**Adult Social Care Workforce Strategy**

**Introduction**

Adult social care is in an era of exceptional change and challenge, some of these challenges are known – the need to provide clear information to citizens, increasing demand and reducing budgets. Some challenges are yet to be fully understood – resilience of the provider market following the announcement of the National Living Wage and the impacts this may have on recruitment and retention difficulties, new roles, delivery models, and emerging technologies.

This strategy draws on information that we know nationally and locally to assess the contextual factors impacting on adult social care and the implications for our local workforce, which will be crucial in delivering the change.

Finally, this is drawn together within a series of strategic themes and associated actions to form a programme of activities to address the challenges we face.

**Scope of the strategy**

This strategy covers all adult social care services in the city[[1]](#footnote-1) including:

* Assessment services
* Provider services including personal assistants
* Social care services provided directly by Brighton

**What we know**

**The demographic outlook**

**Nationally**

* The prevalence of long-term conditions rises with age, affecting about 50 per cent of people aged 50, and 80 per cent of those aged 65.
* Dementia is now the leading cause of death amongst women 2.
* In 15 years’ time half the national population will be 65 years or older.
* In 15 years’ time the number of people over 85 years is expected to double.10

**Locally**

* Sixteen per cent of residents (i.e. 41,000 people) report that they are disabled or have a long term health problem that limits their day-to-day activities to some degree 8
* There are 500 recipients of direct payments in Brighton & Hove 1, a number that is set to rise with an associated increase in the number of personal assistants.
* There are an estimated 1,800 self-funders receiving care & support in their own home or a care home 3.

**The Funding Challenge**

**Nationally**

* The new National Living Wage, for workers over the age of 25, will start at £7.20ph from April 2016 and rise to £9ph by 2020. This compares with the present minimum wage of £6.50ph. Nationally, the changes to the minimum wage will mean the extra costs to contracts with providers of £37m in 2016-2017 rising to £429m in 2020.13
* The LGA, citing research by Laing & Buison have estimated the costs of implementing the national living wage council funding to care homes will need to increase by 5%.15
* The Better Care Fund raises new opportunities and challenges for instance in relation to partnership working.

**Locally**

* In Brighton & Hove the reduction in government grants have led finance to profile a ‘fair share’ budget reduction by 2019/20 of approx. £22m or 21% of the services gross budget.

**The Impact of the Care Act and Statutory Duties**

**Nationally**

* The planned introduction of the Dilnot cap and raising the threshold above which people must make personal financial contributions to their own care has been postponed from 2016 to 2020. Some commentators have questioned whether this will be introduced at all. The delay in the introduction of the Dilnot cap is in the short term, good news to adult social care funding. Self funders are entitled to an assessment of care and support need and this group may well want social care assessments to take advantage of the Dilnot cap in the event of it being introduced.
* The Care Act and statutory guidance places great emphasis on the role of social workers; there is now increased need for involvement of social workers in safeguarding, assessment and assuring people’s rights are upheld and protected.
* The Law Commission’s revision of the Deprivation of Liberty Safeguards (due December 2016) is likely to introduce the role of an Approved Mental Capacity Act Professional.

**Locally**

* In the wake of the P&Q & Cheshire West Supreme Court ruling the number of DoLS referrals has risen from two in February 2014 to 128 in February 2015. The implications for this are a significant impact on time and resources of senior officers and social workers and an increase in the need for Best Interest Assessors
* The number of carers assessments will increase under the Care Act, an extra 406 was estimated in 2015/16 3. There is also the opportunity to increase self assessments.
* The make up of the assessment service will shift towards a greater proportion of the workforce being registered social workers.

**Brighton & Hove City Council**

* Adult Social Care in Brighton & Hove City Council has an average rate of sickness of 13 days a year compared with 11 days for the council as a whole and 9.5 for local authority adult social services nationally 5.
* 27% of the adult social care workforce in BHCC is over 55 years of age

**The size and make up of the workforce**

**Nationally**

* The Health & Social Care Sectors is the largest sector by employment in the UK economy, employing 13% of the workforce. 14 The number of employees is growing (up 6% between 2009 – 2014).
* Nationally 2 in 5 workers in personal services (Social care & childcare) are low paid 4 (i.e. earning less than £6.90 an hour which is 2/3 of the median hourly wage of £11.53).
* Skills for Care have estimated that 17% of the adult social care workforce are non-British.14
* The social care sector is under represented by younger people with proportionally more workers aged 50 – 64 than in the economy as a whole
* The British Retail Consortium states median hourly paid wages in the retail sector are £7.30 and hour. In August 2015 Sainsbury’s announced that it would pay staff at least £7.36 an hour.
* The table below shows the ethnicity of staff across the whole adult social care workforce in Brighton & Hove

|  |  |  |  |
| --- | --- | --- | --- |
|  | Group | Number of  Staff | Percent of staff |
|  | White | 2,591 | 68.2 % |
|  | Mixed / Multiple Ethnic Group | 58 | 1.5 % |
|  | Asian / Asian British | 110 | 2.9 % |
|  | Black / African / Caribbean / Black British | 111 | 2.9 % |
|  | Other | 25 | 0.7 % |
|  | Not known | 906 | 23.8 % |

