

Skills for Care board briefing October 2016

1.0 Introduction

- 1.1 Leaving the EU and a change of government – both major events have occurred during the summer, and both will have a significant impact in the short term and long term on the sector. The challenge is to unpick what these will be while uncertainty over the Government’s strategy to leave the European Union remains. Commentators suggest that there are two versions available; “Hard Brexit or “Canada Lite” in which the Comprehensive Economic and Trade Agreement (CETA) between the EU and Canada gives Canada preferential access to the EU single market without all the obligations that Norway faces, eliminating most trade tariffs and “Soft Brexit or Norway plus” which will include being a Member of European Economic Area, full access to the single market, an obligation to make a financial contribution and accept majority of EU laws, free movement applies as it does in the EU. It has been suggested that a strategy will emerge which lies somewhere between these two perspectives.
- 1.2 The main areas of impact are likely to be on the economy and public spending. The previous Government’s target of a balanced budget by 2020 has been abandoned. The new Chancellor may take an approach which involves more stimulus and investment by central government in an attempt to get the economy moving. However abandoning the balanced budget target of 2020 does not reverse any of the planned spending reductions in local government between now then then, meaning that the planned cuts to local authority social care budgets will continue. The projected negative impact on the property market suggested by some commentators may also make future borrowing more expensive for Housing Associations and individuals which could mean less development and innovation from the sector as well as less money for self-funding older people.
- 1.3 As far as the workforce is concerned it is anticipated that recruitment and retention is likely to be a bigger challenge to the sector than it is now. Around 7% of the care workforce in England are EU nationals – around 90,000 people.¹ The Government has not so far offered any assurances that they will be allowed to remain until exit negotiations progress. Skills for Care has now joined the Cavendish Coalition a partnership of 29 health and social care organisations to

¹ The state of the adult social care sector and workforce in England, September 2016

lobby for the right of those EU citizens to remain working in the UK's health and social care sectors. Commentators have also suggested that the increase of racial hate crimes reported in the media has meant that many of those EU nationals who have been offered contracts to work in the NHS have since turned them down.

- 1.4 In general the consequences of long term uncertainty generated as a result of the Brexit vote may be a loss of confidence, under investment in technology and less workforce development.
- 1.5 The adult social care sector continues to receive a lot of coverage in the media emphasising the poor state of funding and low rates of pay for the workforce. The report *Social care for older people: Home truths* published by the Nuffield Trust and the King's Fund on the 15th September 2016 reveals that reductions in central government grants to local authorities have been passed on to care providers in the form of reduced fees or below inflation increases, squeezing their incomes so much that some are stepping back from providing care for people funded by councils. It is only a matter of time before a care provider collapses and providers have returned council contracts in 59 Local authority areas. Housing 21 a large home care provider in the non for profit sector has recently announced that it is pulling out of local authority funded provision. In addition this week the largest ever legal claim against the care sector has been launched against a home care provider with contracts with a number of LAs across England, who it is alleged paid half the minimum wage. Research conducted by the Resolution Foundation estimated that last year 160,000 care workers in England and Wales were not being paid the national living wage.
- 1.5 Integration remains a critical theme of the work in the Areas. New emerging roles - care navigator, care-coordinator, extended care worker and care offer advisors – require close collaboration with health colleagues and other strategic partners. Areas have positive working relationships with Health Education England and are now actively engaging with Transforming Care Partnerships (TCPs). They have to work very hard, sometimes with limited success to ensure that social care is on the agenda with TCPs and other integration forums. Sustainability Transformation Plans (STPs) and Local Workforce Action Boards (LWABs) are developing at different paces across the areas and some have yet to recognise the value of a relationship with Skills for Care.
- 1.6 Intelligence from engagement activities in the areas continues to emphasise the principal workforce challenges of recruitment and retention, highlighted to the board in previous reports.

