

Skills for Care board briefing March 2018

Skills for Care's Intelligence Monitoring update, prepared by us to give our Board a summary offering some insights into the social care and learning provider markets, as well as the state of the workforce.

1.0 Introduction

- 1.1 As the financial year 2017-18 draws to a close social care retains a high public profile. The cabinet reshuffle in January saw Jeremy Hunt take over additional responsibility for social care in the renamed the Department of Health and Social Care. There was also an announcement that in the summer of 2018 the government will publish a Green Paper on the care and support of older adults. This has met with mixed reactions; positive in the sense that the consultation will “incorporate the wider networks of support and services which help older people to live independently, including the crucial role of housing and the interaction with other public services”¹, less positive as care for younger adults, which accounts for almost half of all council spending on adults social care and includes the fastest growing element, learning disability will not be part of the Green Paper. This area of work instead will be reviewed in a “parallel programme of work” led jointly by the Department of Health and Social Care and Ministry of Housing, Communities and Local Government. Concerns have been raised that the system should be looked at as a whole and that there is a danger that disability provision could be side-lined. Critics have also pointed out that there is no care users' or workers' representation among the 12 experts who will provide advice and support engagement in advance of the Green Paper. Cordis Bright in its January briefing expressed a concern that the proposed timetable for the Green Paper is unlikely to see new legislation implemented until 1st April 2021 which theoretically will just be a year away from the General Election in May 2022.
- 1.2 A survey of 113 English Councils conducted by the Local Government Information Unit and the Municipal Journal found that 8 out of 10 local authorities fear for their financial sustainability and most plan to increase council tax and raise charges for services such as parking, planning, social care and waste. In spite of increased funding from the social care precept, the Better Care fund, the improved Better Care fund and the additional funding of £150m announced in February, core central government funding to councils is being reduced by a half over the next 2 years, and local authorities face a funding gap that will exceed

¹ “Government plans to reform England's social care are an opportunity missed” David Brindle 17th Nov 2017

£5bn by 2020. The annual survey, held as councils prepare to set their budgets, suggests that the crisis at Northamptonshire County Council is the tip of the iceberg and predicts reduced activity by local authorities in several community services including adult social care.

- 1.3 The National Audit Office (NAO) report on the adult social care workforce in England published on the 8th February heavily criticises the Department of Health and Social Care's role in overseeing the adult social care workforce. It also examines whether the size and structure of the care workforce are adequate to meet users' needs now and in the future, in the face of current financial challenges, a competitive labour market and demographic changes. Key findings include; high turnover and vacancy rates in particular for care workers and registered nurses, growth in the number of jobs having fallen behind the growth in the demand for care, the number of people with unmet need increasing and a workforce that feels undervalued, with a perception of limited opportunities for career progression compared with similar roles in the NHS. The report also supports the contention that low pay contributes to the high vacancy and turnover rates for care workers as well as contributing to the particular recruitment challenges to fill the role of registered manager. The report goes on to criticise the Department of Health and Social Care for its failure to provide strategic oversight of, and support for, workforce planning for the sector. The lack of a current workforce strategy and clear roles for the various bodies involved in delivering care is noted. In addition a review of local, regional and STP plans found that "few areas have detailed plans for the care workforce"²
- 1.4 The report also points to the risk at local authority level of the number of non-British European Economic Area nationals working in care. In 2016-17 they represented 7% of the workforce an increase from 5% in 2012-13. The variation across the country is significant with the proportion of non-British EEA workers under 0.1% in Hartlepool whereas in Richmond-upon-Thames it is 21.5%. Local Authorities with the highest proportion are all in London and the SE.
- 1.5 The report recommends that the Department should produce a national workforce strategy, involving all other key stakeholders, which is consistent with the reforms emerging from the Green Paper. It also states that if this strategy is combined with health, social care should receive sufficient prominence.
- 1.6 Further difficulties for the sector were highlighted in the Cordis Bright January briefing as a result of the issue of payment for sleep-in duties. Without intervention from the government the resolution of this underpayment is set to cost hundreds of millions of pounds for social care providers. If this money is lost

² National Audit office "The adult social care workforce in England" 8th Feb 2018 para 19

to the sector it will have profound and long term effects. Cordis Bright predicts that if there is no bail out on sleep-in underpayment liabilities it is likely some providers will close and others will merge.

