Community Wellbeing Board

09 July 2018

The Adult Social Care Workforce – activity in 2018/2019

Purpose of report

For discussion.

Summary

This paper summarises the key challenges in the adult social care workforce, identifies key national reporting and activity on the issue and sets out the role of the LGA in working with Government and other organisations at a national level to facilitate developments at a local and regional level.

Recommendations

Members of the Community Wellbeing Board are asked to;

1. Note the current LGA activity on the adult social care workforce;
2. Discuss and develop the LGA's key messages on the adult social care workforce which need to be addressed in the care and support Green Paper; and
3. Agree that Lead Members of the Community Wellbeing and Resources Boards meet to discuss broader health and social care workforce issues and other local government workforce issues relating to health, including health visitors and public health.

Actions

Officers to incorporate the Community Wellbeing Boards comments into the LGA's key messages on the adult social care workforce.

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Local Government Association

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Background

Key workforce data

1. The National Audit Office (NAO) report published in March 2018 highlights some key indicators of the issues around turnover, vacancies and the failure to keep pace with demand. The main points are summarised below.

2. Turnover and vacancy rates across the social care workforce are high. In 2016-17, the annual turnover of all care staff was 27.8 per cent. The proportion of vacancies in care rose from 5.5 per cent in 2012-13 to a peak of 7 per cent in 2015-16, falling slightly to 6.6 per cent in 2016-17.

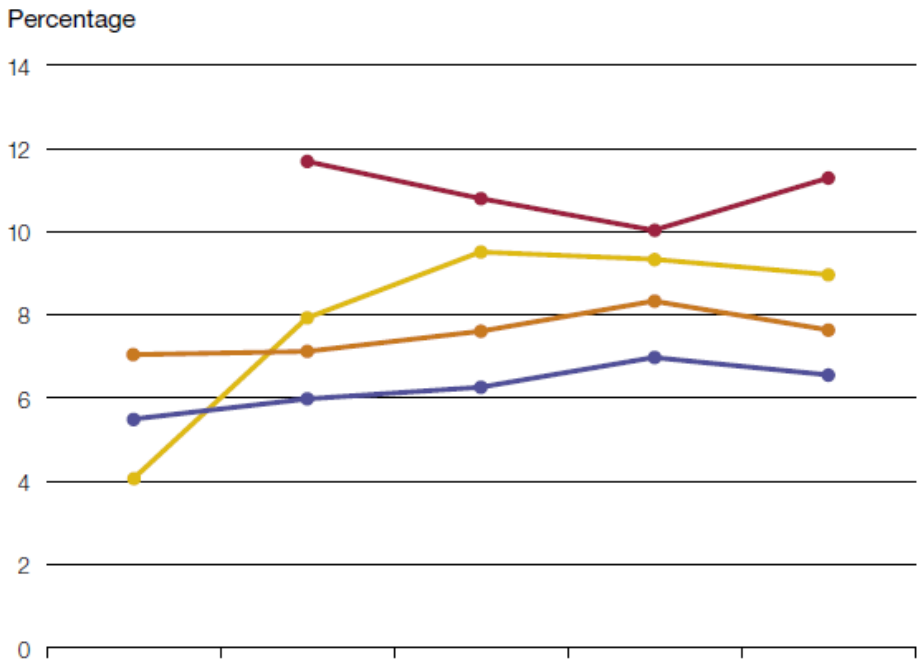
3. Two roles in particular – care workers and registered nurses – have high vacancy and turnover rates compared with other roles within social care. High vacancy rates and turnover can disrupt the continuity and quality of care for service users, and also mean providers incur regular recruitment and induction costs.

4. The vacancy rate for registered nurses in care more than doubled between 2012-13 and 2016-17 – from 4.1 per cent to 9 per cent - despite the overall number of jobs falling from 51,000 to 43,000. The NAO highlights the lack of prestige of working in care compared with working for the NHS and the poorer options for career and pay progression as having a major effect on vacancy levels.

5. Growth in the number of jobs has fallen behind growth in demand for care. The Department of Health and Social Care (DHSC) commissioned modelling based on 2014 data that suggested the number of full-time equivalent jobs in care would need to increase by around 2.6 per cent a year until 2035 to meet increased demand. However, the annual growth in the number of jobs since 2013 has been 2 per cent or lower. The failure of formal care to meet this increased demand may have contributed to the growth in individuals' care needs not being met. Age UK estimated that 1.2 million people over the age of 65 had some level of unmet care needs in 2016-17, up from 1 million in 2015-16.

