



# Buckinghamshire County Council Select Committee

Health and Adult Social Care Select Committee

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## Report to the Health and Adult Social Care Select Committee

<b>Title:</b>	A Position Statement on Adult Social Care Workforce
<b>Committee date:</b>	Tuesday 22 March 2016
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## 1. Purpose of Agenda Item

This report is intended to provide information on the Adult Social Care (ASC) workforce picture nationally and in Buckinghamshire. The position paper will highlight recruitment & retention issues and give some context as to potential threats to service provision for ASC should these issues not be prioritised. The report will be accompanied by a second paper that gives a brief outline of the Adult Social Care workforce strategy.

### 1.1 National Picture - ASC

By 2025, there will be an additional 1.5 million people aged 65 or over in England. It is also estimated that 1 in 3 babies born after 2013 will live to be 100 years old. While people living longer and healthier lives is notable, it does of course place additional pressures on our health and social care systems. A key factor in being able to meet growing demands on these systems will be a workforce with the right skills performing the right roles.

## 1.2 Size and structure of the sector and workforce

There are an estimated 17,300 organisations nationally involved in the delivery and organisation of ASC. These organisations are made up of 39,000 establishments. Overall Skills for Care (Skills for Care is the strategic body for workforce development in adult social care in England) estimate there to be 1.52 million jobs involved in the ASC sector being carried out by 1.45 million workers, a shortfall of 70,000 workers. This workforce is estimated to have grown by around 15% since 2009 with the creation of around 200,000 jobs.

## 1.3 ASC worker overview

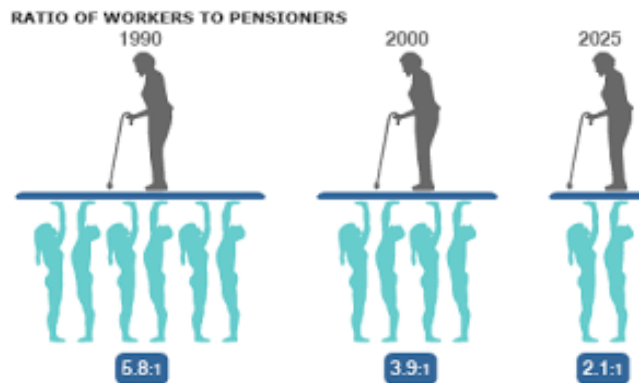
There are approximately 1.3 million jobs (excluding Personal Assistants (PA's) working for direct payment recipients). The private sector is the largest employer, employing over two thirds (circa 900,000) of all ASC workers.

The voluntary sector employs just over a fifth of all workers while the statutory sector employs just over 1 in 10 workers. Around half of the workforce are employed in residential settings, while a further 38% are employed in domiciliary care settings. Almost three quarters of the workforce are working in a direct-care providing role. Just over half the workforce are considered to be full-time while the rest hold a part-time role or zero hours contracts.

## 1.4 Workforce demographics

The ASC workforce has 80% female workers (this is higher still in direct-care providing roles). The workforce is also an older one, with 1 in 5 workers being aged 55 or over. In terms of ethnicity, the workforce is predominantly white (80%). Over 1 in 10 workers hold a non-EEA nationality. Both ethnicity and nationality profiles vary considerably by region.

