Symposium report

The recruitment and retention of nurses in adult social care

Overview

1. Social care employers providing nursing care services have been raising concerns about nursing recruitment and retention for some time. The CQC report, *The state of health care and adult social care in England 2013/14*, reinforced these concerns and identified that the recruitment and retention of registered nurses in the care home sector was a major issue. It stated that encouraging more nurses to work in the care home sector should be a higher priority and that they are concerned about the current shortage of nurses in adult social care.

2. The Department of Health (DH) held a symposium on 6 February 2015 to discuss the recruitment and retention of nurses in adult social care. This note provides an overview of the feedback collated at the symposium and advises on the next steps.

3. Forty-nine people, from across the health and social care system participated in the symposium which explored:
   
   - options to attract nurses into the social care sector;
   - practical actions that different stakeholder groups could take to help address the recruitment and retention issue; and
   - what short and longer term changes should be considered to address the nursing workforce challenges in adult social care.

Summary of Symposium recommendations

4. The detail of the discussion is set out at Annex A. This section sets out the feedback from the session which asked each table, considering all of the comments they had made and heard on the day, to set out their top messages for the government and recommended areas for action. These are listed below.
Top messages for the government

Overarching
- There was an overarching recommendation that the Department of Health (DH) establish a social care nursing task force to progress the recommendations set out by the symposium.

Enable international recruitment
- Include care home nurses on the Migrant Advisory Committee (MAC) shortage occupation list (SOL).

Improve the image of nursing in social care
- Run a marketing/recruitment campaign with positive messages about careers with older people in different settings and career pathways.

Nurse education and training
- Make social care placements a compulsory part of the nursing degree and preceptorship.
- Develop specialised post-graduate training in the care of older people.
- Train care workers to take on additional roles, achieving a level of expertise between care workers and registered nurse.

Continuing Professional Development (CPD)
- Provide equality so that all nurses have access to CPD through Health Education England (HEE) funded programmes.

Commissioning
- Co-commission across health and social care based on outcomes and deliver integration this way.

Job roles/career pathways
- Develop alternative caring and nursing roles, for example, advanced carers and nurse prescriber roles in nursing homes.

Pay and conditions
- Resolve the disparity in pay between the NHS and social care nursing.
5. DH officials will look closely at all of the suggestions and will consider over the comings weeks whether and how these can be taken forward in the context of an imminent General Election. The thinking will also fully inform work that DH is doing to prepare for the next Spending Review.

6. Since the symposium, a number of steps have already been taken.

- The Chief Nursing Officer has established a broad, strategic programme board to oversee current activities and to agree wider and further action. Membership will include a wide range of stakeholders including DH, Health Education England, NHS England, NHS Employers, RCN, NMC, Skills for Care and care sector representatives. The programme board’s objective is to increase nursing numbers and it is considering a wide range of potential activities including, but not limited to:
  - improving recruitment and retention;
  - coordinating international recruitment (as well as understanding and exploiting the benefits of changes to skill mix); and
  - the wider multidisciplinary team (without compromising safety).

- DH will establish a focussed social care nursing taskforce early in the new financial year. It is already considering potential membership of this proposed task force and its role and remit. The intention is for it to meet in May and produce prioritised recommendations and an implementation plan by July 2015.

- DH and Skills for Care will ensure that the Skills for Care’s work programme for 2015/16 includes activities that will support work on nurse recruitment and retention;

- DH is working with Skills for Care and the Centre for Workforce Intelligence to consider how we can improve the intelligence about the nursing workforce in adult social care;

- DH will explore links with UK Advisory Forum on Aging (UKAFA) to identify what support they may be able to offer around some of the cultural issues identified.
DH is working with NICE to explore the options on producing safe staffing guidance for use in social care settings.

The MAC announced on 25 February 2015 that it has not recommended that nurses are included on the list. Annex A, paragraphs 7 – 10 provide more information on this and the options that are available to assist with international recruitment.

Conclusion

7. The people and organisations represented at the symposium will be crucial to progressing this work. The DH is keen to continue the momentum and will continue discussions with symposium members over the coming months around how best to work together to deliver this agenda and to shape a set of proposals for the incoming government to consider.

