

## Skills for Care board briefing October 2017

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 Commentators are in broad agreement that the general election result will mean 'more of the same' for social care. The Conservatives' manifesto proposals for long term funding for social care was one of the factors that influenced the outcome of the election and introducing legislation to reform social care funding will be unlikely to succeed now without cross party consensus. Cordis Bright in their July briefing argued that the promised Green paper is likely to be discursive on the options for example, care ISA's, tax relief for care spending, special pensions. They do suggest that it may be that the government will resurrect a 'Dilnot lite' proposition on the basis that this could gather cross party support. Whatever proposals emerge it is unlikely that they will impact significantly within the intended lifetime of this government i.e. before May 2022.
- 1.2 Concerns remain about the sustainability of the sector as Directors of Adult Social Services continue to report the closure of services and handing back of contracts. Research conducted by Cordis Bright from data gathered from their annual ADASS budget survey, suggests that in spite of the social care precept and the additional Better Care Fund settlement, services will have to be cut. Although the proportion of council spending on adult social care is set to increase from 35.6% in 2016/17 to 36.9% in 2017/18, further savings of £792m, equating to 5% of net adult social care budgets are planned. This means total cumulative savings in adult social care since 2010 will amount to over £6 billion by the end of March 2018. The reasons for the funding situation are: cost pressures relating to the increased numbers of older and disabled people needing care and support (around £0.5bn per year); the National Living Wage affecting both direct council costs and increased provider fees (a further £0.5bn per year); increases in Deprivation of Liberty Safeguards (DoLS) applications (around £100m per year). Increasing pressures from the NHS, include: more people requiring discharge from hospital; pressures on continuing healthcare; fines for delayed transfers of care: increasing numbers of people with complex health and social care needs in the community.
- 1.3 The Health Service Journal (HSJ) reported in July that more than a third of councils have been told to reduce delayed transfers of care (DToC) from hospital

attributable to social care by 50% or more by September 2017, raising the possibility that they could lose Better Care Fund money if they fail to do so. Of the 152 councils with social care responsibility, 47 are required to reduce DToCs by 60% or more based on their performance in February. More than two-thirds are required to reduce daily DToCs by more than a third. While 46 councils will hit their target if they maintain their February performance, a number of council chiefs have expressed concerns over the feasibility of these demanding targets as well as the negative impact this is likely to have on developing relationships between health and social care. Andrea Sutcliffe is quoted in the HSJ<sup>1</sup> asserting that the £2bn of funding announced in the spring budget was there for social care in its entirety, pointing out that this is a sector that supports not only older people but also people with other reasons to need care and support, for example learning disabilities.

Later in August the Health Service Journal reported that the NHS is unlikely to meet government targets to cut DToC to 3.5% of its overall bed base by September. Analysis of data covering April to June taking account of regional variations shows that the DToC rate fell to 5.2%, compared with 5.6% in the previous quarter, which suggests that it is unlikely to be cut to the 3.5% target by September. This data has promoted concern expressed in the press that this already challenging situation will be made worse with the pressures that winter brings to the health service.

- 1.4 Evidence of the financial distress of the sector continues to mount as more reports concerning its impact on the elderly and other people needing social care support are published. Cordis Bright in their annual ADASS budget survey report that 74% of councils believe that providers are facing 'quality challenges'. The survey reports that 19.5% of planned savings will come from reducing services and personal budgets and 4.4% will be derived from income from charges for services increased above inflation. Only 31% of respondents are fully confident that planned savings for 2017/18 will be met. Despite the extra funding, only 7% are fully confident that savings targets will be met in 2019/20.
  
- 1.5 A report by Healthwatch England published in August which drew on the experiences of more than 3,000 people who have care at home refers to care workers coming at different times to those scheduled, people having to wait a couple of weeks for a shower, care workers not having enough time to fulfil all their duties and in some cases missing appointments altogether, which is particularly worrying for those who are relying on care staff to administer medication. Although the report provides examples of people receiving high

---

<sup>1</sup> "CQC: Social care £2bn not just for cutting hospital delays" Dave West HSJ 6 June 2017

quality, compassionate care it presents a picture of the home care sector “in a fragile state” under extreme strain<sup>2</sup>.