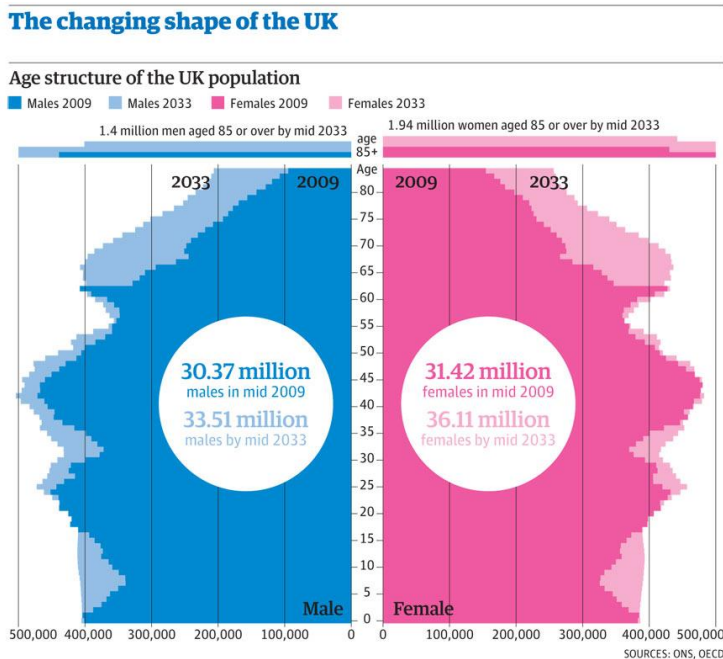
## 2. Background to ASC sector



ASC is a rapidly growing sector due to better health care and healthier lifestyles especially for people with disabilities and long-term health conditions which is resulting in a greater demand for social care services. According to the 'Projecting Older People Population Information System' there will be an additional 1.55 million people over the age of 65 by 2025. This is an increase of 17% from 2013 (The NHS Information Centre, 2013).

The history, scale and pace of budget reductions in ASC and across many health economies in the South East is challenging. ASC has to respond to demographic changes and the increasing number of frail people with high care and support needs.

By 2026 there will be 124,865 people aged 65+ in Buckinghamshire. This represents an increase of 31.84%, or 30,113 people, compared to the 65+ population in 2014. This means that there will be a growing demand for staff with additional skills in dealing with more complex conditions.



### 3. The Buckinghamshire Picture

#### 3.1 The Business Unit

Communities, Health and Adult Social Care (CHASC) Business Unit aims to develop preventative services and reduce demand on mainstream services, by encouraging individuals, families, communities and businesses to take more responsibility for creating the right circumstances to remain independent, reach their full potential and to thrive.

#### 3.2 Size and structure of the sector and workforce

There are an estimated 300 establishments involved in the delivery of ASC in Buckinghamshire with 10,200 jobs; around 6,500 of these jobs were care worker roles (National Minimum Data for Social Care (NMDS SC)). The increase in demand for care and support will mean that the number of jobs will increase from 15% (2013) to 55% by 2025.

There are a number of major challenges to the ASC workforce both within the Council's Social Work teams and within our provider market. These are exacerbated by the implementation of the Care Act 2014, where councils need to ensure that the right workforce is recruited and trained to deliver the reforms in 2015/16.

The Association of Directors of Adult Social Services (ADASS) predicts that whilst most councils report they will levy the 2% social care council tax precept to be spend on adult social care, this will not meet the full range of pressures facing ASC funding. In particular, the National Living Wage increase will add further costs to the system from April 2016 (further details section 4.4) leaving a substantial financial gap.

## 4. Bucks workforce overview and key issues

### 4.1 Turnover

The sector traditionally has an unstable workforce. Turnover remains an issue in ASC with an overall turnover rate of 25.4% (equating to around 300,000 workers leaving their roles each year). Turnover is not uniformly high although it tends to be higher in the private sector and amongst domiciliary care providers. It is also estimated that just under a third of workers started in their current role during the previous 12 months.

One in four, including one in three Registered Nurses (RN), many of whom work in care homes, leave their job over a 12 month period in the independent sector. Reasons for this can be connected to direct competition with NHS pay and terms which makes it difficult to attract and retain nurses; equally, in the domiciliary care market, larger providers usually pay more favourable terms than the smaller providers which also causes movement.

Employer returns to the National Minimum Data for Social Care (NMDS-SC) are the main source of data for the ASC workforce. However, it is estimated that only half of employers make returns to NMDS-SC. For the first time in 2015, 100 percent of Local Authorities completed the NMDS-SC return giving accurate local government data. As a result, NMDS-SC data is indicative rather than comprehensive and there are significant gaps, e.g. NMDS-SC provides no information regarding individual employers (self-funders and people with Personal Budgets) and the pay and profile of the support workers they employ.

NMDS-SC analysis does show us that around 2 in 5 of those that leave their role move within the sector (known as workforce churn). In a sector where continuity of staff is so vital to the experience of those who use care services, it is an issue that remains a high priority.

This is against a backdrop of a predicted steep increase in demand for workers due to an ageing workforce. As at December 2015, NMDS-SC showed that 8.6% of care worker roles in Bucks were vacant. This equates to an estimated 550 vacant care worker roles across the sector (similar to the South East).