8. A further update on progress will be provided in June 2015.
Detailed feedback from the discussions

Discussion
1. Dr Glen Mason, DH Director of People, Communities and Local Government, gave a short overview of the challenges, as set out in the background briefing that had been circulated to participants in advance.

2. Rob Smith, Head of Planning and Information at HEE then provided an overview of the current and planned initiatives to improve the supply of nurses. Participants commented that it was useful to understand what HEE was working on and issued a request that HEE ensure the need for social care nurses is included in HEE workforce plans.

The working sessions
3. The first working session explored the opportunities available for making social care nursing an attractive career choice. Each table was given one of the following questions to focus on. Key points were recorded on templates:
   a. What can be done to change the image of nursing in social care to make it an attractive career choice?
   b. What can be done to encourage registered nurses who are not working to return to practice in social care?
   c. What can be done to encourage newly qualified nurses to choose social care nursing as a career of choice?

4. The next session looked at identifying practical approaches for tackling the issues of recruitment and retention of nurses in adult social care. Tables looked at the contribution different stakeholders could make to improving the recruitment and retention of nurses in the social care sector. The following questions were posed and the discussion was recorded on templates.
   a. What practical actions can this group take to improve a) the recruitment and b) the retention of nurses for adult social care?
   b. What support would they need from others to do this?

5. The final discussion session focussed on priorities for now and messages for the future. Participants were invited to identify those actions that they believed would have the greatest potential to make a difference:
   - in the short term; and
what changes the next government should consider to improve the capacity of nursing in the social care sector

**Headline feedback**

6. It was emphasised that if we get this right, and can address the recruitment and retention challenges, social care with nursing can be a solution to many issues that are currently being grappled with – for example helping people to live well with long term conditions while retaining independence, and keeping people out of hospital. It was also noted that the data, circulated in advance of the symposium, showed that the sector should expect to lose close to half of its nursing workforce to retirement in the next 10 to 15 years.

7. Across all sessions the comments have been reviewed and generally they fall within the following themes – some comments naturally cut across a number of themes. These sections align with the recommendations that the symposium made as set out in the cover paper.

**International recruitment**

8. There was much discussion regarding the need for social care nurses to be included on the shortage occupation list (SOL). Some participants advised that they had submitted evidence to the Migrant Advisory Committee (MAC) review of the SOL. On 25 February 2015, the MAC published its findings and recommendations from a partial review of the shortage occupation list. It has not recommended that nurses are included on the list.


10. Being included on the SOL is not the only way that nurses can be recruited from abroad. The Government is committed to ensuring that employers are able to recruit professionals to posts where they are not able to attract suitable candidates from the UK (and EEA). The Home Office’s Tier 2 immigration route allows employers to do so, even if roles are not included on the SOL. Although there is a limit on this route of 20,700 places in any year, this has never been reached and no employer has been prevented from recruiting nurses from abroad. To ensure that remains the case in the coming months, we have been in discussion with the Home Office and they will release an increased number of certificates of sponsorship (required for a visa) in April 2015. DH and Home Office colleagues will review the position on a regular basis.
11. Additionally, the DH worked with colleagues at the Home Office, the NMC and NHS Employers to iron out difficulties experienced with the new NMC registration of international candidates and the Home Office rules supporting those new requirements. Rules took effect on 19 March 2015 that will allow nurses from outside the UK (and EEA) up to 8 months to pass the Objective Structured Clinical Examination (OSCE) which is required to gain registration.

**Improving the image of nursing in social care**

12. The need to improve the image of nursing in social care and promote its benefits as a career choice was highlighted. It was acknowledged that social care nurses have an older age profile (the workforce is mainly over 40, mostly female, with a high proportion of nurses having a non-full time work pattern.) General views were this age may be the time in a nurse’s career when some would consider a move to the sector for more flexible and/or part time working. An issue that was raised was of how to attract younger nurses into the sector, whilst recognising some reservations that it may not be a suitable post for newly qualified nurses (for example, because of the level of autonomous decision-making required).

