The 'perfect storm' table

This table highlights areas raised by members that will get worse in the run-up to Winter and provides some suggestions on how they can be improved. We have shared this table with the Secretary of State and DHSC. When the Workforce survey is published on the Capacity Tracker (13 September), members will be able to use the table to help demonstrate to DHSC, the areas where providers are struggling most and how the department can help. We have also added a column that reflects the actions taken by Care England and another one that reflects Government action. If members would like to give any further issue/suggestion, please email lholmes@careengland.org.uk.

Issue	Suggestions on how to improve	Care England Actions (Complete)	Government Actions following the new plan for health and social care & Government response to questions
Vaccination as a condition of deployment	Apply to whole health and social care sector to avoid staff 'jumping ship.' Do a fully researched IA in consultation with providers Provide central government funding to meet the costs of implementing the policy Providers to offer re-deployment as part of a fair dismissal process, such as to a supported living setting. However, this could be short term solution as VCOD could be mandated for home care as well. A statement from SOS on what providers should do when presented with legal letters.	Care England called for the publication of the wider consultation on making the Covid-19 and flu vaccination a condition of deployment for frontline workers in health and wider care set. The consultation was published on 09 September 2021. Care England has consulted its membership on some of the key figures presented within the document. This paper contains Care England's analysis of the Statement of Impact and our analysis of the implications of vaccination as a condition of deployment for adult social care providers. Care England highlighted the need for clarity on VCOD exemption in our letter to SOS on 17.08.21 and the need for further support for the sector. We made specific references for clarity on the exemption policy for staff isolation, including a clear accountability structure. PHE needs to	When raised with DHSC regarding the 570,000 figure that informed the Impact Assessment, we were informed that the adult social care workforce is based on data from the Capacity Tracker. As of 8 August the numbers were 469,610 (adult care homes) and 89,406 (younger adult care homes), which represented 99.2& and 98.1% of providers. DHSC recognises that this is different from public data, however, DHSC wanted to remain consistent with the data collected and published on vaccine uptake in social care. DHSC used the following evidence as part of the process of compiling the Impact Assessment: • Adult Social Care Workforce Data Set • Driving uptake survey of care homes managers • Skills for Care Report The cost of recruitment (£2,500) per worker was derived from a Skills for Care. The initial cost was £3,642, however, DHSC chose to use the smaller figure so they

		have consistent messaging to avoid multiple interpretations.	could exclude some of the costs of lost productivity (£2,329) as it is uncertain what the estimate cost of lost productivity is for new staff. The Government made an announcement on the 15.09.21 on the guidance for VCOD exemption. They announced that there will be a self-exemption process that will allow staff to continue being employed for 12 weeks once the NHS COVID PASS has been launched (date tbc). This will mean that care staff will be able to work post November 11.
Migration policy – harder to hire migrants/many have left the country	Expanding the workforce by recruiting from abroad. The sector will need an additional 35,000 to 70,000 workers following the VCOD. Reducing the qualifying level for overseas recruitment for social care staff (£25,600). Adding all care workers to the Shortage Occupation List and reducing the salary threshold for immigration; Waiving the Immigration Skills Charge for care workers, reducing the cost of obtaining the legal Right to Work for care workers. Consider exemption from quarantine for live-in care workers arriving in the UK from outside the Common Travel Area, provided they are double-vaccinated, PCR-tested, and without symptoms of COVID-19. Fast-track system to grant visa's under sponsorship licenses for people working in social care.	Care England highlighted the impact that migration is having on the sector in our letter to SOS. This included the removal of the immigration skills surcharge (tax), which currently acts as a disincentive to employers.	

Competition with other sectors – low pay leads to staff leaving for another sector	Increase pay via funding so providers can keep up with their competitors. Offer rewards/discounts for care staff. Ensure access to housing under a key worker scheme Level up wages to see parity with the NHS through central funding for LA and CCG commissioned fee increases. Bonuses/rewards – Implement a similar reward scheme as Wales and Scotland did (£500 bonus). LA/CCGs have different strategies on pay/reward. Removing these inconsistencies and creating a unified approach would benefit providers.	In the letter to SOS, we called for a reward scheme and for funding that will provide fair pay in the adult social care sector. We further called for parity between the NHS and social care.	The Government have said that they will deliver sider support for the social care system, in particular for the care staff The Government has stated that they will make social care a more rewarding vocation, offering a career where people can develop new skills. This includes developing a plan to support long term professional development. The Government will invest at least £500 million in new measures over three years. These include: • Provide support in professionalising and developing the workforce • Further reforms to recruitment, further details shall be in the upcoming white paper
Burnout – PTSD is on the rise	Have a free helpline for care workers. It would need to be appropriately funded so that it can cope with the demand. A support fund for providers to allocate the necessary resources for care workers. Centrally Fund additional one off annual leave increase More direct face to face support for RMs to support wellbeing. Give access to specialist PTSD support Recognise that social care staff still need to wear full PPE and the sector is not near the same levels of normal as other sectors, such as hospitality	We called for a support fund for providers to allocate the necessary resources to care workers to support care worker access to face peer to peer support and helpline in our letter to SOS.	The Government have said that they will deliver sider support for the social care system, in particular for the care staff The Government have said that they will develop a long-term wellbeing plan to support the social care workforce. Measures include: • Fund mental health wellbeing resources and provide access to occupational health funding to help staff recover

