

# Social care workforce in England

MEMBER BRIEFING



## What's the issue?

### **The registered nurse workforce in social care settings is shrinking.**

Data for 2018/19 estimates that there are 41,000 registered nurses jobs in social care, 1000 (2.4%) less than in 2017/18. Since 2012, the number of registered nurse jobs in adult social care has decreased by 10,000 (19.6%)<sup>1</sup>. This could be related to recruitment and retention issues, withdrawal of nursing provision in care homes/ service closures and also to the increasing numbers of nursing assistants employed. There are also significant supply issues impacting the entire nursing workforce.

### **Population needs are growing, meaning that over time the challenges facing social care will become even more significant.**

The number of people aged 85 and over in England is expected to grow by 45% between mid-2016 and mid-2030<sup>2</sup>, and the number of people in England with 4+ health conditions is predicted to double between 2015 and 2035<sup>3</sup>. It is already the case that individuals with care needs are not receiving adequate support. Additional patient needs will increase the demand on a system which is already under extreme pressure.

### **Personal care services are not always delivered or overseen by Registered Nurses.**

Over time, personal care services (washing, dressing, feeding etc.) have shifted from being delivered by registered nurses to being delivered by care workers. Previously the commissioning of these services would have been within the NHS, but now sits with Local Authorities (LA).

In practice, this means that opportunities for nurses to identify and deliver preventative interventions through an assessment made whilst undertaking personal care activities are now less likely to happen. Care workers may not have the same expertise to identify the need for further interventions, and are often not linked into nursing teams to co-ordinate extra care being delivered.

## Why is this important?

### **There is a lack of clarity on roles, responsibilities and accountability for workforce planning and supply in England.**

Our analysis has shown that the existing legal framework does not give enough clarity on roles, responsibilities and accountability for workforce supply

and planning. The impact of this upon services which are commissioned outside of the NHS is challenging because of the wide variation in approach taken by LAs towards workforce planning. We need legislation to provide clarity on roles and responsibilities, and to introduce appropriate levels of accountability for decision-makers throughout the health and care system.

### **There is a lack of clarity on the size and shape of the social care workforce.**

There is a lack of available data which covers the entire social care workforce, and this prevents robust scrutiny into areas of high risk of impact from workforce shortages. This means we cannot have confidence in the delivery of safe and effective care. These data gaps must be addressed so that the appropriate levels of scrutiny can be undertaken, and to better inform future strategies and workforce plans. Skills for Care provide workforce statistics for adult social care services, however data reporting is not mandatory. Skills for Care produce annual scaled up headcount estimates based on data returned from around 50% of all adult social care providers.

### **Government initiatives are dependent on stability in the social care system.**

Health and care services in England are increasingly integrated, and integration cannot be delivered without stability in the social care sector. Delivery of the *NHS Long Term plan* and funding settlement is dependent on social care funding being secured, that the social care sector does not put any additional pressure on the NHS. Without any announcement of additional funding for social care we cannot be assured of this. Unless funding is secured, the NHS – in particular A&E, GP and community services are likely to continue experiencing increased demand from individuals whose needs would be better met in social care if the provision was available.

## **What is the impact?**

### **Individual needs are left unmet.**

Staffing and funding issues in social care services lead to reduced capacity to support individuals with care needs. This leads to some individuals not getting the support they need, when they need it. In this situation, opportunities for early intervention and prevention may be missed, which has a negative impact on individual outcomes.

### **Limited workforce data and unclear decision making processes in relation to workforce planning and supply leads to limited transparency.**

Without robust information and opportunities to scrutinise, it is challenging to interrogate the full extent of the impact which workforce shortages are having upon the delivery of safe and effective care, and what this might mean for individual outcomes, experience and safety.

### **Increased pressure is put upon primary care and emergency services.**

When there are gaps in the provision of social care services, individuals are left unsupported. This may mean that they turn to A&E or GP services to get support. This will increase demand for services which are already over-stretched.

## What is the RCN calling for?

1. A fully-costed and funded national workforce strategy which includes a robust assessment of the level of population need for all health and care services and a determination of the workforce size and shape required to meet those needs. The interim NHS People Plan does not include the workforce for social care services, and there is no cross-sector plan currently in development.
2. Publication of a green paper for social care in England which includes adequate levels of funding for social care service provision and workforce supply, recruitment, remuneration and retention. Any funding should be based on a robust assessment of population need. There are rumours that this may well now be a white paper. It has been significantly delayed.
3. Legislation which clarifies roles, responsibilities and accountability for everyone involved in workforce planning and supply as part of integrated service planning across the health and care system.
4. The mandatory collection and reporting of workforce data from all providers of health and care services.

### What can RCN members do?

- Become an e-campaigner so that you can participate in our campaigns and influencing work [www.rcn.org.uk/join-the-rcn/become-an-e-campaigner](http://www.rcn.org.uk/join-the-rcn/become-an-e-campaigner)
- Sign the petition calling for safe staffing: [rcn.e-activist.com/page/48391/petition/1?ea\\_tracking.id=website](http://rcn.e-activist.com/page/48391/petition/1?ea_tracking.id=website)

### Want to provide feedback on this position?

Email us at: [papa.ukintl.dept@rcn.org.uk](mailto:papa.ukintl.dept@rcn.org.uk)

## References

- 1 Skills for Care (2019) *The state of the adult social care sector and workforce in England* [Available at <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>]
- 2 Office for National Statistics <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13>
- 3 The Health Foundation <https://www.health.org.uk/sites/default/files/upload/publications/2018/Understanding%20the%20health%20care%20needs%20of%20people%20with%20multiple%20health%20conditions.pdf>

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Published by the Royal College of Nursing  
20 Cavendish Square  
London  
W1G 0RN

020 7409 3333

December 2019  
007 998

