

## Workforce Team activity around the social care workforce

### Purpose of report

For information.

### Summary

This report summarises the work undertaken on the social care workforce over the last year by the Workforce Team under the oversight of the Resources Board. The work focuses largely on influencing other organisations because the main remit of the Workforce Team is around the directly employed workforce. Issues covered include the NHS People Plan, parity of esteem for the social care workforce, Brexit and apprenticeships.

### Recommendations

Members of the Community Wellbeing Board to comment and note the update in the report.

### Actions

Officers to action as directed by Members.

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## Workforce Team activity around the social care workforce

### Background

1. Officers supporting this board (CWB) and the Resources Board (RB) have been discussing the Boards' shared interest in the LGA's work relating to the social care workforce. This report provides a summary of activity undertaken by the Workforce Team this year and provides an opportunity for members to offer observations.

### Overall LGA workforce programme

2. The main subject of the workforce team programme is the directly employed local government workforce, with a set of priorities set out in our recently published [Workforce Focus](#) document. While some of our targeted work relates to Social Workers, as most of the social care workforce is not directly employed, our efforts are mainly around working with partners to influence improvements in recruitment, training, rewards and standards. The team works closely with colleagues in the Care and Health Improvement Programme (CHIP) and the Association of Directors of Adult Social Services (ADASS) to take ideas forward.
3. The main areas of activity this year include:
  - 3.1. Health and care integration, including the development of the NHS People Plan
  - 3.2. Parity of esteem for the social care workforce with NHS
  - 3.3. Brexit and the social care workforce
  - 3.4. Collaboration with Skills for Care on various projects
  - 3.5. Apprenticeships
  - 3.6. Social Workers' recruitment and retention campaigns

### The NHS People Plan

4. The NHS [Long Term Plan](#) (LTP) incorporated a workstream to develop a People Plan for the NHS. In June 2019 an [Interim Plan](#) was published and work continued to develop a full programme. The brief for the NHS People Plan has clearly been designed to focus on the NHS directly employed workforce rather than looking to all those who provide healthcare. While the NHS have been working to this agenda, DHSC has been reiterating its commitment to looking at the social care workforce while continually delaying any detailed discussion or publication of the repeatedly referenced Social Care green paper. Confusion between health and care are evident in the People Plan discussions, although the terms health and care are used almost interchangeably in documents, almost every initiative discussed is clearly focused on health employees alone.

5. One tangible illustration of the problem came in the pre-election Spending Review announcements where a £1,000 per head personal development fund for nurses did not include nurses employed outside the NHS in social care. The LGA made clear that this is inappropriate in an integrated system. After the election it became clear that although the plan will have several phases, the first published version will concentrate on NHS issues; for example, fulfilling the manifesto commitment to employ 50,000 more nurses.
6. The problem is clearly recognised by officials and there is no lack of goodwill to deal with it, but it will only be in the later phases of the NHS People Plan roll-out that we might get a clearer idea of any plans for social care. For the moment, there is a welcome willingness to involve the LGA (and other colleagues from the care sector, primarily Skills for Care) in the various working groups involved in developing the plan.
7. Officers will report back on developments in due course but in the meantime, a brief summary of the development of the plan is provided below.
8. The framework for delivery of the LTP set out the following priorities in relation to the NHS workforce:
  - 8.1. The interim NHS People Plan prioritised more staff working in the NHS and NHS-commissioned services over the next five years, both to address existing shortages and to deliver the improvements set out in the LTP.
  - 8.2. The NHS needs a broader range of people in different professions, working in different ways.
  - 8.3. It also needs a widescale set of cultural changes to build the diverse workforce that is required for a world-class 21st century healthcare system.
  - 8.4. The role of the NHS as a 'system anchor' includes improving access for marginalised groups to jobs offered by the NHS, promoting positive cultures, building a pipeline of compassionate and engaging leaders, and making the NHS an agile, inclusive and modern employer.
9. Workforce planning is central to overall NHS planning processes and should cover workforce growth and workforce transformation for all areas of NHS-funded care including primary care, community, mental health and acute services.
10. In line with the themes of the interim NHS People Plan, system plans set out specific actions to:
  - 10.1. Make the NHS the best place to work, including setting targets for BME representation across its leadership team and broader workforce by 2021/22, improving mental and physical health and wellbeing and enabling flexible working.
  - 10.2. Improve leadership culture, implementing system-wide processes for managing and supporting talent, and developing strategies to support all staff to work in compassionate and inclusive leadership cultures.

