ADASS submission to the Public Accounts Committee
Inquiry on adult social care workforce

1. About the Association of Directors of Adult Social Services

1.1. The Association of Directors of Adults Social Services (ADASS) is a registered charity which aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy.

1.2. The membership is drawn from serving directors of adult social care employed by local authorities in England. Associate members are past directors and our wider membership includes deputy and assistant directors.

1.3. We are the recognised voice of leaders in social care. Our objectives include:

- furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time.
- furthering the interests of those who need social care services regardless of their background and status
- promoting high standards of social care services

1.4. We would be happy to provide further information on the comments provided in this consultation response.

2. Overview

2.1. Social care touches the lives of millions of people – almost one fifth of the adult population of England has experience of social care - as part of the paid workforce (which is bigger than that of the NHS), as unpaid informal carers or as a recipient of services. Most of us at some point in our lives will need some kind of care and support. Social care is everyone's concern.

2.2. A lot of focus in adult social care has been focused on its financial pressures. Whilst strongly related, however, without a stable, supported, and skilled workforce sufficient care of sufficient quality giving choice to individuals, the aspirations of the Care Act, cannot be realised. Our experiences tell us that a well led, well trained workforce provides effective, high quality, person-centred care and support. Both ADASS' Distinctive, Valued, Personal and the NHS Five Year Forward View emphasise the need to develop a workforce with the right skills, values and behaviours to work across new models of care that span traditional professional boundaries, to better empower people needing care and support and their communities and to shift resources and provision to more preventative approaches.[1]

2.3. This means people accessing care and support can be independent and lead fulfilling and healthy lives, minimising demand on the NHS. Winning the hearts and minds of the workforce is the key to achieving integrated social care and health services working together to meet the individual needs of people in our communities.

2.4. There are added complexities for local authorities in maintaining a well-

[1] ADASS, Distinctive, Valued, Personal, March 2017

trained and quality workforce as the vast majority of the social care workforce is employed by the independent sector. Local authorities endeavour to encourage and develop the independent sector workforce but it is a varied approach across the country. As a result there isn't a national overview of how successful local authorities are at all levels of the social care workforce in developing the right sets of skills and expertise. With this in mind, the question remains throughout this response, as to whether local authorities should have a clearer role in relation to workforce planning and development, and this, of course, would need to be resourced.

3. What are consequences of high vacancy and turnover rates across the adult social care workforce?

3.1. There are real concerns about capacity pressures on the adult social care workforce as demand for services increases while the profile, status and pay of the sector all remain low. As is recognised, a proportion of vacancies in these roles cannot be filled, and as demands on social care grow, this inability to fill posts is of increasing significance. There are currently 1.58m jobs in social care, with forecasts anticipating an additional 350,000 required by 2030.

3.2. The critical challenge for commissioners, in the context of increasing levels of need and restricted budgets, is to attempt to get the best balance of providing sufficient numbers of people with sufficient levels of care to meet their needs at a price that is affordable and enables providers to be sustainable and deliver the quality that we want.

3.3. A backdrop to this is the Royal Mencap Society vs Tomlinson-Blake Employment Appeal Tribunal (EAT) which will be heard at the Court of Appeal in March 18. The Mencap vs Tomlinson-Blake EAT ruling found care providers must pay the National Minumum Wage (NMW) throughout a sleep-in-shift, triggering a £400million industry back payment and £200milliion increase in yearly costs from 2020 onwards.[2] If the existing decision of the Employment Appeal Tribunal is upheld it will have profound effects on the viability of much residential, domiciliary and supported care.

3.4. Many of the quality and capacity challenges experienced by commissioners and providers arise from continuing difficulties in recruiting and retaining staff. The overall staff vacancy rate across the whole of the care sector has increased from 4.5% in 2012/13 to 6.8% in 2015/16. Over the same period turnover rates have risen from 22.7% to 27.3% a year.

3.5. High vacancy and turnover rates have a significant financial impact. Providers face significant costs as a result of continuous recruitment and training efforts as well needing to rely upon high cost agency staff. They also result in a lack of sufficiency of skilled and experienced staff and ultimately a possibility of failure to meet the care needs of individuals.

3.6. More importantly, however, there is also an impact on both the ability to meet individuals' needs (for instance if they are in hospital waiting for care and support at home, or not getting care and support at home which precipitates an incident or illness requiring hospital admission) and

[2] http://www.careengland.org.uk/care-england-granted-right-intervene-court-appeal-sleep-shift-case

on the quality of. It stands to reasons that high turnover rates and increased use of agency staff leads to a lack of continuity of care. This can mean that important relationships between carers and people getting care and support are a lot harder to develop. It provides uncertainly for too many older and vulnerable people. In the worst of cases we hear of individuals seeing 10 – 20 different carers providing intimate personal care in a week. They cannot possibly meet an individual's needs if they do not know them. It also lessens one of the key rewards for care staff which is the relationship they have with the people they provide care and support for and the knowledge they have done a good job.

3.7. Capacity challenges can additionally result in high risk, including safeguarding concerns, through 'call cramming', delays, and missed calls at home or escalating people's distress (and thus a risk also to staff if they do not have the time and skills to work appropriately with people who have behavior that challenges, only being able to meet people's physical or biological needs).

3.8. Nursing homes are under huge pressure. Staff turnover is 32% for nurses working in nursing homes. Unfortunately many nursing homes are re-registering as residential homes because they cannot get enough nurses. The majority of residents will be the same as those that were deemed to have nursing home level needs, so again this impacts on quality and meeting people's needs.

3.9. In terms of wider system issues this lack of capacity can also be a contributing factor in delayed transfers of care and increased hospital admissions.

