

CARE BRIEFING MAY 2015



RECRUITMENT AND RETENTION OF NURSES IN SOCIAL CARE – THE REALITY AND ASPIRATIONS

For years the difficulties surrounding the adequate recruitment and retention of nurses for the social care sector has been firmly on the table for decision makers to do something about. Regrettably, it seems this has lingered on the too difficult pile for far too long. The Department of Health (DH) have never included social care alongside their recruitment calculations for the NHS meaning that social care has had to stand at the NHS exit door to pick up recruits for their sector or go overseas. However, a breakthrough may be on the way.

The turning point was probably the CQC report on the state of health and social care in 2013/14 which highlighted the shortages of nurses and encouraged greater attention to this major problem. The DH responded with a high level emergency summit on the issue earlier this year and invited a broad representation, ranging from statutory organisations to national care associations and most importantly to care providers. This briefing will take a look at the status quo, investigate the discussions, shed some light on the conclusions and point towards potential actions. Of course, for hard pressed providers it will be the actions that will be of most interest.

The status quo does not look good. 51,400 nurses work in social care of which 18% are bank staff/zero hours, 51% are full time, 31% part time. Turnover is 32.1% higher than the NHS, which experiences 14% turnover. The impact of the Care Act suggests that more nurses will be required in the sector as the ageing population increases and people are cared for at home for longer with more complex multiple conditions. Factors contributing to this are the 2006 Home Office judgement to remove nurses from the Shortage Occupation List and in 2012 to restrict nurse migration (indefinite leave to remain) to those earning £35,000 or more. In 2015 the Home office maintained the removal of nurses from the Shortage Occupation List (SOL).

There is a clear lack of career incentive in the sector. Media attention to the sector has exacerbated negative perception of the sector and this has not been helped by CQC targeting registered managers by amplifying their legal responsibilities. Finally, the median salary in social care is £24,350 compared to the mean in the NHS of £30,500. The vacancy rate for registered nurses is about 4,000 – meaning that inspection ratings are automatically downgraded where vacancies exist for 6 months or more.

Several hours of discussion and constructive debate produced a mixed list of soft and hard messages for government to consider:

- DH to establish a social care task force to progress the recommendations from the Summit.
- Enable international recruitment – regrettably we see that the Home Office did not agree and kept nurses off the SOL.
- Improve the image of nursing in social care via a national marketing and recruiting campaign with positive messages about careers in mixed social care settings.
- Nurse education and training – make social care placements a compulsory part of the nursing degree, develop post graduate training for the sector and develop care worker expertise towards a stronger practice mix between personal and clinical care (the old SEN).
- Enhance CPD opportunities for nurses with Health Education England funded programmes.
- Integrated commissioning based on outcomes for individuals.
- Enhance career pathways for carers towards nursing roles.
- Resolve the disparity in pay and built in disincentive between NHS and social care.

Three months have gone by and we have endured the interregnum of a general election. The Secretary of State retained his job and political continuity is firmly established. So let us look at where the Summit aspirations stand. At the top level, the DH will include these in the next spending review for government consideration. The Chief Nursing Officer has established a broad strategic programme board to oversee wider and further action with the overall objective of increasing nursing numbers. This will include a concentration of return to work arrangements which are currently elongated and clumsy together with a review of conversion system by the Nursing and Midwifery Council (NMC).

The first meeting of the DH established a social care nursing taskforce and will take place this month now that the election is done and almost dusted. This is largely to establish priorities from the recommendations, for delivery commencing in July. Skills for Care and the Centre of Workforce Intelligence have a big part to play to support workforce recruitment and retention as a first priority and improve data collection and intelligence. DH is working with The National Institute for Health and Care Excellence (NICE) to produce safe staffing guidance for the sector.

It does not stop there and DH is committed to publishing an update on progress next month. There is a definite sense of positive action in the air so the sector can feel encouraged to know that the too difficult pile may at last have been binned.



CONTACT

If you would like to arrange an initial no-obligation meeting, at no charge, please contact:

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Julie Hopkins leads Albert Goodman's Care Providers Team providing advice to care sector start-ups, those growing their business and those looking to exit. The team of more than 10 experts advise on business strategies, cash flow management, business structures, minimising tax, acquisitions and disposals, payroll and financial services.

Julie takes a lead in the firm's membership of the Registered Care Providers Association (RCPA). Her depth of expertise within the Care sector includes care homes, nursing, residential, mental health, domiciliary and supported living. Julie qualified as a Chartered Accountant with international firm KPMG and has specialised in SMEs ever since, with a particular emphasis on care providers.

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