- 10.3. Change the workforce operating model by developing the capacity, capability, governance and ways of working.
11. Ensure 'more people, working differently', including:
  - 10.4. the workforce growth planned for different groups;
  - 10.5. actions to improve retention, international recruitment and maximise use of the Apprenticeship Levy;
  - 10.6. system-wide action to improve workforce efficiency and release greater time for care, including changes in skill mix, new ways of working, better use of technology, and reductions in sickness absence.
12. The People Plan derived from these priorities is part of the overall implementation programme for the NHS Long Term Plan. The first phase of the work has been completed with the publication of the interim People Plan on 3 June 2019. Originally the NHS was tasked with publishing its full People Plan within two months of the end of the 2019/20 Spending Review. It is now proposed to be published concurrently with the Budget on 11 March 2020.
13. People Plan Workstreams  
Feeding into the People Plan is an advisory group in which the LGA participates and several workstreams which we expect will form chapters or sections in the full People Plan.
14. Professional workstreams  
Covering medical, nursing, AHPs, psychological professions, healthcare science, pharmacy and dental.
15. LTP national service programmes  
Covering maternity, mental health, learning disability/autism, prevention, health inequalities and ageing well.
16. Beneath these are the eight workstreams which convene regular discussion meetings of a range of stakeholders. Most include some, albeit limited, social care participation.
  - 16.1. Best place to work
  - 16.2. Improving leadership
  - 16.3. Urgent actions on nursing
  - 16.4. Releasing time for care
  - 16.5. Workforce redesign
  - 16.6. Securing current & future supply
  - 16.7. Analysis insight & affordability

16.8. New operating model

17. There are regular meetings of the various groups, many of which are attended by the LGA Workforce Team.

**Parity of esteem of the social care workforce with the NHS**

18. The core issue in discussions with Government and the NHS is the disadvantage of the social care workforce compared with the NHS in terms of basic conditions of employment and opportunities for workforce development. Inequality of esteem is also evident in public perceptions of the workforce and contributes to recruitment and retention difficulties.

19. As well as being potentially costly, it is challenging to address these issues because of the fragmented nature of the social care workforce with around 20,000 separate and independent employers. The social care market brings the advantages of competition, but some type of collective reform would need to be considered to produce widescale changes in pay levels for example.

20. Various fora coordinated by the DHSC and attended by LGA have discussed the issue of pay parity. It has been noted that in principle there is no difference in size and complexity between basic care worker jobs and NHS jobs at Agenda for Change (AfC) band 2 level. Leaving aside the point that pay levels above the statutory minimum are a matter for individual employers, there is a strong argument in an integrated health and care system that pay for similar jobs should be comparable to avoid a flow of workers from the care sector to the NHS exacerbating recruitment and retention issues in the social care sector that already exceed those in the NHS.

21. As at April 2019, the average pay rate for care workers was £8.10 per hour although this masks some regional variation with a rate of £8.50 in London and £7.93 in the North West. The starting rate for AfC band 2 is £9.03 with no regional variation. For council employed staff, the base of the NJC pay spine is £9.00 per hour; for outer London the rate is £10.71 and for inner London, £11.31.

22. Precise costings for adjusting social care rates to AfC rates (and adjusting higher up scales to preserve differentials) are difficult to work out but seem to run close to £1bn per year. As well as cost considerations, there would be many issues to consider about the mechanisms for making such an uplift.

23. As well as the competitiveness of pay with the NHS, there is an urgent need to consider how to pay for and manage the Government's policy for the National Living Wage. The latest rate is £8.72 per hour and the policy is to reach £10.50 by 2024, the policy is expressed as 66 per cent of median average earnings, which may well be more than £10.50 and is caveated by an 'economic performance' qualification. Although this has no immediate effect for direct local government employees, there is a cost impact in commissioned social care services both for this year and each subsequent year leading up to 2024.

24. Around 50 per cent of social care staff are paid at or near the NLW so an immediate increase in hourly rates is required. Costs are estimated as being around £200 million greater than if the normal (roughly inflation-based) formula for NLW increases had been used. The LGA Workforce Team is working with Skills for Care and others to understand the potential costs and of course this pressure is factored-in to discussions about the funding gap.
25. Pay in isolation does not capture the full breadth of reward discrepancy between social care and NHS workforces. While those directly employed by local authorities will have access to a high-quality pension scheme this is very rarely the case in the independent sector with the minimum provision being the best most workers in the sector can expect. Less quantifiably but a clear indicator of the lack of esteem parity between the two workforces is the provision of retail and other discounts that are provided to NHS workers (and sometimes Blue Light workforces) but rarely if ever to social care staff.
26. Beyond pay and benefits, investment in workforce development is at a far higher level in the NHS than in the social care provider community. The LGA has a longstanding view that Health Education England should take more responsibility for shared development programmes, and that Government should devolve more responsibility for funding to local levels as part of the general skills agenda.

