

CARE IN A POST-BREXIT CLIMATE

How to raise standards and meet workforce challenges

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60-SECOND SUMMARY

Although some carers and care providers manage to provide outstanding, compassionate care in difficult circumstances, there are growing concerns about the standard of social care services relied upon by some of the most vulnerable people in our society.

There are three primary concerns: high levels of user dissatisfaction, rising numbers of abuse alerts and the large number of providers requiring an action plan for improvement.

Poor outcomes are associated with chronic underinvestment, weak regulation and oversight, and a lack of effective workforce planning and management skills. NHS statistics such as delayed transfers of care are increasingly demonstrating that higher demand for adult social care and pressure on local authority social care budgets is seriously affecting NHS performance, and threatening the financial stability and sustainability of the health and social care systems.

A reliance on migrant labour in the care sector has masked the absence of effective workforce planning strategies, with employers turning to migrant labour to fill posts that may otherwise be difficult to recruit for.

Around 6 per cent of people employed in social care – approximately 60,000 workers – are European Economic Area migrants. Around 20,000 of these workers have arrived since 2012. With uncertainty around the future of freedom of movement the flow of EU migrant workers could provide a less reliable source of labour for British employers in future. Even if freedom of movement were to be preserved as part of a future Brexit deal, it is unlikely that labour shortages can be avoided in the short to medium term. However, the majority of immigrants working in social care (191,000 people) come from non-EU countries. As the government has pledged to review non-EU migration, the future flow of workers from non-EU countries is also less secure. We project that the UK will need to have recruited and trained 1.6 million low-skill health and social care workers up to 2022 in order to replace those leaving the profession as well as to meet increased demand. This is the equivalent of two-thirds of the current low-skill health and social care workforce, and is larger than for any other occupation in the UK.

Social care competes with other low-wage sectors for its workers. If it is to attract more UK workers, the care sector will have to consider how to improve working conditions and strengthen opportunities for development and progression. There is, therefore, an urgent need for an ambitious workforce strategy that tackles longstanding weaknesses in the workforce structure and working conditions.

There are growing calls for a cross-party consensus on funding before the end of this parliament to prevent the complete collapse of the social care system. Successive governments have commissioned reviews into social care funding – most recently the Dilnot commission in the last parliament. While the recommendations we outline below will help tackle the problems identified in this report, these cannot fully be addressed without a sustainable funding solution for social care.

RECOMMENDATIONS FOR RAISING STANDARDS IN SOCIAL CARE

Our vision to improve standards in the care sector has three elements.

1. Effective minimum standards to push up quality, developed by Skills for Care in conjunction with a representative board, and enforced through a stronger Care Quality Commission (CQC).
2. Better conditions for workers, enforced through a stronger CQC in partnership with HMRC.
3. An industrial strategy for care with a new focus on innovation, including stimulating the potential of new technology to drive productivity improvements.

1. Effective minimum standards for training

Minimum qualifications and appropriate training to attain them are essential to ensure services are of a consistently good quality, yet the UK has neither. In not setting minimum standards for training in social care, the UK is an outlier compared to other advanced economies.

The care certificate has had some success in formalising a minimum skills floor, but it remains unenforced while many carers are not even given the opportunity to have this training. We recommend building on the certificate as a route to improving standards in care.

To improve care outcomes, the care certificate must be:

- a robust indicator of high-quality skills and knowledge
- mandatory for workers and enforced by a regulator
- delivered to a high standard by training providers or employers.

Recommendation 1

The care certificate should be a legal requirement – and it should be fully enforced – in order to create an effective minimum qualification floor for the care sector.

2. Oversight and monitoring of quality standards

In addition to strengthening the role of CQC to enforce minimum standards of training, we recommend that the role of CQC is broadened to tackle the exploitation of low paid workers in the sector. CQC should have a duty to refer cases of underpayment of the national minimum wage to HMRC, as recommended in the Kingsmill review. Giving CQC the remit and resources to support HMRC in enforcing the higher minimum wage (or national living wage) is likely to shed more light on these illegal practices and to reduce their prevalence in the long term.

Recommendation 2

The CQC should be given two new duties:

- to enforce minimum standards, by requiring that employers proactively demonstrate that they have trained their employees under the care certificate curriculum, through high-quality training.

- to tackle the exploitation of low paid workers, by broadening its inspection regime to include employment outcomes, with a duty to refer non-payment to HMRC.

The cost of resourcing these new duties for the CQC should come from employer fees, set at a level that is acceptable to employers and enables reform to the commission.

3. A new industrial strategy for the care sector

These recommendations need to be combined with a wider vision for the sector: supporting the integration of training between NHS and non-NHS carers; supporting technological innovation in care; and moving towards responsible procurement in all local authorities.

There are numerous successful tech innovations happening at the frontline of social care, but the current underutilisation of both medicinal and digital technology means that there is real opportunity to unleash a new wave of innovation that could have a revolutionary impact on how care is delivered, and how patients interact with professionals to manage their own health and care.

Recommendation 3

We recommend pump priming of technological innovation through match funding for new applications that will improve the delivery of social care:

- match funding for new technological applications that will improve the delivery of social care
- fund could be small, up to £5 million, delivering seed funding of £20–50,000 for individual projects
- require open standards so that new tech systems are compatible with each other, rather than recreating the NHS IT barriers.

Taken together these measures will bring about a more coordinated and strategic approach to social care that focuses on the workforce and puts personal, relational care with high-quality interactions at its core.

For the full report, including all references, data sources and notes on methodology, see: www.ippr.org/publications/care-in-a-post-brexite-climate

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