- 1.6 Likewise the CQC report *The State of Adult Social Care Services 2016-2017* published on the 6<sup>th</sup> July 2017 states that while the majority of adult care services are of a high quality and many are improving, too many people across England are receiving care in care homes and their own homes which is not good enough. The report reveals that one in four of Britain’s social care services and a third of nursing homes are failing on safety. Inspectors also raised concerns about organisations slipping down the ratings, with a quarter of those last rated as good deteriorating since their last inspection, which is potentially linked to financial and demand pressures. There are particular problems in nursing homes, with larger proportions of badly rated services, which the report links to a shortage of nurses and high turnover. Regional patterns show more poor services in the North West and parts of West Yorkshire and the North East. In a previous report in October 2016 the CQC presented a stark warning that adult social care was approaching a tipping point largely as a consequence of people with increasingly complex conditions facing difficulties in accessing the care they need. This report which focuses on the assessment of quality rather than the external funding climate cites the deterioration in services rated as ‘Good’ together with the struggle to improve those with ‘Inadequate’ and ‘Requires Improvement’ ratings as evidence that “the danger of adult social care approaching its tipping point has not disappeared<sup>3</sup>”
- 1.7 The Communities and Local Government Commons Select Committee Inquiry into Adult Social Care published its findings in March 2017. The enquiry drew on evidence from forty one witnesses, over eight evidence sessions, more than 200 written submissions, and focussed on key issues for the sector: the quality of care that people receive, the NHS, care providers, the care market and care commissioning, the workforce and carers. Their recommendations which focus on commissioning, the sustainability of the sector and the workforce achieved cross party support. For commissioning they argued that there should be a standard process for assessing the costs of care and setting fair prices and that the Care Quality Commission should oversee the market shaping, commissioning and procurement activities of councils. They welcomed the £2bn and the “front-loaded” £1.5bn from Better Care Fund, but felt that “this falls short of the amount we believe is required to close the funding gap.” Also, future funding for the sector needs to ensure it makes provision for staff to be properly employed including provision for sick pay, holiday pay, pensions, travel and career development. For the workforce they called upon the government to take steps to

---

<sup>2</sup> “Report highlights failings of home care services in England” Guardian 24<sup>th</sup> August 2017

<sup>3</sup> “The state of adult social care services 2014 to 2017” 6<sup>th</sup> July 2017

resolve the uncertainty over paying for sleep-in shifts and to cover the costs of implementing the National Living Wage. They also proposed that the government and the LGA should publish a care workers' charter to enable employers to demonstrate their commitment to supporting and developing them. In terms of sustainability of the sector the Committee made a series of recommendations some of which chime with Skills for Care's current and proposed work streams: that the Department of Health should consider a national recruitment campaign, similar to Teach First or Step Up to Social Work and examining whether care work should be designated a registered profession. Furthermore the government should encourage local authorities and their NHS partners to develop local joint strategies for recruitment and retention of social care nurses and to reduce competition between sectors for staff and that "the government should request that Skills for Care, in discussion with unions and providers, conducts research to determine what level of wage is needed to sustain the workforce".

- 1.8 The transformation and integrated care agenda remains centre stage in work of the areas; engagement with Sustainability and Transformation Plans (STPs), Transforming Care Partnerships (TCPs) and Local Workforce Action Boards (LWABs) all health-led strategic forums, continues to be a priority and a challenge for the areas. Many locality managers now have a seat at the table of local LWABs and their various subcommittees. They continue to report the difficulties they face in these forums where some boards are still developing their priorities and where they are often seen as representing the voice of social care. The challenge of fully engaging with local authorities and independent providers remains an issue to be overcome.

## **2.0 Social Care Workforce**

- 2.1 The workforce challenges of recruitment and retention remains high on the agenda across all areas, all roles and national providers. There continue to be high vacancy levels for Registered Managers, OTs, nurses, social workers and all care workers. National providers report that recruiting and retaining high quality Registered/Service Managers is challenging and recognised as critical. For the larger employers there is some emerging evidence of headhunting, increasing salaries and bonuses and changes to contracts where notice periods are being increased. There are suggestions in London and the NW that the situation is getting worse affecting employers who pay higher wages as well as lower. In the NE, Yorkshire and Humber, JCP staff have reported the number of job seekers over the past 12 months has almost halved. The recruitment and retention situation is exacerbated by regional factors such as the availability of seasonal work as well as low unemployment rates impacts not only on the availability of applicants but also means that those who are available are not yet job ready. In rural areas domiciliary care providers are experiencing difficulties in

recruiting and retaining staff due to applicants not being able to drive or having access to a vehicle. Employers are continuing to express concerns about the impact of Brexit on the availability of staff from the European Union. This will also impact on certain areas more than others for example the Eastern area has a significantly higher proportion of EU nationals (7.4%) than the UK wide figure (5.7%).