Movement of care staff between settings	Review restrictions on movement between care settings of double-vaccinated and tested care workers, assessing relative risks, to limit care workers leaving jobs in social care for employment in the NHS, as is happening at present. This will take the pressure off providers relying on agency.	We called for SOS to review restrictions on movement between care settings of double-vaccinated and tested care workers, assessing relative risks, to limit care workers leaving jobs in social care for employment in the NHS, as is happening at present. This will take the pressure off providers relying on agency staff.	
ICF ending – ICF is partly used to pay for staff who are isolating	The continuation of the ICF for a longer period than three months. Directly pay to providers, not LAs.	We stressed the need for both the Workforce Capacity Funding and the Infection and Testing Fund to be extended in the letter to SOS.	After raising the issue of the ICF ending at the end of September and the impact this will have on provider, DHSC have said that they are constantly reviewing the effectiveness of their approach to the pandemic. They are continuing to work closely with providers, council and their partners to assess the situation and consider what further action may be necessary.
Staff being unable to drive – lockdown has created a backlog of people unable to drive	Prioritise social care workers for driving tests and lessons. LAs to set up a door to door service for social care staff who are unable to drive and public transport is not a feasible option. Adding *requires drivers licence* to adverts. Funding for driving lessons and exams	We noted this issues in our letter to SOS where we called for social care workers to be given priority for driving lessons/tests.	
Admin burden from funds – previous WCF created unnecessary burdens for providers	If the WCF is brought back, there needs to be an easing of administration for providers. Bringing the WCF and ICF under one reporting system would decrease burden and confusion. Making sure that all LAs follow the same level of reporting.	In our call for the extension for the COVID funds, we reiterated that the admin burden will need to be addressed along with calling for LAs to follow the same reporting process.	

	Directly pay to providers, not LAs.		
Agency – cost of agency and checking their vaccination status	Require agency organisations to record vaccine uptake.	The increase cost of agency and, the impact of non-regular staff has on specialist care services were highlighted in our letter to SOS	
The right to work checks – these can take a considerable amount of time, making it more difficult for providers to hire staff in comparison to other sectors	Reduce the time it takes checks to be completed for care workers. Not requiring RTW to be done in person – continue to carry out checks remotely		
DBS checks – costs time and money	Make the DBS permanently free for care workers. Reduce the time it takes for DBS checks to be completed for care workers. A national reference checking agency for care.	We called for the speed of DBS checks needs to be increased in our letter to SOS.	
Reputation of adult social care – negative rep. leads to a decrease in new staff	The multiple campaigns can hurt the sector. It would be better to have a reinvigorated national recruitment campaign that does more than share positive images and stories on social media. Make campaigns directed for male carers as they are harder to recruit. The media should flag up the issues facing the sector as they have done so for others. Better education of social care to wider public. Further education on the extra precautions and challenges that face the LD workforce		The Government have said that they will deliver sider support for the social care system, in particular for the care staff. DHSC have said that Local Authorities should be supporting local providers to recruit by identifying workforce shortages, developing workforce plans, and encouraging join up across services.
Capacity Tracker – DHSC do not recognise that	Clarify guidance so providers understand how what comes under 'covid absence' and 'non-covid absence.' Not covid issues could include:	Care England worked with DHSC and NECS to produce the workforce survey which will inform DHSC and the	

retention in care homes is already dropping Capacity Tracker not fit for purpose - No consistent flow of data from the workforce (outside of the skills for care) demonstrates the current dilemma social care is in. Providers are afraid to click red status.	maternity/paternity leave, lack of access to transport, holiday, illness (non-covid). CT needs to capture the staff who were supposed to be working and the staff who have been called into work as a result of staff absence. This would not include agency. Accuracy of data for the workforce is questionable. DHSC need to review the current format and directly engage with providers for their local numbers. Review Capacity Tracker to ensure it gets the most helpful data on these issues and removes unnecessary questions. Work with DHSC and NECS to establish current and accurate workforce data Workforce survey that will demonstrate to the treasury that social care workforce is worse off than six months ago Update current workforce questions to reflect workforce situation	Treasury about the state of the workforce.	
No clear framework for LAs/CCGs/ICSs	A framework for ICS leaders on working with the care provider sector on R and R and workforce plans locally.		
Long term	Support development of an expert-led workforce strategy for social care and a 10-year workforce plan, aligned with the NHS People Plan. A professional register for care workers.	Our letter to SOS reiterated the need for a fundamental sustainable settlement for adult social care.	

	An occupancy guarantee to help providers with fluctuating costs.		
FNC - nurses within social care this is limited to 2% as opposed to the 3%. (NHS Nurse pay award for 21/22	Undertake as promised a review of FNC rates for 21/22 to ensure covid costs are covered and nurses rewarded in the same way as NHS nurses.		In their plan for social care, the Government announced that they will improve the integration of health and social care systems. There will be further details in the upcoming White Paper.

Louis Holmes
Policy Officer
LHolmes@careengland.org.uk
Care England
September 2021

Last updated 16.09.21