**Locally**

* In Brighton & Hove there are 7,600 people working in adult social care 1. Of these 900 work for BHCC, approximately split 50/50 between assessment and provider services1.
* CQC has 157 regulated Social care providers in Brighton & Hove.
* Skills for Care estimate 250 establishments in Brighton & Hove.
* The National Minimum Data Set has 110 (44% of estimated) establishments, 71 of whom are regulated (45% of total regulated establishments).
* The average wage in Brighton in 2009/2010 was £28,300 compared to the average wage of a social care worker of approx. £17,000 which means that we are competing against many more attractive and better paid sectors.
* A search on the Brighton Evening Argus website on 17/4/15 showed three adverts for support workers advertised at £6.74 and hour (twice) and a post offering £9 - £11 an hour.

**Recruitment and Retention**

**Nationally**

* There is wide variability in turnover rates amongst employers; factors affecting retention include leadership and management; organisational culture and employer reputation and rewards.9
* There is a negative correlation between turnover rate and CQC rating.9
* There is a positive correlation between retention rates and rates of pay.9
* Workers new to their jobs are more likely to leave than workers who have been in post for longer.9
* There is a higher rate of turnover amongst people on zero hour contracts, and there is an upward trend to the number of workers on zero hour contracts. The National Minimum Data Set shows that nationally a third of all care workers are on zero hour contracts.9
* The CIPD estimate that the average cost of recruitment per ‘services’ employee is £2000-£5000.9
* The turnover rate is estimated at 26.3% for care workers and at 23.2% for all adult social care.6 If these figures are replicated in Brighton and Hove and the cost of turnover to the sector in the City of Brighton & Hove is £3.5m - £8.8m. Nationally the upper estimate for turnover across all employment sectors is 20%.9
* Turnover rates in adult social care are increasing.9
* The adult social care sector sees itself as having a low status.

**Locally**

* Home care providers have cited the high costs of parking and public transport as employee disincentives.
* There are difficulties recruiting people to the AMHP role.

**Training, Qualifications and Skills**

* The Care Act itself describes a range of training that staff should and must do. This is the firmest statutory requirement in relation to training. For providers the language used by Skills for Care is *recommend* rather than *must* or *should*.
* In relation to providers the Care Certificate was recently introduced, tightening expectation of managers inducting new members of staff.
* Health and Social Care have the third largest uptake of apprenticeships, yet 71% of apprentices are existing employees rather than new entrants to the labour market9
* The Kings Fund has predicted that by 2017 most health records in health & social care settings will be held electronically.
* The table below shows the main skills which need improving as reported by employers with skills gaps, 2013 (as a percentage of employers reporting skills gaps) 14

|  |  |  |
| --- | --- | --- |
|  | Total economy | Health & Social Care |
| Technical or practical or job specific skills | 60% | 61% |
| Planning and organisational skills | 57% | 61% |
| Team working skills | 44% | 51% |
| Problem solving skills | 48% | 48% |
| Customer handling skills | 47% | 47% |

Note: the above were addressed through a mix of training, appraisals, mentoring, work re-allocation and supervision.

**Implications of the contextual factors to the Workforce**

1. **Demand for services is likely to rise**

Even with effective information and advice and prevention the ageing population, increasing numbers of people living with long term conditions points to an increase in demand for assessment, care and support. Adult social care will need a larger workforce in order to meet this increase in demand.

1. **The financial outlook for adult social care is extremely challenging**

This points to the necessity to provide services in different ways.

The Care Act sets clear duties for the council. It also allows for assessment services to be provided in other ways.

Brighton & Hove City Council has described its approach to service provision in its market position statement. Within the city, as nationally there is the possibility that some providers (the great majority of whom are in the independent sector) may consider leaving the sector owing to the impact on their profitability. Across the sector there is concern over of the costs of the national living wage to adult social care, even if organisations can recruit.

Laing and Buison and others have suggested that there will be a trend in the care and nursing home market towards larger units seeking to attract self funders, which arguably is a more sustainable business model with higher profit margins.

In order to accommodate changes to the way services are provided an effective workforce strategy needs to be informed by commissioning plans.