In the South East, 1 in 4 workers in ASC left their jobs within the last 12 months. As at December 2015, there were 196 regulated care providers in Buckinghamshire and 163 registered managers. This means that the average turnover rate for this post in Bucks is 24.2%, which again is similar to the South East region average. This is a much higher turnover rate than other sectors and leads to instability in the provision of care and potential provider failure.

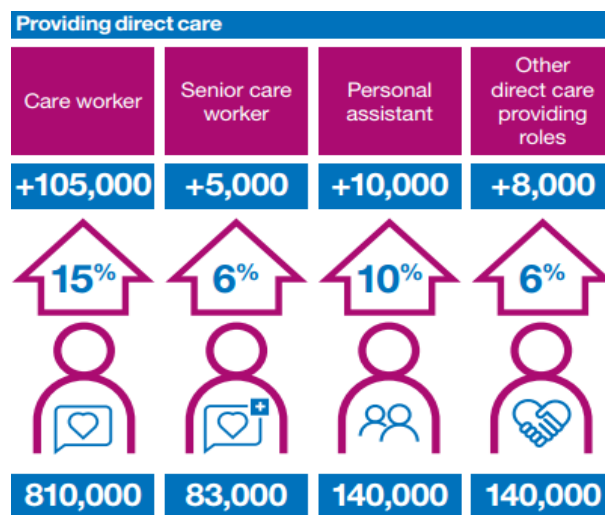


### 4.2 Average Age of workers

The average care worker in Buckinghamshire is aged 42 (comparable to the South East Region) and 20% of care workers are aged 55 and over, which could indicate that 1,300 plan to retire over the next decade. The younger population is growing at a slower rate

than that of the older population. This leaves us with a smaller pool of younger people. The pool of people from which the sector can recruit will therefore be smaller in future and competition from other sectors to recruit young people will be stronger. With a limited resource available and a higher demand this leaves us with a very serious lack of provision moving forward. Anecdotally, registered managers are telling us that they can't recruit because they are competing against better terms and conditions in the retail sector and even attracting volunteers is an issue due to the expectations in terms of DBS (disclosure and barring service previously criminal records bureau checks CRB) and training (Bucks Registered Managers Network). Job Centre Plus have reported that they have a list of potential candidates interested in the sector but cannot get jobs due to language barriers (English as a second/other language ESOL) and inability to drive. Whilst some agencies will employ workers with ESOL, this poses potential safeguarding risks to service provision and quality of work (JCP Bucks Head Office).

Estimated increase and change in ASC direct care jobs 2011-2014.



### 4.3 Shortage in specific roles

Within Bucks ASC teams we have a shortage of experienced Social Workers and Occupational Therapists. As at January 2016 our social worker agency spend was £215,133 compared with £135,026.56 spent on salaries of permanent social worker posts. Where possible we have converted agency workers to permanent workers. However, this is a common issue across ASC nationally, with more social workers choosing to do locum work and consultative work, attracting significantly higher rates of pay than permanent contracts.

In BCC, vacancies in leadership and senior roles have an impact on the services we provide. A lack of experienced workers affects training and development of less senior and new staff, and has an impact on safe service provision. The service that seems to have significant issues is within our Learning Disability teams, where there is a higher ratio of newly qualified and unqualified workers in comparison to senior workers. Whilst we encourage newly qualified workers (NQSWs) to apply to Bucks, this does mean that with a deficit in senior practitioners there is extreme pressure on the few higher range posts to undertake supervision and support the NQSWs through their Assessed and Supported year in Employment (ASYE).

#### 4.4 Other factors impacting on the workforce

Many other factors impact on the challenge of retaining and recruiting the ASC workforce including:



- National Living Wage increasing the cost to providers and the knock on affect to the Commissioning organisations increasing from hourly rates from £6.90 to £9.01
- low wages and an inconsistent range of pay rates
- high cost of living – the South East is the most expensive outside central and greater London
- high travel costs
- career pathways that are not well defined
- poor image of the sector eg benched against retail sector jobs with higher pay which are seen as ‘less difficult’ jobs

#### 4.5 Staff wellbeing & sickness

The average number of days sick per worker in the past 12 months was 4.5 days; the private sector (at 3.7 days) and voluntary sector (at 4 days) are similar. However, the statutory local authority sector has higher sickness at an average of 10.2 days per worker. With an estimated workforce of 1,297,000 and an average of 4.5 sickness days that is a total of at least 5,840,000 days lost to sickness every year.