Whilst the retention rates for PAs tend to be relatively good, the increasingly complex tasks that PAs may need to carry out if their employers condition worsens and they transition to a Personal Health Budget may drive down PA retention. Recruitment remains a concern and in the NW there is some evidence that local authorities are not giving Individual Employers an uplift to allow for overnight sleep-in arrangements which could also drive up recruitment and lead to retention problems.

The impact of all these pressures can create a vicious circle of a lack of capacity to enable staff to complete additional learning, restricted time for supervision and appraisal which in turn leads staff to feel unsupported, undervalued and demotivated. In Yorkshire, Humber and the NE there is evidence that the Care Certificate is not being applied consistently by all providers as a minimum standard for induction for new staff. The reasons cited are that the role does not meet all the standards and the lack of time to undertake direct observations in practice. Employers in the same area are also reporting that they will struggle to meet the 20% off the job training requirement for the new apprenticeship standards which may well impact upon take up.

- 2.2 A number of initiatives which recognise these challenges are being developed to help meet future demand for the workforce. There is a focus on greater collaboration to recruit local people for local jobs across health and social care. For example in NE London where there has been development work on the new Nurse Associate role. In Waltham Forest the first rotational placements of existing Nurse Associates from health into primary and social care settings is due to take place very soon. The continuation of the programme for Transforming Services Together *Careers in Care* is planned to expand to the whole STP area and with possible funding from both the LWAB and JP Morgan Chase: the aim will be to create a sustainable health and social care workforce for East London. While work is at an early stage, Sutton Council is developing a career and workforce development pathway as well as a rotational apprenticeships programme with partners from health. West Sussex County Council is supporting effective locality-based recruitment campaigns which are linked with Health Education England and the local STP is focussing on recruitment and retention as a topic and locality managers are working to ensure adult social care employers are engaged with these activities.

Kent County Council has a workforce steering group that is partly focussed on recruitment with links to the LWAB. They have received funding from HEE for a project officer who will partly focus on a recruitment campaign for social care. There has been discussion at meetings about registration of care workers; possibly launching a pin number for care workers working in Kent. Health Education Kent Surrey and Sussex has invested in new roles for each area for Career Navigation Co-ordinators and Apprenticeship Co-ordinators to work across health and social care.

In the NE, Yorkshire and Humber there is not yet a co-ordinated response to the challenge, some employers are taking the view that by opting out of local authority contracts and catering for the self-funding market they can offer better terms and conditions to attract staff. The Pioneer and Vanguard sites in the area are looking at different ways to deliver services to reduce the impact on future demand for both care and health services. Examples include competency frameworks and career pathways across health and care. HEENE with Skills for Care and providers are exploring the benefits of care staff undertaking clinical skills training to enable them to undertake tasks that would normally be done by clinical staff.

In the SW, the Proud to Care initiative, a partnership of 16 local authorities, Health Education England and the Skills for Care locality team are working together to raise the profile of careers in care and health. This initiative as with other local partnerships in other areas is proving to be an ideal opportunity to raise the profile of Skills for Care recruitment resources.

A number of areas are exploring integrated apprenticeships and have expressed an interest in Social Work degree apprenticeships as a means to overcome recruitment challenges for social workers. They continue to report that employers are reluctant to employ young people, so more work needs to be done to combat the myth that employers express that people who receive care and support do not want young people to provide personal care.

Social media is being increasingly used in recruitment and West Sussex County Council has a strategy considering Assistive Technology as a first option if appropriate and developing staff to support this.

### **3.0 Social Care Provider market:**

- 3.1 Financial constraints remains the key driver for change for the social care market. There appears to be a trend in residential providers ceasing to trade or no longer supporting local authority contracts as well as instability in the domiciliary care

market in part due to local authorities reducing the number of providers they are contracting with. In Solihull since the local authority moved to a 'zone provider contract' a number of providers have withdrawn from the market and in Birmingham smaller domiciliary care providers are withdrawing as they do not have the financial capital to invest in their service following poor inspection outcomes from either the CQC or local authority quality monitoring. Care Home providers in one local authority in the NW have stated that at 68% of operating costs, workforce costs are becoming unsustainable. The high level of capital returns for larger providers represents a risk for the residential care sector.

