Skills for Care board briefing March 2019

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. Introduction

1.1 Forecasts of the care needs of older people and the associated demand for care and support services are based on the size of the older people's population. Skills for Care's workforce projections, based on an increase in demand created by the aging population, suggest that the number of adult social care jobs will increase by 31% (500,000 jobs) to approximately two million jobs by 2030. Work by the Brookings Institute, as included in the Laing and Buisson[1] care market report and referenced in the latest Cordis Bright briefing, uses proximity to end of life as a measure to examine the practical implications for both care homes and the provision of support services to frail older people. The argument is that demand for care and support services is a function of life expectancy and the size of the older people's population.

The ONS publishes a number of relevant life expectancy measures: Life Expectancy – the average life expectancy of the population, Healthy Life Expectancy – the average life expectancy of the population without major health problems and Disability-Free Life Expectancy – the average life expectancy of the population without major physical disabilities. Cordis Bright's analysis suggests that disability-free life expectancy is a useful measure of demand for specialist housing and/or support services, because disability is a driver of decisions about housing arrangements. There is a wide range of life expectancy across England, driven by deprivation. The lowest average life expectancy is in Blackpool, at 77 years, compared to the City of London, where the average is 86 years. There is a much wider range in disability-free life expectancy across England; Blackpool is again the lowest, at just 58 years, whilst the highest is the Isles of Scilly, at 72 years. Knowlsey in Merseyside has the largest number of disability years (the difference between life expectancy and disability-free life expectancy), at 21 years. This approach provides insight to compare the challenges currently facing local authorities.

In terms of proximity to end of life, the range varies from 11% of the 65+ population being within five years of end of life in the City of London to 22% of the 65+ population in Blackpool. In terms of disability, there is a much greater range; where the disability-free life expectancy is less than 65 years can be greater than 100%. The lowest number of people with a disability as a percentage of the 65+ population is in the Isles of Scilly (46%),

[1] https://www.laingbuisson.com/blog/laingbuisson-report-reappraises-the-care-home-capacity-crisis-in-the-light-of-new-data/

compared to 132% in Tower Hamlets. Different populations will require very different levels of support. In areas where populations have high levels of disability and lower life expectancy, care will be focussed on providing physical support. In areas with lower levels of physical disability and longer life expectancy, i.e. the "active elderly", dementia will be a significant issue. Any future reductions in life expectancy will particularly impact on deprived areas.

1.2 Cordis Bright has conducted a four-year quality trend analysis based on the findings of the annual CQC State of Health and Social Care reports. There is a general trend of improvement, which shows that things are improving. Some domains however have improved more than others, the biggest areas of improvements have been for 'Safe' and 'Effective' and the least improvement, but the consistently highest rating has been for 'Caring'. Interestingly 'Well-led' shows the second lowest level of improvement and has become the greatest area of weakness in care quality overall. The Cordis Bright findings endorse Skills for Care's focus on leadership and management. There is also a stubborn core of social care services that are failing to improve. With further review of the figures, the scale of the challenge becomes clear; 21% of social care services require improvement when it comes to leadership and 2% are rated inadequate for leadership. There are over 5,000 services in need of better leadership. If we want social care delivered from within small-scale services and people's own homes, then the cost of leadership versus the small scale of provision is going to be an ongoing challenge.

1.3 On 7 January, the NHS Long-Term Plan was published setting out key ambitions for the service over the next ten years. The plan reinforces the strategic direction towards more integrated personalised place-based population health, with a focus on prevention and the reduction of health inequalities. The intention is that all of England will be covered by Integrated Care Systems (ICSs) by April 2021 and key responsibilities will be placed on primary care networks, formed of GP practices typically covering 30-50,000 patients. By April 2021, ICSs will cover the whole country, growing out of the current network of Sustainability & Transformation Partnerships (STPs). Commissioners will make shared decisions with providers on how to use resources, and every ICS will need streamlined commissioning arrangements, typically involving a single Clinical Commissioning Group (CCG) for each ICS area. CCGs will become leaner, more strategic organisations that support (health) providers to partner with local government and other community organisations on population health, service redesign and long-term plan implementation. Whether or not these arrangements will provide opportunities for social care to influence the agenda remains to be seen. The Kings Fund[2] has expressed scepticism about the government's ability to meet these objectives highlighting workforce as a key weakness, as well as critical gaps in information about this year's Spending Review, which will provide answers to NHS capital funding, the training and CPD budget, social care and