A major concern for the workforce in Bucks is the rate of staff sickness. Recent figures for the CHASC business unit show the most prevalent sickness reason was stress and depression. This has a huge impact on the workforce in terms of increased pressures for staff covering the work, the quality of the work produced, not to mention the concern that this causes as to why staff are suffering from stress and how to manage that moving forward.

The average number of sick days taken in the Buckinghamshire ASC was 6.7 in the last year, matching the national benchmark for average sickness (NMDS-sc). Twenty one out of eighty two social work staff were off sick; this represented the most days sick averaging 20.7 days per year. Stress and depression are almost certainly impacted by the lack of resources and the increasing pressure on the demand for services.

Sickness is a large cost to the sector with 97 staff off sick out of 306 within ASC, resulting in 654 number of sickness days in the last year.

#### 4.6 Recruitment and retention packages

It is worth noting that within the Social Work arena, not only are we competing with our neighbouring authorities who are offering more competitive salaries and reward packages as a whole (eg difference of approximately £10,000 pa at Slough and London weighting) but we are also in competition within our own authority. Within Children’s Social Care & Learning (CSC&L), salaries are higher (CSC&L Range 6 – 9 compared with ASC Range 5-



7), rewards are larger (paid sabbaticals, relocation allowances, retention bonuses, market premiums) and therefore attracting more experienced staff becomes problematic. We are not able to compete on an even monetary playing field due to the budget constraints mentioned in section 5.1 below.

## **5. Risks**

### **5.1 Financial budgetary constraints**

The reality is that:

- Demand is growing:
  - increasing number and proportion of older people
  - the growing number of people with dementia
  - the increase in preventable disease associated with unhealthy lifestyles
  - access to services for people with learning and physical disabilities
- Our legal responsibilities are expanding
- Our budget is contracting
- There are reducing public finances and the impact on voluntary organisations
- The structure and role of public sector organisations

To give a very immediate example of the pressures on the ASC Budget for 2015/2016, between April 2015 and August 2015, the cost of making a new Elderly Mentally-Ill placement increased by over 9% (figures exclude Free Nursing Care [FNC] – funded by the NHS). During the same relatively small time period, nursing placements for older people increased by over 11%. The funding pressure and crisis is even more extreme when we identify that, for the provision of short term Respite Care for Older People (which is essential to support Carers continue with caring responsibilities), between April 2015 and August 2015 increased by 23%,(figures exclude FNC).

These increased costs and increased pressures on our budgets are brought even more sharply into focus as Buckinghamshire has and will have, the largest increase nationally in the percentage of our population of social care service users who are very much older people, i.e. aged 85+ over the next 10 – 20 years. This should be seen as a positive sign of the affluence and wellbeing of our residents. However, this also brings inevitable increases in the need for costly health and social care services and support.

### **5.2 Impact of Migration Regulations**

A cause for concern is the recent decision by the government's Migration Advisory Committee (MAC) not to include social care on the list of shortage occupations to be exempted from immigration restrictions which would prevent non-EU care workers taking up permanent jobs in the UK. Care providers have increasingly come to rely on migrant labour to fill the gaps in the workforce. Around one in five domiciliary workers comes from abroad, for instance, and in London this rises to over two in five. The MAC decision could seriously harm the ability to recruit desperately needed care staff and damage our capability to care properly for large numbers of vulnerable people.