- 1.7 The transformation and integrated care agenda is central to the work of all the areas. As previously reported many locality managers now attend their local LWABs and their various subcommittees. They continue to report the difficulties they face in these forums where some are still developing their priorities and where they are often seen as representing the voice of social care. The challenge remains for these health-led strategic bodies of fully engaging with local authorities and the full range of social care provision remains an issue to be overcome. Most areas are reporting that care providers are not part of LWAB structures. This picture is endorsed by the findings of CQC reviews of local health and social care systems which focus on the experience of people aged 65 and over moving through the system and how well services work together. Interim findings suggest that there is still much to be done for the two systems to work together in a consistent, strategic and joined-up manner. Workforce issues including staff shortages, retention and opportunities for career progression remain a significant deterrent to the system working effectively. The availability of social care in nursing homes, specialist care homes and domiciliary care was one of the most significant challenges in all the systems visited so far. They point to insufficient investment in the sector and the workforce causing major difficulties with recruitment and retention.
- 1.8 On the 28th February the Home Office announced a policy statement providing details about the rights of EU citizens arriving in the UK during the implementation period as well as their rights when this period of time has concluded. The implementation period will begin after our withdrawal from the EU and is designed to give people, businesses and public services time they need to put in place the new arrangements that will be needed to adjust to the new requirements. The policy announcement makes it clear that the UK rejects the EU proposal that the provisions on citizens' rights in the Withdrawal Agreement should apply at the end of the implementation period. During the implementation period EU citizens and their family members will be able to move to the UK on the same basis that they do today. During this time EU citizens will be required to fulfil the requirements of a registration system. The Government will be putting in place a new immigration framework during this period, which will be designed to support the UK economy, enable businesses and key public services to access the skills they need and which will come into place at the end of the implementation period. The new immigration framework will be informed by the recommendations of the Migration Advisory Committee which is due to report this September. The UK will offer EU citizens and their family members who arrive, are resident and have registered during the implementation period eligibility after

the accumulation of 5 years continuous residence to apply for indefinite leave to remain. It will be possible to apply at any point up to three months beyond the end of the implementation period. The King's Fund, in their update on "Brexit: the implications for health and social care" 13th December 2017, point out that Brexit is already having a negative impact, on the recruitment and retention of EU nationals in some parts of the workforce which is further contributing to shortages of key staff. Reports in the press indicate that for some time since the referendum the UK has lost some of its appeal as a place to live and work. Martin Green, Chief Executive of Care England is quoted in the Guardian "the problem of EU nationals now leaving is quite significant". "One of the things we are seeing is that people are making decisions (to leave) when they are thinking about the next phase (of their career), or have been here for two years". "The other problem is that they are not being replaced"³

2.0 Social Care workforce

- 2.1 Recruitment and Retention remain the most significant issues facing employers across all areas and parts of the sector. In London, employers are saying that they are losing staff to sectors such as retail where pay is better and work pressures are fewer. This is equally true in Manchester where major investments are underway including the development of Manchester airport, which provides competing demands for workers in retail and hospitality. For some time significant reductions in unemployment in many areas means that providers find attracting job-ready candidates most challenging. Some employers have a lower turnover, often associated with an outstanding CQC result, and find that they can choose the better-qualified candidates and avoid those without any experience. This is in stark contrast to the many new start-up domiciliary care agencies who offer low pay and poorer employment conditions. In Yorkshire, Humber and the NE, domiciliary care providers and commissioners of these services also report difficulty in gaining enough workers who are able to drive or have access to a vehicle. Despite this some employers continue to not pay staff travelling time. A recent survey of national employers conducted by Skills for Care supports the picture from the areas: the key issue for all is a perpetual cycle of poor quality applicants or not enough applicants leading to high levels of drop out.
- 2.2. For a number of years now social care staff have seen their pay rise below the level of inflation whilst they hear that average pay is rising above inflation for other sectors. This ultimately has a negative impact on the quality and consistency of care. The inability of service providers to add value to provision, a lack of capacity for staff to complete additional learning, restricted time for

³ 'Brexit fears trigger exodus of crucial EU health and social care workforce' Guardian 5th July 2017
Helene Mulholland

supervision and appraisal, all leading staff to feel unsupported, undervalued and demotivated