#### **Apprenticeships in Social Care and Social Work**

27. Progress on using apprenticeships to tackle skills gaps in the social care workforce has been mixed in the two years since the Apprenticeship Levy was introduced. Local authorities have tended to be enthusiastic about the possibilities offered by apprenticeships in social care, with 72 per cent of respondents to the LGA's 2019 Apprenticeship Survey indicating they were actively using apprenticeships to tackle skills needs in social care and 98 per cent of respondents indicating their intention to use the Social Worker Degree Apprenticeship, finally approved by the Institute for Apprenticeships earlier this year. This latter qualification has not yet taken off, partially due to delays caused by a lack of clarity about the role of the 'Practice Educator' and whether local authorities intending to use their own staff to fulfil this role would have to register as an employer-provider on the government's Register of Apprenticeship Training Providers. After a significant delay, this issue has now been cleared up by the Employment and Skills Funding Agency, but this has led to delayed starts for some local authority programmes, particularly for councils in the South West and West Midlands.
28. There has been some evidence of collaboration, with 69 per cent of councils responding to our survey indicating they were working with other local authorities on social care apprenticeships (typically through developing joint cohorts of apprentices) and 28 per cent of councils indicating they were also collaborating with local NHS Trusts. Derbyshire County Council, for example, have developed a pilot programme for a Health and Social Care Talent Academy, which is a partnership across local authority, health and public, voluntary and independent (PVI) sectors.
29. Significant opportunities for more extensive use of social care apprenticeships are offered using the apprenticeship levy transfer, with employers permitted to transfer up to 25 per cent of their levy pots each year to other employers to pay for apprenticeship training. 56 per cent of local authorities are using or considering using their transfer

function, and 35 per cent indicated they would prioritise local social care providers as part of their programmes. The London Borough of Bexley, for example, completed their first transfers in Autumn 2018, and chose to prioritise transfers to local social care providers in their borough. Brighton and Hove, Cornwall, Kent and West Sussex have also included social care as one of their priority areas in their transfers policy.

30. A lack of standards is still a problem that is hampering further progress. While some key areas, such as Adult Care Worker and Lead Adult Care Worker were approved in summer 2016 and have been in use for some time, there were significant delays in getting the Social Worker Standard approved (eventually approved late 2018), while the Leader in Adult Care (Level 5) and Lead Practitioner in Adult Care (Level 4) standards remain in development with no indication of when they will finally be approved.
31. The LGA is working with local authorities to help them use apprenticeships more effectively in the development of their social care workforces. Our recent work has included:
  - 31.1. Developing the LGA Apprenticeships Mapping tool, which seeks to map appropriate apprenticeship standards to job roles within local authorities, including a section for social care teams;
  - 31.2. Developing career pathways for adults and children's services through our Apprenticeships Accelerator Programme (with Gloucestershire, Oxfordshire and the 12 local authorities in the North East);
  - 31.3. Carrying out a regional workforce analysis of adults and children's services across the 12 North East authorities via our Apprenticeships Accelerator Programme;
  - 31.4. Holding an Action Learning set for six local authorities that participated in the Apprenticeships Accelerator Programme (Birmingham, Dudley, Norfolk, Oxfordshire, Sunderland, Surrey) focused on social care, providing an opportunity to network, share best practice and work through problems and challenges in a group setting.

### **Collaboration with Skills for Care (SfC)**

32. The LGA's Head of Workforce sits on SfC's advisory group and the two organisations seek to work together on projects. SfC's social care workforce data set is the main source of information on pay and other workforce issues and is quoted extensively in our material.
33. Over the last year, LGA and SfC collaborated on a major project to prepare analyses of the economic value added by social care services in each English region through contract spending, wages etc. This is important in providing a business case for investment in social care and arguing against the assumption that spending on social care is simply a net drain on public resources. A calculation tool was developed also to help compute the economic value added at individual local authority level. The reports can be found at:  
<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Regional-reports/Regional-information.aspx>

34. Currently the LGA is involved in the development of a SfC toolkit designed to develop approaches to improved productivity for social care employers.
35. For convenient reference, the key finding in the October 2019 SfC *State of the Adult Social Care Sector and Workforce* report are:
- 35.1. The estimated turnover rate of directly employed staff working in the adult social care sector was 30.8 per cent, equivalent to approximately 440,000 leavers over the year.
- 35.2. It is estimated that 7.8 per cent of the roles in adult social care are vacant, equal to approximately 122,000 vacancies at any time.
- 35.3. Around a quarter of the workforce (24 per cent) were on a zero-hours contract (370,000 jobs). 43 per cent of the whole domiciliary care workforce (including registered nurses etc.) were on zero-hours contracts. This proportion was even higher for the lowest grade of care workers in domiciliary care services (58 per cent).
- 35.4. The average number of sickness days was 4.8, this equates to approximately 6.94 million days lost to sickness in the past 12 months.
36. The majority (84 per cent) of the adult social care workforce were British, 8per cent (115,000 jobs) had an EU nationality and 9per cent (134,000 jobs) a non-EU nationality.
37. Care workers in the bottom 10per cent of the pay distribution benefitted the most from the introduction of the NLW (an increase of 9.4 per cent) whereas the pay for the top 40per cent of earners increased at a slower rate.