2.0 Social care workforce

- 2.1 Employers across the sector continue to report difficulties recruiting and retaining staff. This is particularly acute for domiciliary services, rural areas and areas where there is relatively low unemployment. Areas report that nursing homes continue to experience difficulties in recruiting nurses and anecdotally there is evidence that some nursing homes have re-registered as care homes. Vic Rayner of the National Care Forum (NCF) in her blog (26th September 2016) refers to a report produced exclusively for NCF by Care Sector Innovations (CSI) which analyses the supply of care home beds for the elderly during 2015 and highlights a loss of 55% of beds in the non-for-profit sector in nursing homes as against 39% across the total market. There are regional variations with London and the SW coming off worse.² Some regions are looking to pilot the nursing associate role to support the development of a career pathway and help create a supply of nursing staff in the future. Interest in hybrid roles is increasing and there are examples in areas where integrated teams have been established and are engaged in providing proactive care.
- 2.2 There are also concerns about recruiting Registered Managers and a lack of succession planning. CQC has clearly linked 'outstanding' and 'good' ratings to the presence of an experienced and well-performing Registered Manager, yet some employers are saying that it can take up to 18 months to recruit a suitable candidate and they frequently get no response to adverts. There is also competition for registered managers amongst large employers who also report that it is harder to recruit a manager to sites with poor CQC ratings which exacerbates the problem.
- 2.3 Other roles in the sector which continue to struggle with recruitment and retention are Senior Practitioners in Social Work. This is made more challenging in areas around London where it is necessary to compete with London rates of pay. In London, ADASS is working on a Memorandum of Cooperation to address the issue of on-going problems with recruiting and retaining social workers and OTs. In the Midlands in an initiative taking shape to avoid the costs of using agencies, organisations are sharing staff.

In response to the strategic pull provided by the mainstreaming of Personal Health Budgets, the introduction of Integrated Personal Commissioning and the Transforming Care Agenda, some local authorities are working to develop their Personal Assistant (PA) workforce by offering a range of customised training and induction modules. Additionally, to support PA recruitment, some LAs are developing PA registers.

² Say Hello, Wave Goodbye, Care Sector Innovations, September 2016

2.4 The impact of the National Living Wage has been significant. There is emerging evidence that the introduction has resulted in a flattening of pay structures for some which reduces the financial rewards that should come with progression. The impact in London has increased the salary bill by 25% which has left employers struggling as this has not been matched by an increase in payments from the local authority. Delays in Disclosure and Barring Service (DBS) applications seem to be particularly severe in London with some employers having to wait for up to 4 months for checks to be completed. Employers tell us the DBS isn't doing enough to promote portable DBS checks, which they feel is very beneficial.

2.5 There is a wide range of innovative practice taking place to combat some of the challenges in recruitment and retention and to meet the future demands of the workforce. Some employers are taking the view that to meet future demand sustainably they will have to opt out of the local authority contracts and cater exclusively for the self-funding market, thus enabling them to offer better terms and conditions to staff. There is evidence that large national employers are configuring their business on the basis of an explicit distinction between self-funding and local authority/CCG service users. In the South West local authorities are putting together packages to attract new staff to both health and social care and keep them once in post. There is acknowledgement in these initiatives of the need to look to other alternative labour markets to recruit staff. In Essex, Skills for Care are working with DWP to explore the potential of employing people with disabilities. Oxfordshire County Council continues to promote values-based approaches to attraction, recruitment and interviewing and interest in this approach has been expressed by SE ADASS. Now that Locality Managers have completed the training to deliver this programme as well as the Finding the Right people seminars, Skills for Care is rolling this programme out across the country.

It is believed that initiatives which look to recruit for both the health and social care workforce, which in many cases involve streamlining tasks between health and social care only alleviate the recruitment issues for healthcare services. Inevitably this puts further strain on social care both in terms of skills and availability of the workforce. In London concerns are being expressed over the ability of the social care workforce to take on additional tasks, in terms of the pay and skill set of the staff as well as their willingness to do so at current rates of pay.

2.6 Other approaches to the recruitment challenge involve the use of assistive technology to support people, facilitate communication and reduce social isolation. There is also a community engagement approach by local authorities to encourage self-sufficiency and the use of volunteers with particular skill sets.

2.7 There is some evidence that the new arrangements for apprenticeships are leading some local authorities and large national employers to have a stronger focus on apprenticeships as a part of their approach to recruitment. There has been a high level of interest from employers and other local partners in the development of degree level apprenticeships as a useful approach to create career pathways to the regulated professions and thereby overcome recruitment in hard to recruit areas.