### **5.3 Provider/market failure**

In the Domiciliary care market providers are struggling with workers calling in sick causing major pressures on the capacity to attend to service user visits. In Bucks ASC we are currently supporting providers to manage their capacity to fulfil their contractual obligations,

with a common aim to prevent market failure. Examples of the current pressures due to staff capacity and competency are as follows (these are anonymised for the purposes of this report):

- Four to five small providers being monitored for safeguarding and complaints. A key issue being reported is language barriers.
- Reports that on some Domiciliary double handed calls one worker is translating for another. Dom care agencies are placing staff on zero hours contracts so the turnover is high. There is no loyalty in that area of work as workers go from one agency to another depending on pay and terms.
- BEARS (a scheme to ensure we have the correct capacity in place and that providers work in collaboration to deal with domiciliary care capacity where there is business continuity issues) implemented early March due to high rates of sickness reported by a provider in one day causing incapacity to attend to scheduled home visits.
- Nursing home for Dementia operating with 50% agency workers which has caused concerns. This home has gone on self-suspension in terms of its nursing beds and they are not accepting referrals from private service users. There is also a limited capacity in terms of nursing places due to a lack of nurses working in care homes.
- Recent incident caused an influx of acutely unwell patients being admitted to one of our hospitals, causing a knock on effect of existing patients having to be discharged quicker than usual. This then results in those people having to come back into hospital as no time to arrange a sufficient care package.
- In the provider concerns meetings there have been reports of providers struggling with staff not being competent to administer medication due to language barriers and that DBS is not being following properly.

#### **5.4 Lack of qualified Nurses**

The growing demand on adult social services, provider failures and safeguarding issues consume the workforce that are directly employed, but also have a significant impact on the market. The main challenge is with nursing home providers recruiting qualified nurses. Registered Nurses play a vital role within the overall ASC workforce. Skills for Care estimate there to be around 50,000 nurses working in the sector, predominantly in the private sector in CQC regulated care homes with nursing.

There are particular issues with regard to nurses in the sector – turnover is high at over 30% (over 16,000 leave their role each year); while they have an older age profile to the wider sector (44% are aged 50+). It is also noteworthy that over 1 in 3 (37%) have a non-British nationality which suggests employers may have to recruit from abroad to fill this gap. In terms of pay, nurses in ASC are paid less on average (£24,350) than their NHS counterparts.

Modelling of NMDS-SC data by Skills for Care shows there to be an estimated 51,400 registered nurses working in ASC, while making up only a small part of the overall workforce (circa 1.52m). It is absolutely vital that the sector can attract and retain these professionals.

The change in demand in recent times for CHASC commissioning of ASC provision from residential care homes to nursing homes has already materialised, leaving a huge gap and risk in the ability to meet the current demand in safe and consistent provision.



The importance of nurses to the social care system and the wider healthcare system has recently been highlighted by the pressures on Accident and Emergency Departments in hospitals across England. It has been reported that on the 30th November 2014 there were 5,200 patients in hospital who were ready for discharge but were not able to be discharged because there were not suitable care arrangements in place. Some of this pressure on the health and social care system has been attributed to a shortage of nursing staff. Representatives of independent social care providers have recently commented that whilst nurse workforce planning may be taking place in the NHS, it has not been sufficient with respect to the independent sector. The workforce intelligence on nurses from NMDS-SC will be critical for future workforce planning across the whole system.

### **5.5 Statutory demands**

ASC has to complete statutory reviews each year. This year due to the critically low staffing position, institutional safeguarding issues and changes in data accuracy, it became clear that we are unable to meet these statutory targets.

The lack of staffing has been an ongoing issue in one particular area (Learning Disability as detailed in 4.3) and this is having a significant effect on them being able to contribute to completing reviews. Additionally, an increase in safeguarding investigations due to provider failure and cost saving initiatives are increasing the risk of the ASC service provision failing.

### **5.6 Britain leaving European Union (BREXIT)**

Should the 'Brexit' happen, we can certainly expect some big changes. Whether those changes will have a positive or negative impact is open to debate, but one fact is certain: if the UK leaves the union, then EU nationals who've made their home here can expect a change in circumstances. One of the founding principles of the EU is freedom of movement. European citizens are legally entitled to move and settle wherever they choose. There are an estimated 2.34 million EU nationals currently living in the UK. If those workers are no longer able to live and work in the UK this impact could potentially cripple the NHS and ASC, who rely on overseas workers in domiciliary care settings and nursing, drastically increasing the shortage of workers that has been highlighted above.

## **6. Next steps**

Having outlined the position of our workforce pressures in ASC, the next steps are to complete and deliver a workforce strategy. The strategy headings are outlined in report 2 and seek to address the main issues that are affecting the workforce and the initiatives that are taking place to mitigate where possible the impact of these.