13. A number of suggestions were made regarding attracting both new and experienced nurses to the sector including:

- a national campaign to encourage people to aspire to social care nursing as a positive career choice;
- setting out clear career pathways and introducing new care and nursing roles to demonstrate a viable, exciting career choice; and
- promoting the benefits – e.g. flexible working patterns, the ability to form on-going person centred relationships and provide long term on-going care, being able to see the difference you make, autonomy of practice.

14. There was some recognition that despite best efforts this may simply not be viewed as a sufficiently attractive career choice for relatively newly qualified nurses. A number of innovative approaches are needed to target students, newly qualified nurses and existing nurses to consider it as a part of their career path. There should also be a campaign to target nurses who are qualified but not currently working as nurses. It was noted that work on image and culture change takes time to have an impact so must begin soon.
**Nurse education and training**

15. This area received the highest number of individual logged comments on the feedback sheets across all sessions. Feedback and suggestions can be summarised as follows:

- making it compulsory for student nurses to have a placement in a social care setting as part of their training (though there was recognition that this needs careful handling if people really do not want to work in the sector);
- developing specialised post-graduate training in the care of older people to raise the profile of older people’s nursing to that held by, for example, paediatric nursing, and improve the quality of care delivered;
- training care assistants to take on additional roles, achieving a level of expertise somewhere between care worker and registered nurse;
- ensuring nurse training and education reflects the needs and opportunities associated with a nursing career in social care;
- a need for HEE to provide the sector with greater prominence in their work to supply the health and care system with nurses;
- promoting the benefits of a return to nursing campaign to encourage qualified nurses, not currently working as nurses, to consider returning to work in adult social care;
- ensuring that the return to nursing training offered by universities is fit for this purpose and sector; and
- preceptorship and ensuring that community and social care placements are a compulsory part of this.

16. It was mentioned that there may be lessons to learn from recent return to nursing and return to health visiting initiatives. Additionally, it was highlighted that Australian evidence shows that compulsory student placements in care homes make no difference to eventual employment.

**Continuing Professional Development (CPD)**

17. Many comments were received on CPD with the main one being about ensuring social care nurses do have access to CPD. A summary of the comments is as follows:

- Clarity on what CPD is *available*, associated costs and how to access is needed;
A review of what CPD is needed and how it is structured and funded should be considered;

CPD is difficult to access at care homes;

Open up NHS training to care sector nurses - treat nurses in care on a par with nurses in the NHS. The case can be made that better trained and developed social care nurses will reduce the pressure on NHS services;

A view that there is a need to review the universities contract for CPD.

Revalidation

18. There were no written comments on this subject, but during discussion, revalidation for nurses was mentioned as an issue that could potentially have a significant impact on the sector and its nurses. From 31 December 2015 it is expected that revalidation will replace the NMC’s Post-Registration Education and Practice (PREP) standards. Revalidation aims to improve upon the PREP system by setting new requirements for nurses and midwives.

19. Under revalidation nurses and midwives will be required to declare they have:
- met the requirements for practice hours and continuing professional development;
- reflected on their practice based on the requirements of the NMC Code, using feedback from service users, relatives, colleagues and others;
- received confirmation from a third party that their declaration is accurate in accordance with the NMC’s Code.

20. There was a perception that the requirements of revalidation will present particular challenges for nurses in social care and failure to meet the requirements may result in a drop of the number of registered nurses in the sector.

21. The third party confirmer would normally be the registered nurse’s line manager and this does not need to be another registrant. Nurses will also be required to submit five reflective accounts, based on the four pillars of the NMC Code, and these should result from a reflective discussion with another peer registrant. For smaller care homes where there is only one registered nurse, then a network would need to be established with other care homes that would allow for these reflective discussions to take place.
22. It was mentioned that it is vital that employers in the social care sector prepare for revalidation so that they are able to support their registered nurses in complying with the requirements.

**Commissioning**

23. Discussion and feedback was strongly focussed on the need for co-commissioning (by the NHS and local authorities) based on outcomes.