Vacancy rates by role, 2012-13 to 2016-17

The vacancy rate for all care jobs was 6.6% in 2016-17



	2012-13	2013-14	2014-15	2015-16	2016-17
Registered manager	–	11.7	10.8	10.1	11.3
Registered nurse	4.1	7.9	9.5	9.4	9.0
Care worker	7.1	7.1	7.6	8.4	7.7
All job roles	5.5	6.0	6.3	7.0	6.6

Notes

1 Vacancy rates are calculated by dividing the number of vacancies by the sum of employed staff and vacancies.

2 Data are not available for the vacancy rate for the role of registered manager for 2012-13.

3 'All job roles' includes all the job roles listed in Figure 2.

4 We have only compared all job roles with care workers, registered managers and registered nurses, as these are the three job roles with the highest turnover and vacancy rates where there are over 20,000 jobs.

Source: Skills for Care, *National Minimum Data Set for Social Care (NMDS-SC), 2016-17 workforce estimates*

Issues

Workforce issues raised by councils

6. Although the LGA has a leadership role in working with national bodies and the Government to set the right enabling direction and context at a national level, it is only through local and regional partnership working that sustainable improvement can be achieved.

7. Colleagues from across the LGA, including the workforce team and regionally based advisers and officers in the community wellbeing policy team all report an increase councils concerns raising workforce issues as key risk. There is a great deal of local activity in fact and it is not always fully mapped. By way of an example, below is an issues log from the North West;

    7.1. Workforce issues are identified as the main risk factor for adult social care services by 22 of the 23 councils in the north west completing the adult social care risk tool;

    7.2. Almost 80 per cent of the social care workforce is not employed by councils;

    7.3. Turnover of senior managers is 7.7 per cent;

    7.4. Turnover of ASC social workers is 15 per cent;

    7.5. 34 per cent managers in councils are aged 55 and over so there is a clear need for succession planning;

    7.6. There are major issue with the health of the market – unattractive, low paid roles, poor career prospects, negativity about contribution and more 'mistakes' than positive successes receive national media focus leading to recruitment issues;

        7.6.1. Recruitment depends also on locality and competition from other employers, for example South Manchester airport offers more attractive employment opportunities;

        7.6.2. High levels of new recruits are leaving frontline care roles after four weeks employment;

        7.6.3. Evidence that nursing homes are reverting to residential-only provision due to difficulties in securing good nursing staff;

        7.6.4. Some providers are doing very little on learning and development due to time, cost and understanding; not all providers are large enough to have training strategies/departments; and

        7.6.5. Links are being made between quality teams and registered managers to identify needs because registered managers are identified as playing a key role in the future development of services.

8. Despite difficulties STPs do provide an opportunity to make the social care voice heard.

Role of the LGA

9. The role of the LGA is to represent the interests of councils as commissioners to ensure that progress is made on workforce improvement. This is not a simple task because of the many thousands of individual provider employers in the sector, to say nothing of

personal budget holders. Furthermore there are a number of different organisations with distinct responsibilities at a national level and this can present a challenge in coordinating activity.

10. The LGA is represented on the DHSC group charged with developing the national health and care workforce strategy and is seeking to ensure that the recommendations give proper weighting to social care and the importance of community based preventative support to maintain health, wellbeing and independence. We work closely Skills for Care (SfC) and ADASS to ensure coordination.

11. Skills for Care is responsible for leading workforce development in adult social care. The Care and Health Improvement Programme (CHIP) does not have a specific work-stream on workforce; instead CHIP supports SfC by working closely with the LGA's workforce team. The workforce team's primary remit covers the directly employed workforce but we are also developing our support offer to councils in their work with providers on workforce planning and development.

Implications for Wales

12. Whilst there are of course particular devolved arrangements around social care in Wales, Welsh councils as members of the LGA will have access to any information and advice developed by the workforce team

Financial Implications

13. There are no financial implications arising from this report.

Appendices

14. **Appendix A – National activity workforce**

Next Steps

15. The Board is requested to;

    15.1. Note the current LGA activity on the adult social care workforce;

    15.2. Discuss and develop the LGA's key messages on the adult social care workforce which need to be addressed in the care and support Green Paper; and

    15.3. Agree that Lead Members of the Community Wellbeing and Resources Boards meet to discuss broader health and social care workforce issues and other local government workforce issues relating to health, including health visitors and public health.