- 2.3 In London, regulated workforce vacancies remain consistently high with shortages of nurses, OTs and an ongoing challenge of recruiting experienced social workers. National providers point to longstanding nurse vacancies. Areas continue to report that due to recruitment difficulties, nursing homes are re-registering as Care homes.
- 2.4 As previously reported there is a growing anecdotal evidence of PA/care worker agencies entering the market, and in many cases care workers are engaged on a self-employed basis. Adverts have appeared on Facebook by companies operating in the NW advertising for care workers who will be self-employed and required to pay for their own online training. Co-operatives and partnerships between care workers and PAs are also becoming more prevalent, ostensibly in response to the needs of people who want choice and control without employer responsibilities. Currently these new models of provision sit outside the regulatory framework and the CQC National Policy Team is currently reviewing whether it should extend the scope of regulation to include these very small providers.
- 2.5 Sector-based work academies are being delivered successfully in the areas. One example which has so far achieved a 90% success rate (typically they are around 40%) is between Lambeth Council and Certitude and has included candidates with mental health needs, epilepsy, child care responsibilities and prior convictions. In Kent there has been some successes in recruitment using different approaches including social media and community recruitment. There is increasing awareness of the need to understand targeting and reach different communities in different ways. Many new initiatives are taking a whole system approach with health and social care included. This is very much the case with the SW 'Proud to Care' initiative where joint resourcing of recruitment stands and facilitation of system-wide conversations is a key feature of the programme. All three STPs in Surrey are looking at recruitment as part of their work, including joint recruitment campaigns with health and social care. In Greater Manchester there is a proposed recruitment campaign for nurses across the area and there will be an emphasis on the different roles of nurses including those working in care homes. The GM partnership are actively exploring the development of a single gateway for careers in health and social care. In NE London, the Careers in Care work funded by the local STP to develop a website and a joint care ambassador scheme is also progressing. The website is due to be launched in June of this year and there are regular planned recruitment events with JCP throughout the year with the intention of getting more employers to offer work trails and host visits to explain care. Health Education Yorkshire and Humber and

each of the STPs want to develop a competency framework and career pathway across health and social care to support the development of new integrated roles and services. Frimley Health STP has a LWAB sub group looking at new models of care, and we are currently progressing the work to scope out a framework for an enhanced worker in home care as part of income generation activity in the area.

2.6 The move towards large organisations using the apprenticeship levy is not happening as quickly as hoped for in care work. The current pressures on staffing levels is likely to be exacerbated by the 20% requirement for off the job-training for apprentices under the new standards. Most local authorities are using the levy to fill roles they can recruit to more easily. There does seem to be a lot of interest in the degree apprenticeships and integrated apprenticeships, local authorities have realised that they will need to back- fill the majority of work currently being undertaken and haven't done the necessary workforce planning to support this. Employers in Yorkshire, Humber and the NE have reacted negatively to the change from the Qualification and Credit Framework to the Regulated Qualifications Framework as they feel the loss of individual units will negatively impact on the availability of CPD for staff, which will in turn impact on staff satisfaction and retention.

3.0 Social Care provider market:

3.1 Funding continues to be the main driver for change with a high degree of market fluctuation. Several providers in east Kent have closed due to inadequate ratings and they have chosen to close rather than improve. We are seeing care home closures across Surrey and in east Surrey over 10% of homes either residential or nursing closing following CQC inspection. There are currently under 30 local authority-funded places in residential care across the whole of Surrey. In Yorkshire, Humber and the NE the number of CQC registered providers is relatively stable with the number of new providers roughly matching the numbers that are deregistering. There is a continuing trend of LA's withdrawing from direct provision of care services and private providers withdrawing from LA contracts. There are reports that providers are handing back contracts in London, Solihull and the NW. ADASS NW has recently commissioned a study on Market sustainability, which identifies an over-reliance on residential care, the implication being this will have to decrease in the future with a consequent rise in home care.

3.2 STPs and CCGs are the driving force for change in the SE. All local authorities are moving to some form of accountable care approach in West Sussex and East Sussex. East Sussex 'Better Together' is further ahead and has worked with the local authority to develop locality teams to deliver place-based care. Frimley

Health STP has become an Accountable Care System and Surrey Heartlands has been awarded devolution status. The East Surrey/Sussex LWAB has supported a major project focusing on all aspects of well-led, which will be delivered by West Sussex Partners in Care. Surrey Heartlands STP has funded a project mentoring care registered managers, delivered by Skills for Care. The Innovation Fund across Kent, Surrey and Sussex has supported the development of a range of new roles and shared competencies. There is a growing and expanding role for care navigators in Surrey.