- A key recurring theme was around getting NHS and social care commissioners to work in partnership and identifying what needs to happen to make this a reality.
- A suggestion as a starting point was around mapping current models of good practice in commissioning for the delivery of health and care and sharing widely.
- Better involvement from social care in workforce planning and education commissioning (via HEE and Local Education Training Boards - LETBs) is essential and help is needed to make this happen.

**Integration**

24. Discussion covered a range of items including:

- the issue of funding and integration – there is a need to look across the system. It was suggested that when care is moved from the NHS to the independent sector, money is retained in the NHS and does not follow the service user.
- a need to adopt a holistic approach - view health and social care as a single system and remove the artificial division;
- a suggestion of exploring the use/viability of the rotation of nurses between the NHS and social care;
- a suggestion that identifying and circulating good practice examples on integration would be beneficial; and
- sharing and learning lessons from the implementation of the Better Care Fund plans.
Job roles/career pathways

25. Examples of how some providers are tackling the recruitment and retention issue, by developing new job roles such as advanced carers and offering training and on-going development for these roles. There are examples of these roles being used to bridge the gap between the care worker role and nursing role. A number of attendees were interested in finding out more about this work, the roles, how they had been developed by providers, the demarcation between the tasks that each role undertakes and the success in terms of recruitment and retention.

Pay and conditions

26. Disparity in pay and benefits with NHS and a suggestion that minimum pay level should be set for nurses in social care was mentioned. Nurses in adult social care tend to be paid on Agenda for Change (AFC) band 5, this equates to the amount a nurse in the NHS is paid but there is little scope for progression.

27. In addition, the terms and conditions for a nurse in adult social care can vary as they are agreed with the individual employer and may not be on parity with the NHS.

Safe staffing ratios

28. Feedback was provided that some would welcome NICE guidelines on safe staffing ratios and also about the skills mix required. It was felt that any guidelines should be about the broader care workforce and not just nurses.

Advocacy and cultural issues

29. Some feedback centred on there potentially not being sufficient political and ministerial interest in older people and a suggestion of a Minister for Older People. There is currently a Minister for Care and Support in the Department of Health (The Rt Hon Norman Lamb MP), and a Minister of State for Pensions in DWP (The Rt Hon Steve Webb MP), who both have specific responsibilities around older people.

30. Northern Ireland and Wales both have an Older People’s Commissioner. There has been debate about whether there should also be a similar post for England: http://www.centreforum.org/index.php/mainpublications/519-giving-older-people-a-voice. This issue should be further debated to assess whether such an appointment would bring the leadership and advocacy for older people that is needed in England.
31. Broader issues were highlighted around society’s negative perception of older people. There is an existing forum that looks at the opportunities and challenges associated with an aging society. DWP provides secretariat support to the UK Advisory Forum on Aging (UKAFA). It has objectives to help people to live well in later life and create an age-friendly society - doing more to tackle stereotypes about old age, to change attitudes and to make sure that services are well designed and accessible to people of any age. UKAFA has 40 members including Ministerial representation, representatives from the devolved nations, organisations for older people and local government.

Further analysis/intelligence

32. In terms of understanding the sector and its nursing workforce, there were comments on the day about available intelligence and expectations that more data may be held by a number of organisations across the sector. While the DH positioning paper, Skills for Care analysis and the Centre for Workforce Intelligence papers provided insight there were some recurring themes mentioned during the symposium on areas that could warrant further investigation

- Agency use – this was mentioned both in the evidence base and at the symposium itself; it could be useful to know how much agencies are really used.

- Demographics – we have evidence regarding the ‘older’ workforce in adult social care nursing, but this doesn’t necessarily indicate that the supply is lessening. A high percentage of older nurses working in adult social care is only a problem if people are retiring faster than others are joining. It may only be possible to gather qualitative evidence on how demographics have changed over time; regardless it is important in evaluating the scope of the problem.

- Turnover – it was mentioned that it would be useful to be able to track nurses as leaving/joiners across health and social care to understand better the movement between the two sectors and the extent to which high turnover might relate to movement between different social care posts.