3.10. Another major concern relating to workforce sustainability arises from Brexit and potential changes to immigration policy. Independent Age estimates around one in 20 (6%) of England's growing social care workforce are non-British European Economic Area nationals – around 84,000 people – although this is differentially felt across the country, with one fifth of nurses in nursing homes in the South East coming from the EU.[3] NHS Digital and Skills for Care (2017) both estimate slightly higher figures of 95,000 (7%) of the social care workforce are EU workers.

3.11. Whichever figure is used the potential impact on social care is obvious but is less well recognized than the potential impact on the NHS where just 5.6% of the workforce are EU workers (NHS Digital).

3.12. We have the perfect conditions for a chronic national shortage of social care workers.

4. What needs to be done to improve recruitment and retention rates?

4.1. Attracting and recruiting staff with the right values to provide quality and compassionate care is essential to ensuring that our population's care needs are adequately met. We need to see greater collaborative cross-sector approaches to improve both recruitment and retention rates.

4.2. We need a national recruitment strategy for care staff and social workers that can be used locally. We know that we have better retention when the social work role is valued and articulated and when it is better supported in terms of supervision, career pathways, autonomy and

[3] Independent Age, Brexit and the future of migrants in the social care workforce, 2017

offering person-centred care.

4.3. The difficulties the sector has in both recruitment and retention relate in large part to the low level of wages, particularly for care staff. The majority of such staff are employed by private or voluntary organisations who set their own pay and terms and conditions.

4.4. The average wage of a care worker is £15,007 and the mean hourly rate for care workers in the independent sector in 2016 was £7.72, just £0.52 above the national living wage at the time. In areas of high employment and/or above-average wage levels, local labour markets will not provide the capacity required for social care services.

4.5. The National Living Wage is extremely welcome, but it also applies to far less challenging jobs. The care sector is often competing with less skilled and less demanding jobs in the retail sector which puts further pressures on recruitment.

4.6. The National Living Wage is also insufficiently funded: the ADASS Budget survey in 2016 demonstrated that the social care precept raised less than two thirds of the cost of the National Living Wage increases. Today, the LGA reports that increases in income next year from the social care precept will be "wiped out" by the cost of needing to cover increases in the National Living Wage. Whilst fully supporting the national living wage, it is not a sufficient response to the challenge of recruitment and retention in many parts of the country.

4.7. There must be an improved Continued Professional Development offer to social care staff which is linked to improved career pathways if we are going to encourage the workforce to stay in the sector.

5. What can be done to boost the image of working in care?

5.1. Research by Bournemouth University found that that young people are reluctant to consider careers in the care sector, which is a particular concern giving the sector has an ageing workforce. This isn't helped by negative media representation of the sector.[4] Positive messages from government that focus on the value of social care, social work and the social model would help address some of the negative perceptions.

5.2. Current severe difficulties in recruiting across a wide range of care and health roles are partly due to a lack of properly planned investment in education and training, but also because wages and terms and conditions are generally poor or uncompetitive. Sufficient and sustainable levels of funding for social care are an important prerequisite to improved recruitment, retention, training and rewards.

6. How should training and development of the care workforce improve?

6.1. One of the increasing public perceptions care work is that it is a job and not a career. On that basis it is not deemed to be an occupation which enables staff to grow, develop and progress.

6.2. If we want to attract quality staff into the sector then clear career pathways are needed and training and development need to support these pathways. Social care can offer a variety of roles, many at a management or more senior level, however this is not widely understood.

[4] Bournemouth University, Pathways to recruitment: perceptions of employment in the health and social care sector, May 2015

6.3. Opportunities also exist as local health and social care systems continue to move towards closer integration. Joint health and social care workforce planning and strategies, both nationally and at a local level, can widen the appeal, interest and opportunities for the current and future workforce. But care work is not just ancillary health care and care staff may be supported to develop into social work, occupational therapy, employment support and other caring professions as well as healthcare.

7. From a workforce perspective, what do you want to see in the green paper on care for older adults?

7.1. The Green Paper needs recognise the vital importance of the social care workforce and the people who work within it and the critical impact that has in enabling people to lead good lives and have good deaths, not just to support them to the level that they have enough care and support to keep them alive. What is the point of being safe if you are utterly miserable?

7.2. If we truly value the social care workforce then people need to be rewarded with improved pay, terms and conditions. We also need to be able to invest in their future by providing better training and development opportunities and real career pathways.

7.3. The only way we can begin to address these issues is by agreeing a long term and sustainable funding solution for adult social care. Without this we cannot offer the financial package which enables people to stay in the profession. This is therefore a priority for the green paper.

7.4. An area which requires further debate and thinking in the green paper would be the regulation of the social care workforce force. Regulation could increase the skills and value of the social care workforce which is an ultimate aim if we are to raise the profile of the profession. We already know that in some cases we have unregulated support being used where people have challenging needs but because they may not be receiving what is deemed to be personal care they are not inspected or regulated.

7.5. However, a move towards regulation of the social care workforce and the training and skills they have, could make recruitment and retention even more challenging as well as inflating the costs of the labour market. Therefore, regulation again is another aspect which could only work should there be real investment into social care.

8. What were you impressions of the draft Health Education England health and care strategy?

8.1. ADASS was deeply disappointed by the draft document. The limited reference to social care, social work and the social model suggested that they were clearly a late afterthought and the key issues were not addressed. Any such strategy should have been co-produced with the social care sector.

8.2. The lack of prominence given to the social care workforce in the draft document reinforces the perception that the social care workforce is secondary to that of healthcare professions.

8.3. If we are to achieve the growth in the social care workforce which is needed for the future the public and professional image of social care needs to change. The social care workforce needs to be viewed with parity alongside healthcare professions.

For further information please contact Ian Hall on email ian.hall@adass.org.uk