[2] https://www.kingsfund.org.uk/blog/2019/01/nhs-long-term-plan?gclid=EAIaIQobChMI5_n-lePq4AIV4r3tCh08_wpHEAAYASAAEgI9U_D_BwE

public health funding. The Health Service Journal (HSJ)[3] detects a downgrading on integration of health and social care to place level rather than across whole systems, possible as a consequence given the ongoing difficulties STPs and ICSs have encountered working with councils. In another article, the HSJ[4] emphasises the importance of careful implementation, relationship building and trust to effective joint working. If networks are to achieve the ambitions set out for them in the long-term plan, they will need to include from the outset community and mental health providers, voluntary sector providers, social services and public health.

1.4 The Green Paper which will address the question of an individual's responsibility for paying for social care has still not been published after many delays. It was first promised in the summer of 2017 and doubts are now being expressed that it will be published by April 2019, as promised by Matt Hancock, the Health and Social Care Secretary. The BBC[5] has reported that a group of 15 health organisations, led by the NHS Confederation, has written to the Prime Minister calling for action. The group argues that "social care is on the brink of collapse" and that 1.4 million older people in England that are in need now receive no help. There have been a number of suggestions to the possible content of the Green Paper, such as a state-backed insurance scheme, where opting out would be possible. Higher National Insurance contributions, or a special levy, to be paid by the over 40s, with the proceeds ring fenced for social care are also speculated. In a recent interview on LBC radio, Matt Hancock described as an injustice the current need for people to sell their houses to fund social care and hinted that the new system would need to spread the burden across all taxpayers.

1.5 Fears that Brexit and the end of free movement will adversely affect recruitment and retention to both health and social care workforces has been widely reported since the referendum in 2016. The social care workforce has become increasingly reliant on the EU and this is particularly acute in London and the SE. Just under 24% of London social care nurses are EU nationals (of the 4,800 social care nurses in London, 1,131 are EU nationals). Vacancy rates are currently at 15% with turnover high at 31%. At the same time, the number of nurses from the rest of the world has reduced from just under 50% of the care nursing workforce in 2012/13 to 27% in 2017/18[6]. In London, 13% of social care staff are from the EU in comparison with 7% for England overall. If EU staff become harder to recruit and retain, social care services will need to rely more on local and/or non-EU staff[7].

1.5.1 On 28 January, MPs voted for the second reading of The Immigration and Social Security Co-ordination (EU Withdrawal) Bill, which aims to adapt the UK's current

[3] Sharon Brennan, Health Service Journal, "The Integrator: Five questions about ICS development" 24th January 2019
[4] Beccy Baird, Health Service Journal, " primary care networks are much more than general practice" 6th February 2019
[5] https://www.bbc.co.uk/news/health-47444870
[6] London Nationality Statistics, Skills for Care (SfC); NMDS-SC workforce estimates 2017/18 (SfC)
[7] London Nationality Statistics, Skills for Care (SfC); NMDS-SC workforce estimates 2017/18 (SfC)

immigration policy to ensure it has an independent immigration policy after Brexit. For stays longer than three years, EU citizens will have to apply under a new skills-based future immigration system, which will begin in 2021. This will impose, subject to further consultation, a £30,000 minimum salary cap as a threshold for skilled workers who are eligible to apply for visas; a measure which will disproportionately affect the social care workforce. The White Paper proposals include provision for 12-month visas for lower skilled and unskilled migrants. Applicants will have to pay a fee and not get access to public funds while living in the UK; this would impact the future sustainability of services and see the loss of valuable training and experience. Skills for Care together with ADASS, Care Provider Alliance and Care and Support Alliance wrote to the Home Secretary when the new immigration rules were announced, expressing concerns about the impact these measures would have on social care. The response received has not allayed our concerns and we will be responding with further evidence and copying in the Chancellor of the Exchequer.

