



The health and social care challenges that impact workforce thinking

Improved outcomes in population health and healthcare is one of the fundamental purposes of integrated care systems (ICSs). To achieve this, partners from across both health and social care must come together to plan and develop a workforce that integrates and connects across all parts of the system to deliver personal, person-centred care to their local populations now and in the future. We understand that this is a new way of working for some in health and social care, so this guide builds on emerging lessons to support you to do this successfully across sectors and within multi-agency services.

To support workforce thinking, an integrated workforce plan must be aware of and address the key issues currently facing health and social care, including recruitment and retention, workforce redesign and staff development as well as anticipate the future demand based on any future service or workforce redesign.

The health and social care sector in England is facing significant pressure, driven strongly but not exclusively by the capacity challenges affecting social care. Data from Skills for Care's adult social care workforce data set and health statistics support the need for improving how systems work together. Like the NHS, adult social care faces significant vacancies and is struggling to recruit and retain the staff desperately needed to keep people well at home, and to support them to leave hospital safely to live in the community, in their own homes, with support from families.

With vacancies currently running at 165,000 for social care and 105,000 for health, creating an integrated workforce plan that tackles these issues will mean better outcomes for people. For example, by ensuring they will only have to tell their story once.

Current vacancies



105,000

Vacant posts in the NHS



165,000

Vacant posts in social care



12,000

Vacant hospital doctors



50,000

Vacant nurses and midwives

The number of people on a waiting list for hospital treatment rose to a record of nearly

6.5 million

in April 2022.



The **18-week target** for treatment has not been met since 2016.

Demand on the health and social care sector continues to grow with an extra **475,000 jobs needed in health** and **480,000 jobs needed in social care** by the early part of the next decade.



Statistics taken from Chart of the week: [Staff vacancies and shortfalls in the NHS and State of the adult social care sector and workforce in England](#).

The July 2022 assessment of adult social care by ADASS reveals significantly more people seeking support and rising cases of breakdown of unpaid carer arrangements than in 2021. Simultaneously, almost seven in ten directors say that care providers in their area have closed or handed back contracts to local councils. Many more cannot deliver the increased care and support needed due to staffing shortfalls.

These findings illustrate the extent of the interdependency between health and social care, with squeezed capacity in primary and community care being an important factor impacting demand for social care services. ADASS has also noted the greater acuity of care needs, which impacts on ASC providers as a result of delays in accessing NHS treatment and reductions in community health services.

These pressures have a real human impact on the health and care workforce.

In August 2021 the NHS lost **two million full-time equivalent days** to sickness.

Including more than **560,00 days** to anxiety, stress, depression, or another psychiatric illness.

For social care it is reported that an average of **7.8 sickness days** per employee were taken in 2021/22.

This equates to **12.7 million lost sickness days** over the year and a total of approximately **10.7 million days** were lost to sickness over the year.

Statistics taken from [Chart of the week: Staff vacancies and shortfalls in the NHS and State of the adult social care sector and workforce in England](#).

The challenges facing the sector are not new, with health and social care struggling to recruit and retain staff for a number of years. However, this has been more acutely felt in the wake of events such as COVID-19 and Brexit, with employers increasingly having to rely on expensive agency staff. Issues are likely to be compounded by spiralling inflation and ever-intense labour market pressures nationally.

While this guide is designed to encourage integrated workforce thinking and support workforce planning across systems, workforce planning also needs to be coordinated nationally across health and social care to ensure we have a sustainable workforce for the future. As our population grows and ages, many of the challenges faced by health and social care will require more innovative models of care and a more integrated and strategic approach to the workforce required to meet that demand. A decision to address recruitment and retention issues in one sector may have implications in the other, or fail to take advantage of opportunities arising from joint working. Most recruitment takes place from the same pool of ASC staff and so the pay differentials between health and social care staff results in a one-way flow of staff joining health organisations due to better pay and conditions. It is important to highlight that the average care worker pay is £1 per hour less than healthcare assistants in the NHS that are new to their roles.

Challenges are not only around pay and conditions but include career progression, training and qualifications. Employers and training providers are working to identify the training needs of the workforce going forward and the skills that both health and social care will fulfil in the new ICS architecture.

There are opportunities to undertake more work with universities and colleges to improve the narrative around jobs in health and social care and for all parts of the domestic workforce to see health and social care as a valuable career opportunity.

Similarly, digital information and assistive technology needs to be explored further to identify opportunities to digitalise activities across health and social care. This will provide more time for meaningful interaction with people who draw on care and support, such as shared digital care records so an individual only has to tell their story once.