs), to ensure that nursing leadership is embedded through Integrated Care Structures (ICSs), including within executive and decision-making functions. This would enable nurses to raise the profile of adult social care services and play their part in tackling the invisibility issue, positively contributing to the issues faced by the adult social care workforce.
18. The COVID-19 pandemic has taken a toll on nursing staff working in adult social care. Nurses have been at the forefront of the response to the pandemic, and throughout, care homes have experienced continued challenges.
19. Going into the pandemic, the adult social care workforce was already experiencing significant shortages – Skills for Care estimated there were around 122,000 vacancies in adult social care^{xi}. Existing high vacancy levels impacted on the ability of the workforce to cope with the additional demands brought on by the pandemic.
20. A failure to prioritise social care at the start of the pandemic had negative consequences for staff and patients.

21. A Queens Nursing Institute survey of registered nurses and managers working in care homes in May and June 2020 found that 80% of respondents reported 'very negative' experiences of working during March-May 2020, including experiences such as not being valued, poor terms and conditions/changes to terms and conditions of employment, feeling unsupported/blamed for deaths, and feeling pressured to take residents from hospitals with unknown Covid-19 status and lack of clear guidance^{xii}. 56% of respondents reported feeling much worse in terms of their physical and mental wellbeing, in comparison with before the pandemic^{xiii}.
22. A Health Foundation funded 'pulse survey' of nearly 300 social care staff in June 2020 found that four in five respondents said their job had left them feeling 'tense, uneasy or worried' more often since the start of the pandemic, and three in five reported feeling 'depressed, gloomy or miserable' more often than before the pandemic^{xiv}. 80% noted that their workload had increased, and over half reported an increase in their working hours^{xv}.
23. A May 2021 survey by the RCN found that nursing staff across all health and care settings had experienced shortages of Personal Protective Equipment (PPE) throughout the pandemic^{xvi}. Over a third of respondents reported feeling pressure to care for individuals with possible or confirmed Covid-19 without adequate protection, and those working in care homes were most likely to report that they felt pressured to care for individuals with possible or confirmed Covid-19 without adequate protection (41%) as opposed to those working in a hospital (38%) or the community (24%)^{xvii}. Since the onset of the pandemic, the RCN has held significant concerns about the physical and mental risks posed to nurses as a result of the pandemic.
24. It is clear, both from the aforementioned research and reports from RCN members, that nursing staff in adult social care have experienced unprecedented pressure, trauma and stress as a result of the Covid-19 pandemic, and these factors pose further risks to the existing retention crisis in adult social care.
25. The RCN have continually highlighted the need for nursing staff in social care to be appropriately supported, as nursing is a safety critical profession and burnout amongst staff poses risks not only to the workforce, but to patient safety.

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- i [Skills for Care: The state of the adult social care sector and workforce in England 2021](#)
 - ii Ibid
 - iii Ibid
 - iv [Care Quality Commission: State of Care](#)
 - v [NHS: Looking after our people – retention](#)
 - vi [Department of Health and Social Care: Increased funding for nursing in care homes](#)
 - vii [Department of Health and Social Care: adult social care reform white paper](#)
 - viii Ibid
 - ix [Department of Health and Social Care: Integration white paper](#)
 - x [RCN: Workforce Standards](#)
 - xi [Skills for Care: The state of the adult social care sector and workforce in England 2021](#)
 - xii [Queens Nursing Institute: The Experience of Care Home Staff During Covid-19](#)
 - xiii Ibid
 - xiv [PSSRU blogs: The impact of COVID-19 on social care workers' workload, wellbeing and ability to provide care safely: Findings from the UK](#)
 - xv Ibid
 - xvi RCN submission to Department of Health and Social Care consultation: extending free PPE to the health and care sector
 - xvii Ibid