2. Social care workforce

2.1 Recruitment and retention issues remain critical, albeit with some variations across and within regions due to competition from other sectors or poor public transport and high accommodation costs. Home care services continue to report difficulties with high staff turnover and difficulties recruiting, with some impact on hospital discharge, planning and communication. Some providers have also expressed concerns about working with integrated social care and health career hubs, which a number of STPs have initiated in many areas, while there is a disparity with pay and conditions between the two sectors. Likewise, in Yorkshire, Humber and the NE, employers while welcoming the National Recruitment Campaign, feel that social care employers will be at a disadvantage following the well-funded recruitment campaign for the health sector.

2.1.1 There remains a significant challenge to recruit PAs. The ambitions set out in the NHS Long-Term Plan for universal personalised care delivered through integrated personal budgets will have implications for the PA workforce for a significant increase in demand and well as training for health related areas. In the NW, the Personal Health Budget network has started to identify areas where additional health-related training needs to be offered, but there is some doubt that this will be funded by the CCG.

2.1.2 Engagement with employers around the National Recruitment Campaign has been positive. All events have been well attended and have provided opportunities to share good practice in recruitment. Some areas are continuing to report that there are issues with the DWP website, and even some Job Centre Plus (JCP) offices in Derbyshire and Nottinghamshire being unaware of the campaign. Providers in the SW, Yorkshire, Humber and the NE continue to report that JCPs are still forwarding inappropriate applicants.

2.1.3 Some employers in the SW are trying new approaches to advertising for recruits, adopting more person-centred approaches by placing personal advertisements to recruit to support a specific person and includes the individual's likes and dislikes. They are offering short interviews and screenings at job fairs to respond to the lengthy recruitment process that might be deterring potential candidates. More care providers are using videos to promote their businesses, as well as virtual tours and case studies. During the National Recruitment Campaign, the HEE careers hub team in Greater Manchester has been posting messages about vacancies multiple times each day.

2.1.4 Both for the PA role and more traditional home care, there a number of indicators of an increase in self-employed workers. An initial scoping exercise by Skills for Care has highlighted a spectrum of support being offered by self-employed workers. At the least complex end of the spectrum, individuals are offering care in addition to domestic tasks, such as cooking, cleaning and driving. In some cases, these individuals specify that they do not provide personal care. Those offering personal care normally, in addition to providing domestic services, include toileting, hoisting, moving, medication reminders and condition-specific support. These services are typical of those being promoted by introduction and matching services and care workers using them. Equally, this can be done by word of mouth referrals. Evidence from the Skills for Care scoping exercise suggests that there are a smaller group of self-employed workers who are providing more complex care, as well as a market to employ self-employed regulated professionals. Methods of advertising to attract these individuals include high-profile national web-based matching agencies, Facebook and notices in shop windows to advertise or find support. In an attempt to influence this market, Medway Council is looking to promote self-employed PAs. Medway intends to develop an online market of self-employed care workers. In order to join the market, self-employed workers must have an up-to-date DBS insurance in place and must be able to verify their qualifications. Medway will advertise a minimum rate of £12.50 per hour; however, a PA can choose to charge a different rate. Support will be available to self-employed workers with free induction training and other training at low cost, parking permits and permits to use the bus lanes between 7am and 10am.

2.2 There is a lot of activity taking place across areas to develop career pathways to address long-term and short-term problems with recruitment. Staffordshire STP has developed a 'Graduate Pathway' looking at a variety of pathways in the health and social care sector. Buckinghamshire, Oxfordshire and Berkshire STP is considering using the talent academy model for managing work experience opportunities and information about careers across health and social care. Oxfordshire County Council has commissioned Skills for Care to develop a local career pathway through adult social care. In the NW, one local integrated transformation project workforce group is interested in mapping the progression routes across non-regulated roles within social care and health. There is also interest from two STPs in the NW in developing a joint health and social care career

framework. Furthermore, there is also some recognition of the significance of core skills in supporting people to progress to higher-level options within pathways. The Greater Manchester Hub project is now out to tender, which will provide a proactive service to support careers work in schools, an advice service to all enquires and a website for information. In East London, the Careers in Care project continues to flourish. This is underpinned by an ICA partnership, which has grown considerably, published its first newsletter and started joint events with health. A virtual network of all schools and college career advisors has been set up via local authority leads. A series of Learn Live broadcasts has being planned, with the first one to coincide with the National Recruitment Campaign and focussing on a range of roles in social care. This will follow a 'customer journey' format and showcase OTs, social work, respite residential care, domiciliary care, equipment workers and PAs.