3.0 Social care provider market:

3.1 CQC registrations remain relatively stable with the number of new providers roughly matching the number that are de-registering. The biggest challenge is the lack of diversity of the market as smaller providers find it difficult to secure contracts and in some cases larger organisations are taking over the small struggling private providers. In general the trend from residential to home care provision continues and in London there has been an increase in the number of agencies and a sense that there has been an increase in live-in care. In London there is further evidence of domiciliary providers and housing providers expanding into “extra care” support, including tailored services where care workers are matched to people needing care and support.

3.2 The main drivers for change are budget pressures and this is informing a more collective approach to service delivery and workforce planning. The key change agents are STPs, TCPs, HWBs, CCGs and HEE as well as Better Care Fund and Vanguard projects. It is doubtful if the majority of care services are aware of what these partnerships are and what they are trying to achieve. In the SE the geographical boundaries of the footprints are causing challenges for LA commissioners. Skills for Care has a key role in raising the profile of social care employers and linking stakeholders as these partnerships can be disjointed and very health orientated, thus focusing on the health care needs of the population and not citizen’s wider wellbeing. Where areas have reported good links with TCPs, STPs and LWABs the value of Skills for Care’s reach to employers and the relevance of NMDS-SC data are much more appreciated.

3.3 A few areas have reported some success in building relationships with LEPs and some LEPs have identified social care as a skill priority area for the development of the local economy. There are a number of applications for funding pending.

3.4 There is a range of examples of innovative practice that are emerging in the areas, driven by the need to integrate services with the aim of delivering personalised care by multi-agency teams to ensure appropriate admission to hospital and discharge.

3.5 ADASS in the East have developed a regional provider contract template which all local authorities use and has ensured some consistency in how the market is being commissioned. Proud to Care in the SW is an area response to market needs and is actively linked to Skills for Care's I Care Ambassador Service.

4.0 Developing leaders:

4.1 Skills for Care has supported the establishment of 130 Registered Managers Networks across all the areas. These networks offer the opportunity for Registered Managers to gain a safe space to share concerns and good practice to support the development of their leadership skills. All the areas for support identified link closely to Skills for Care workstreams.

5.0 Capability of the workforce

5.1 Post 16 education and training providers are currently undergoing area reviews and it is likely that this will result in larger but fewer providers. The reviews will be completed by March 2017 and it is uncertain at this stage the impact this will have on social care education and training. Declining local authority budgets and workforce teams have over time, reduced their capacity to support the PVI sector and this is now impacting on their own capacity to meet internal workforce development requirements.

5.2 Employers are finding it difficult to source health-specific training due to both a lack of specialist provision and cost leading to challenges in accessing specialist qualifications. TCPs who are collaborating around PBS and Active Support training are also finding challenges in locating quality provision. There is also concern from employers that the loss of smaller units with the move to the Regulated Qualifications Framework might impact negatively on their provision of CPD.

5.3 Learning providers are showing a considerable amount of interest in the changes to the apprenticeship programme and have expressed some concerns about the cost of end-point assessments and the new funding model. In Manchester a new partnership of ten leading further education and skills providers has been formed to increase the take up of apprenticeships in the region. Areas are also reporting that local HEIs are interested in the potential of degree apprenticeships.

5.4 There continues to be a need for provision suitably tailored to the needs of PAs and their employers. This is likely to become even more of an issue as the demand for PAs with specialist skills increases. In London there has been innovative work with blended e learning modules for PAs and IEs being

developed by ULOs and people who employ their own staff which will be ready in the late autumn.

- 5.5 There is evidence of an emerging workforce which might provide an opportunity for Skills for Care to develop a distinct learning and development offer. There are a number of emerging roles that are specifically around people who use services and carers using and applying their expertise in social care. Examples include Peer Support and Recovery Trainers in Mental Health, Carer peer support and people involved in co-production and quality assurance of services as experts with lived experience.

6.0 Conclusion

- 6.1 Many employers have expressed concerns about the impact of Brexit on recruitment and retention in the sector. Skills for Care should be carefully monitoring the impact over time.
- 6.2 Although still at an early stage, the development of Sustainability and Transformation Partnerships and in particular, Local Workforce Advisory Boards, provides challenges and opportunities for the adult social care sector. Skills for Care's role is critical in ensuring a joined-up, consistent and inclusive approach to workforce planning.