- 3.3 New models of care are emerging from the Better Care Fund Vanguard projects, STPs and local authorities. The devolution agenda has yet to have a significant impact on how social care is delivered although in London where Skills for Care is represented on the London Devolution Workforce Group there has more recently been a positive recognition of the need to develop transformative policies to tackle the challenges of the social care and health markets.
- 3.4 In South Tyneside service delivery is from GP Hubs with multi-disciplinary teams working together with the key focus determined on the basis of the individual's primary need. Similarly in South Somerset a Care Hub has been formed with GPs, Yeovil Hospital teams, social care and private providers with the aim of keeping people at home for as long as possible by providing genuinely integrated care. Similar 'health connector' programmes have been established in Mendip and Taunton. In the Midlands there has been investment in the Trusted Assessor role to support the discharge of individuals from hospital home or to care. In the NW, one local authority is broadening the role of Trusted Assessor to carry out an assessment on behalf of the care home, support the individual and their family regarding availability and suitability of their choice of home and provide a liaison role between the hospital, the provider and the local authority. In South Somerset has also seen investment in new roles with 50 Health Coaches now in place across all the participating GP practices, which are part of the Care Hub to focus on prevention, care co-ordination and patient support. The team of health coaches builds close relationships to help patients and their families better understand and manage their health conditions and provide practical advice including diet and fitness.

4.0 Developing Leaders

- 4.1 Registered managers continue to find networks supportive and a safe place to share concerns and good practice. Other issues to note are that as a result of the localism agenda more provider forums are being established that could potentially compete with Registered Managers Networks. There is growing evidence that networks are supporting the integration agenda for example in NW London the head of urgent and unscheduled care was invited to attend the local

network and following on from a lively discussion a follow up has been offered to fund and source speakers for three workshops on mental health, assistive technology and red bag and urgent care, all of which are topics requested by registered managers. Most areas have run Chairs' Support meetings to identify their on-going support needs and how they can grow their networks. Most of the areas of interest link closely to Skills for Care's work streams.

5.0 Capability of the Workforce:

- 5.1 There continue to be major concerns expressed about how to fulfil the 20% off the job training requirement for the new apprenticeship standards. Also of concern is the perception that staff are unwilling or unable to achieve the core skills. Few providers are taking on apprentices and small employers are not engaging at all. Recently learning providers in Dorset reported a 60% drop in numbers. Anecdotally employers are not negotiating the price for apprenticeships. One employer in the NW said that their training provider had just increased the cost of level 2 and 3 apprenticeships by £800- £900. Employers are expressing concerns about the requirement for an end point assessment as they are not confident that the workforce will be able to cope with this. The FE sector is continuing to go through a merger programme which can lead to disruption of services as people leave or move to other institutions.
- 5.2 As new models of care are developed there is a need to develop the knowledge and skills to deliver services differently. The LWAB in Kent is looking to set up a learning hub. Each CCG in Kent has been funded to roll out education programmes for providers including long term conditions and clinical skills. The CCG in Sussex is doing a lot of combined work to reach into care and nursing homes such as catheter care, nutrition and end of life care. In NE London there is a project to develop e-learning modules for PAs which is ready to be launched with events for IEs and PAs. Collaborative work across Bournemouth, Dorset and Poole has supported the training of action learning facilitators for the sector. These facilitators are now working intensively with 8 different service providers, identified as having the capacity to improve. This approach to learning and development is proving to be very effective in a number of contexts.

6.0 Additional issues

- 6.1 The Care Certificate is still not fully embedded in some organisations with an alarming lack of awareness among new organisations. Also worryingly there is anecdotal evidence of home care providers in London not enabling workers to have access to care certificate evidence and not sharing references. This would appear to stem from a fear of people leaving to work elsewhere and is causing

problems when people are not able to evidence the training they have completed.

- 6.2 Care providers in SW London have reported that there is a reluctance amongst some GPs to allow end of life patients to register with them. In addition in the same area there is inconsistent guidance from GPs about whether care staff are able to administer non- prescribed medicines. Registered managers in SW London have also expressed alarm that local authorities are considering using the care room's initiative, described as Care BnB in the press. We do have intelligence that Shared Lives Plus are currently exploring with the NHS England, Department of Health and Social Care and 7 CCGs, the potential to extend their model of home based care to those people leaving hospital following elective surgery and whose own home is temporarily inaccessible. They are keen to ensure that the key features of the Shared Lives Plus programme; supportive relationships, mutual wellbeing and connection to each other and community are protected and maintained in this new partnership. We also understand that Cambridgeshire County Council is looking to pilot the scheme.
- 6.3 Providers in the SE have reported that they are getting reluctant to accept service users who may have mental health issue as they don't feel sufficiently supported. A concern is that if the situation with the person deteriorates then safeguarding alerts are raised and the service's reputation is damaged.

7.0 Conclusion

- 7.1 The current period under consideration continues to reflect a picture of a sector under extreme stress. The need to support strategic bodies' engagement with the full extent of the social care sector and encourage a greater understanding of the cultural differences between health and care remains a priority and a challenge for the areas.