2.3 In Hampshire, the local authority has initiated the Social Care Workforce System Board to oversee and drive forward the strategic direction of the workforce agenda. The body is to be underpinned by a strong governance framework linked to all key strategic agencies in the locality and has in membership Hampshire County Council, Hampshire CCG, Hampshire Care Association, Hampshire Domiciliary Care Association and our Locality Manager.

3. Social care provider market

3.1 There continues to be signs of market flux; much of the development activity is focussed on Delayed Transfers of Care (DTOC) as the capacity of social care to support people when discharged from hospital remains an issue. In NE London and in Greater Manchester, there are small and new providers setting up without knowledge of market needs and no relationship with the local authority. In the SE, CCGs are concerned about the number of failing providers, particularly the number of homes that are changing registration from nursing to residential due to problems with nurse recruitment. In some parts of Yorkshire, Humber and the NE this is also the case; however, a reduction in the number of beds is not apparent as there has been a trend in opening larger establishments. There are issues in the SE around the number of failing providers who are rated inadequate despite significant support and intervention. CCGs are trying to have a co-ordinated response to support these homes. Medway is starting to co-ordinate a response to failing providers. Local authority commissioners are concerned about the increase of high cost, quality homes which will not take local authority financially-supported clients. In the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) area, there is some evidence that home care providers are handing back contracts to the local authority due to difficulty in meeting the needs of the person and the number of hours allocated against the rate for the job.

3.2 There are many examples of innovative practice developing around new models of care, much of which is supported by our Locality Managers. The Locality Manager in NE London is working with Care City on rolling out a programme to up-skill the home care workforce to carry out more clinical tasks using new technology. This is linked to another

project on developing bite sized just in time video learning modules using the Agylia platform. A suite on pressure sores is currently being developed. The Stop Look Care booklet, which supports health monitoring and reporting by care staff has recently gone to print for the Frimley ICS footprint and a new post has been funded to roll this out to all residential care homes. There is likely to be an initiative in SHIP to develop an online version of the booklet to align with support for people with learning disabilities and autism. In one local authority area in the NW, a care collaborative project is being undertaken, which is looking at how families of those with individual budgets can work together to provide support for each other.

3.2.1 In London, work on getting more nursing homes to look at employing Nurse Associates and taking up the offer for clinical skills training is continuing, with increasing recognition than an infrastructure to support Nurse Associates is needed for social care. Kent has achieved recognised progress in this area with sustained partnership working. A West Kent Consortium, involving acute, community, mental health community, hospices, primary and social care has successfully recruited a further cohort, which is due to start in September with 19 candidates of which five are social care, using Kent County Council levy funds. In Yorkshire, Humber and the NE, where some Registered Managers who have previously carried out the nurse role, are reporting that they are not replaced as a nurse and required to be both Registered Manager and Nurse. There is interest in offering Nurse Associate placements.

3.3 In reaction to the integration agenda, ADASS in the NW is looking at how the role of the DASS is changing in response to the new developing integrated structures. Consideration is being given by ADASS to presenting its performance data on an STP footprint, as well as individual local authority areas. Shropshire Council is leading the way forward across the West Midlands by implementing the Bridge project, which is gathering all existing data from housing, health and social care combined into one data process. This is enabling the council to look at where there are gaps within social care and housing provision. The council will also use this data in a visual way to determine if current housing provision is energy efficient. Some local authorities are being proactive to support levy sharing in their area although in some cases, this is only at the scoping stage. Collaboration is also taking place to develop rotational apprenticeships, which will better support integrated services. SE ADASS is investing in values-based interviewing, which will be rolled out via a train the trainers programme. Tower Hamlets has done a great deal of work around supporting the third sector/ community groups, and most local authorities in London are considering how best to use and signpost people to community assets.