- 3.2 The devolution agenda is yet to see significant impact on the social care market. In East Sussex the Accountable Care Organisation has made further progress and now has a shadow board in place with the intention to be fully operational from April 2018. One local authority in the NW is exploring becoming an Accountable Care Partnership and updating their commissioning strategy accordingly.
- 3.3 Much work is being done on developing new roles linked to DToC. In Lincolnshire the model of Trusted Assessor is being widely promoted as innovative practice and other areas including the NW are showing an interest. Skills for Care continues to manage the support worker integration fund on behalf of HE Kent Surrey and Sussex which is encouraging innovative thinking and practice to 'Getting in, getting on and going further' in health and social care.
- 3.4 In Kent, which continues to roll out the ESTHER programme, Mid Kent CCG has drafted a Care Home Strategy which will include introducing a care home link nurse and developing a clinical education programme and support care providers to obtain nhs.net email accounts to enable sharing of patient information between GP practices and other health and social care professionals.
- 3.5 Stockport is piloting an electronic system first used in Kent and which produced a 68% reduction in hospital admissions. Care staff take low level observations which are keyed into a device and shared with a practice nurse who can alert a GP if needed. In Tameside the use of Skype between health staff and care staff has also seen a reduction in hospital admissions.
- 3.6 Some areas are reporting that local authorities are developing a greater partnership approach with providers and entrusting them to deliver the care required in their area, moving away from time and task commissioning arrangements. Croydon Council is currently working on a shift from commissioning and standard procurement to facilitating creative responses to need and focusing on outcomes. In London there are signs that local authorities and CCGs are working more closely together to commission services and look at

workforce needs. There is a continued emphasis on place-based care around the person, developing new ways of working and involving collaboration across different teams to keep people independent and well. While in London the interface between primary care and homecare is not as well developed as initiatives around residential care there has been progress in better understanding across and care's processes and procedures.

#### **4.0 Developing Leaders**

4.1 Registered managers continue to value networks as a safe space to share issues and good practice.

#### **5.0 Capability of the workforce:**

5.1 The collapse of Learndirect, the UK's largest adult training provider has been felt in the SW which has also seen a reduction in the numbers of learning providers. Kent County Council will shortly announce the results of its survey of all providers to identify their priorities for training and education.

5.2 In Sussex and in Surrey there are efforts to build capacity in the learning provider market to able to deliver the new commissioning qualification. There is also an issue to build assessor capacity for this qualification. In general areas are reporting a lack of assessors with general and specialist expertise in the sector and the likely impact this could have on the roll out of apprenticeships with the new standards. In Buckinghamshire, Oxfordshire and Berkshire there are a small number of very stable colleges and learning providers we work with. Bracknell and Wokingham College continue to pursue a care suite on similar lines to the one in Buckinghamshire which opened in June 2017.

5.3 Training providers are also concerned about how to evidence the 20% off the job training, the impact of the End Point assessments and how this could affect the take up of apprenticeships and the learning needs of assessors. Employers in the NW area have expressed concerns about the new apprenticeships, for non-levy paying employers the 20% off the job requirement is reported as prohibitive and there are technical concerns about how Workforce Development Funds will work alongside the co-financing arrangements. One local authority in the NW has chosen to use the Health Apprenticeship standards for their in-house staff as they feel this will better meet their needs for the future. In London providers have found links with endorsed providers useful in obtaining clear information about the apprenticeship agenda although the general level of employer knowledge is still very low. There is early anecdotal evidence that the Apprenticeship levy is driving larger employers to expand their Apprenticeship programme, or in one

case to return to Apprenticeships as their single approach to accredited qualifications after several years when they had no programme at all.

- 5.4 The Midlands has identified the need for care businesses to have access to business qualifications. There is no specific qualification that has been developed specifically for the care market.

## **6.0 Other issues**

- 6.1 In the NW provider forums have identified human trafficking and hate crime as an area for further safeguarding learning and development.

## **7.0 Conclusions**

- 7.1 During this period under consideration further reports have emerged which again highlight the challenges faced by social care while demand continues to increase. Skills for Care's evidenced-based focus on the workforce is critical to ensure the long term sustainability of the sector, which is particularly useful while the debate continues to have a high profile.