1. **The workforce is ageing is difficult to recruit to**

This is a view widely held in the sector. The analysis above also points to this. Similarly, as described above the population as a whole is ageing, so one could argue by this measure the changes within the workforce mirror that of the wider population. However in order to grow the workforce of tomorrow adult social care needs to be seen as an attractive option for younger people. Clearly an increase in pay introduced through the national living wage will be welcome news to the low paid provider workforce. Raising the bar will not in itself be a game changer for recruitment as the living wage will simultaneously be introduced in alternative sectors such as retail. Given the financial restraints strategic efforts will need to concentrate on other factors that have a positive impact on both recruitment and retention.

1. **The evolution of the way information, assessment care and support is provided**

There are also technological shifts in the way people access information. 58% of the UK population now own a smart phone with 83% of the population having a mobile phone17. Add to this 50% of the population owing a tablet by 2017 and you can see that online resources and information will become the preferred source of information.

The Care Act clarifies the role of social workers and opens up the possibility of providing services in a different way. As the uptake of personal budgets increases, there will be an increasing number of people working as personal assistants. Care homes will continue to provide a valuable service, although the market trend is towards larger units aimed at attracting self funders.

**Strategic themes**

The themes below are informed by the above analysis and through discussions with stakeholders. At this stage in the development of the strategy they posit some aims and high level outcomes then suggest actions that would help contribute to meeting the outcomes. There will be a sub group of the Adult Social Care Modernisation Board that will lead and steer the work of the strategy.

**Workforce Remodelling**

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| **Strategic aim:** To ensure that the workforce is able to adapt to changing roles and the need to provide services differently |
| **High level outcomes:**   1. New ways of delivering services that are more cost effective 2. New and emerging roles and ways of working |
| **Actions:**   1. Work with commissioners, services and contracts to ensure the implications to workforce are considered in a timely manner. 2. Share learning and best practice with colleagues across region e.g. Health Integration Group and Skills for Care regional group to ensure a resilient and agile workforce. 3. To support the development and dissemination of career pathways |

**Recruitment and Retention**

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| **Strategic aim:** To assist the sector in recruiting and retaining the people needed to deliver an effective service |
| **High level outcomes:**   1. Decreased staff vacancy levels 2. Decreased rate of turnover 3. Increase in status of adult social care work 4. The workforce profile reflects that of the community it serves |
| **Actions**   1. Support the take up of the emerging values based recruitment tool. 2. To encourage the involvement of service users in recruitment and retention, including micro employers 3. To promote and support providers in effective recruitment and retention e.g. the Skills for Care *Finder, Keepers*16 4. To support the uptake of apprentices in the sector 5. To support the Care Ambassadors scheme18 6. To foster links between employers, schools and colleges 7. Mandate the uptake of the National Minimum Data Set to help inform workforce intelligence amongst our contracted providers 8. Through Health Education Kent Surrey and Sussex assess the potential to work with the recruitment hub 9. To encourage creative recruitment (e.g. open days, use of social media) 10. Encourage links with schools e.g. services adopt a school 11. To explore discounts or wavers for staff conducting home visits |

**Training and Continuing Professional Development**

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| **Strategic aim:** To ensure that the adult social care workforce has the right capabilities and qualifications to meet statutory and regulatory requirements and local needs. |
| **High level outcomes:**   1. A workforce compliant with statutory/regulatory training and qualification requirements |
| **Actions:**   1. Support to the managers in the sector to help them understand their responsibilities in ensuring their service has suitably trained and qualified staff 2. Engagement with Skills for Care, Department of Health, Department for Education and British Association of Social Work 3. Define organisational/contractual training and qualification requirements 4. Support the sector through the provision of training, development and qualification opportunities 5. To work with relevant occupational standards, (e.g. Care Certificate, national occupational standards, professional capabilities framework and social work knowledge and skills statements). |

**Culture**

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| **Strategic aim:** To support positive, person centred cultures within adult social care that are safe, effective, caring, responsive and well-led. |
| **High level outcomes:**   1. CQC ratings and inspections show good quality services 2. Workforce and others see social care as a valuable service 3. Wider workforce see social care as a valid career |
| **Actions:**   1. Support the uptake of the social care commitment7 2. Encourage and support the uptake of the dignity challenge 3. To promote positive messages of the social worth and job satisfaction to be gained from a career in adult social care. 4. Use the forthcoming media campaign (due November 2015) from Skills for Care to promote careers in social care in Brighton & Hove 5. Contribute to the Sussex wide hub in development from Health Education Kent, Surrey and Sussex. |

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1. The term social care services here encompasses all social care services, including both assessment and provider services. [↑](#footnote-ref-1)