4. Developing leaders

4.1 The key issues from Registered Managers Networks are:

- The Quality Improvement agenda along with integration, skills and leadership development. In London, Registered Managers Networks have had speakers from

STPs, Healthy London Partnership to help providers think about the way the systems for care are changing and encourage them to think about new roles and skills development opportunities.

- GDPR remains an issue and there is interest in the work to meet the requirements to get NHS emails.
- DoLS, in particular the changes to the proposed Liberty Protection Safeguards
- Recruitment and values-based recruitment.
- Care Certificate.
- Brexit and impact on staffing. There is little information on how to plan for this. Local authorities have all received letters from the DHSC on contingency planning.
- Changes to learning and development covering the RQF and Apprenticeships.
- CQC inspection requirements.
- Safeguarding and medication management.

5. Capability of the workforce

5.1 In the West Midlands, many local FE providers, both public and private, are moving away from offering social care programmes, including apprenticeships, because of a lack of demand. This does not seem to be a consistent pattern in the Buckinghamshire, Oxfordshire and Berkshire area, where there are a small number of very stable colleges that appear to be developing their provision. Reading College is applying to Thames Valley Berkshire LEP for capital funding to extend its facilities to accommodate additional health and social care students. In the SE, FE College mergers and the current focus on apprenticeships means that there is limited availability of short courses.

5.1.1 Overall, there is a significant drop in apprenticeship take up, as well as a worrying reduction in completion rates, with providers now preferring just to offer diplomas. Employers continue to cite costs as a deterrent, as well as doubts about the functional skills requirements. In Kent, larger providers have been so far unwilling to invest in Nurse Associate apprenticeships because of the costs associated with the candidate being on placement, at university and the fact that they will also have to pay for annual leave. They have also expressed concerns that once trained, the candidate will transfer to health. The absence of the Level 5 standard is also causing issues. A training provider in North Central London has come back to the stakeholder who wanted to commission 40 places and told them they have wound down provision of the framework until the Level 5 standard is approved.

5.1.2 Many of the current clinical skills training needs are being met by the NHS and in-reach rather than learning providers, and may not carry the status of being a qualification as they are not accredited.

5.2 HEE Kent, Surrey and Sussex is working with colleagues in Kent to develop a readiness programme for Nurse Associates. It will be piloted across Kent and Medway trusts and if successful, rolled out across Surrey and Sussex. This two-day programme aims to give

participants the skills and knowledge to be successful on the Nurse Associate programme.

5.2.1 Surrey hopes to introduce nhs.net email addresses to all care homes and nursing homes. CCGs are promoting data security protection training and CQC has told employers that doing this will help their rating. CCGs see it as being part of a quality drive as it will mean information can be shared easily and support seamless accurate care. Falls prevention in-reach work and medicines optimisation feature prominently in the Sussex area and a pan-Sussex safeguarding training has been developed.

6. Any other issues

6.1 Work with schools, colleges and JCPs in the SE has highlighted the need for a module that expands our *I Care Ambassadors* Myth Busting about Social Care module. Schools currently use the Gatsby Benchmark Toolkit for Careers Development, Skills for Care could reference these standards, to support schools and colleges to achieve quality.

6.2 London councils have lobbied for an increase in the amount of time employers have to spend their levy before it is lost. They have also requested that employers be allowed to spend part of their levy on infrastructure rather than just programme costs; to date both requests have been rejected.

6.3 In London, work is being done around the implementation of the social work apprenticeship. Skills for Care, ADASS, the Principal Social Work group and London councils are jointly supporting London social work employers. Following a workshop in January, a summary of what employers want a programme to look like is being presented to local HEIs. The Local Authorities are considering collaborative commissioning of programmes for 3-4 cohorts.

7. Conclusion

7.1 Once again, the current period under consideration continues to reflect the picture of a sector under extreme stress. While there are positive examples of innovative practice to refer to, with cross-sector collaboration bringing about improvements to service delivery, Locality Mangers also report cases where professional boundaries and a focus on short-term costs inhibit these developments. We still await the workforce strategy and the Green Paper to see if these changes can be sustained.