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## Brexit health and social care inquiry - Response from MHA

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## Written evidence submitted by MHA

#### I About MHA

- 1.1 MHA is an award-winning charity providing care, accommodation and support services for older people throughout Britain. We are one of the most well-respected care providers in the sector and amongst the largest charities in Britain, providing services to older people for more than 70 years. We aim to reduce isolation and loneliness among older people by connecting older people in communities that care.
- 1.2 MHA delivers a range of high quality services to 17,000 individuals:
  - 4,350 older people living in 84 care homes residential, nursing and specialist dementia care
  - 2,500 older people living independently in 72 retirement living communities with flexible support and personalised care, with a further ten sites in development
  - 10,000 older people supported through 66 Live at Home services in the community.
- 1.3 Our services are delivered by 7,000 dedicated staff and enhanced by the commitment of 5,500 volunteers.
- 1.4 MHA recognises that loneliness is an increasing challenge that affects many of us as we age and it is manifested physically, emotionally and spiritually. Our ambition is to ensure that every older person can be connected within a community of their choice so they can live an independent and fulfilled later life as they age.
- 1.5 As a provider of care for older people for over 70 years, MHA is pleased to have the opportunity to share our views on Brexit and the potential implications for the adult social care workforce and for us as a major not- for profit provider of social care.
- 1.6 MHA is a member of Care England.

# 2. Key messages

- 2.1 Brexit negotiations must acknowledge and take account of the contribution of our EU adult social care workforce. EU nationals make a significant contribution to the adult social are workforce in the UK. Around 6% (80,000 jobs) of the adult social care workforce came from within the EU<sup>1</sup>.
- 2.2 Future proofing the adult social care workforce Brexit needs to help not hinder this. There are two aspects to this:
- 2.2.1 Recognising the increase in the adult social care workforce that will be needed to support the increase in our ageing population. The total number of people aged 65+ is projected to increase by 21% between 2015 and 2025. If the adult social care workforce grows proportionally to the projected number of people aged 65+ in the population, then the number of adult social care jobs will increase by 18% (275,000 jobs) to 1.83m jobs by 2025<sup>2</sup>. This makes it essential that the government makes sure that Brexit helps, rather than hinders, how we address and future proof the social care sector's ability to recruit and retain sufficient workers to respond to the increasing volume of need.
- 2.2.2 Recognising the current challenges around recruitment and retention. Skills for Care estimates that the turnover rate of directly employed staff working in the adult social care sector was 27.3%, which equates to approximately 339,000 leavers per year. Turnover is attributed to difficulties retaining younger workers and people leaving the sector soon after joining. The vacancy rate is estimated at 6.8% (84,000 jobs). The sector needs to be able draw from a wide pool of labour and if EU/EEA migrants lose their right to work in the UK, it will be impossible to close this sizable workforce gap in adult social care and will significantly impact on an already fragile sector. Even in a scenario where there are high levels of migration and the care sector becomes more attractive the social care gap will be as big as 350,000 people by 2037.
- 2.3 Brexit negotiations must ensure that nursing employers have access to a wide pool of labour for both adult social care and the NHS this is not just an NHS issue. There is, and has been for some time, a real shortage of qualified nurses in the UK. This is having an impact on the delivery of services now. It is essential that the Government consider the nursing crisis in Brexit negotiations to ensure that nursing employers have access to a wide pool of labour. Failing to address this will jeopardise the ability of care providers to provide nursing home places and will subsequently increase pressure on NHS services.
- 2.4 Clear and unambiguous messages from the Government throughout the Brexit negotiations recognising the value all of our adult social care workforce, including those from the EU. The adult social care sector is a large

<sup>&</sup>lt;sup>1</sup> Skills for Care estimates using NMDS-SC

<sup>&</sup>lt;sup>2</sup> Skills for Care, The State of the Adult Social Care Sector and Workforce in England, September 2016

³ Ibid.

<sup>&</sup>lt;sup>4</sup> Independent Age, Brexit and the future of migrants in the social care workforce, September 2016

and growing sector, employing 1.43 million people and contributing £40.4 billion to the economy<sup>5</sup>. The UK should make all social care staff feel valued and recognised, regardless of their background.

### 3. MHA's adult social care workforce – carers and nurses

- 3.1 MHA employs carers and nurses who are from the EU and from outside the EEA. As documented by Skills for Care (referenced in 2.2.2), we have experienced a range of recruitment difficulties for both care workers and nurses.
- 3.2 Recruitment of care workers can be challenging depending on the area, because of the poor perceptions of care work. Anecdotally we have experienced particular difficulties recently in Bath, Bedford, Didsbury and Letchworth. Employees from the EU have been an important source of labour to ensure that we can continue to deliver high quality services.
- 3.3 The recruitment of nurses has been more challenging for us. MHA has 37 care homes around the country that provide nursing care to over 1,500 residents. We consistently have 25 30 nurse vacancies at any one time. This is despite our rate of pay being above average and our competitive suite of enhanced benefits. We have been experiencing a difficulty in recruiting nurses, as well as pressures in recruiting care staff, in specific parts of the country. In particular: Aberystwyth, Aylesbury, Bath, Bedford, Bristol, Cardiff, Carterton, Chippenham, Frodsham, Gloucester, Hitchin, Leonards on Sea, Nottingham, Poole, Poynton, Stafford, Southampton and Wells. Unfortunately, in the past year, we have had to withdraw nursing care provision in Aberystwyth, Carterton, Leamington Spa and Nottingham.
- 4.3 Whilst we recognise that there is increased demand for nursing care, we have not planned to grow our provision in this area, in our 10-year strategy. This is because we are not confident we could resource such a growth. We are struggling to recruit qualified nurses now and we envisage continued difficulties in the future. We believe this to be a sector wide scenario.
- 4.4 The current qualified nursing shortage crisis is having an impact on the delivery of services now. It is essential that the Government consider the nursing crisis in Brexit negotiations to ensure that nursing employers have access to a wide pool of labour. Failing to address this will jeopardise the ability of care providers to provide nursing home places and will subsequently increase pressure on the NHS.

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<sup>&</sup>lt;sup>5</sup> Skills for Care, The State of the Adult Social Care Sector and Workforce in England, September 2016