### **Brexit and the Social Care workforce**

38. It is well documented that the social care workforce is vulnerable to the effects of both a reduction in the numbers of EU citizens moving to the UK and an increase in the numbers leaving. Figures based on the SfC national minimum dataset suggest that there are around 115,000 EU nationals, including Irish citizens, in the workforce (around 8 per cent). There are a similar number of vacancies in the workforce.
39. In the period following the referendum, the LGA, represented by the Workforce Team, has been an associate member of the Cavendish Coalition, an umbrella group of health and care employers researching and campaigning on the workforce effects of Brexit. Associate membership means that LGA does not take part in any campaigning; however there have been great advantages in informal involvement in research and policy discussions. Contacts arranged through the Coalition gave access to help and advice through webinars etc. for councils and other employers helping staff through the settled status scheme.
40. In the current phase of activity, the Coalition is liaising with the Migration Advisory Committee about post-Brexit migration policy. The Government has now announced its

intention to introduce an Australian-style points-based system and membership of the Coalition allows the LGA to contribute to policy development informally. Full information on the Government proposals can be found [here](#).

41. The allocation of points is set out in the table below. 70 points will be required to gain entry.

Characteristics	Tradeable	Points
Offer of job by approved sponsor	No	20
Job at appropriate skill level	No	20
Speaks English at required level	No	10
Salary of £20,480 (minimum) – £23,039	Yes	0
Salary of £23,040 – £25,599	Yes	10
Salary of £25,600 or above	Yes	20
Job in a shortage occupation (as designated by the MAC)	Yes	20
Education qualification: PhD in subject relevant to the job	Yes	10
Education qualification: PhD in a STEM subject relevant to the job	Yes	20

45. The LGA had called for a system that provides more flexibility for different regions and sectors with domestic recruitment problems and reiterated this in a press release which stated:

*“Reform of our immigration system provides an opportunity to try and tackle skills gaps and workforce challenges in specific sectors such as construction and social care.*

*Councils know their local communities and local economies best. Involving councils in the development of a new system would mean they can assess demand for skills locally, ensure it takes account of the varied needs of employers and help the Government achieve its ambition to level up all parts of the country.*

*Salary thresholds should be variable across sector and region, to reflect the needs of different employers, alongside a reformed and devolved skills and employment system to tackle the existing national skills shortages.*

*As a country we face significant skills challenges. The social care system faces one of the most serious challenges and any reforms need to ensure the social care workforce can be maintained.”*

46. It is worth noting that there are also 134,000 overseas nationals from a non-EU background in the workforce (some 9 per cent).

47. Medium-to-longer term adjustments for a focus on domestic labour supply will require considerable investment in training, recruitment and retention.

#### **Social Work recruitment and retention**

48. Following an earlier successful pilot, 2020 sees the launch of two programmes to support Social Workers to return to the sector. The LGA has been contracted by the Government Equalities Office (GEO) to run programmes to assist up to 200 individuals to return to social work. We will be running two return to social work programmes, one aimed at those who have been out of the profession for less than five years and one for those who have been out for 5-10 years. By February, the following progress had been made:

- 48.1 Provider contract award made pending GEO approval
- 48.2 Formal launch on 6 January 2020
- 48.3 Paid for advertising and social media advertising commenced
- 48.4 275+ actual applications
- 48.5 890+ expressions of interest
- 48.6 Just over half of candidates are aged 35-54
- 48.7 84 per cent are female

49. In addition to the Return to Social Work programme, we are leading on the refresh of the Standards for employers of Social Workers which apply to local government, the NHS and the independent sectors. The work began in October to review the Standards and ensure that they are fit for purpose for 2020 and beyond. They are due to be launched on Social Work Day in March 2020.

50. The LGA Standards for employers of Social Workers apply to local government, the NHS as well as the PVI sector and guidance is being developed with DHSC, HEE and SfC for system leaders to support Social Workers in NHS Trusts and other agencies.

51. The NHS Long-Term Plan includes £4.5 billion new funding for expanded community multidisciplinary services, aligned with new primary care networks and working alongside social care, housing and the voluntary sector. It makes clear that no one sector, organisation or profession holds all the levers to facilitate change, or to produce a workforce sufficient to meet current need and future demand for mental health support.

52. Effective social work roles rely crucially on well organised partnerships with commitment to integrated care outcomes and this remains the cornerstone of national policy. In recent years integration has proved challenging to sustain within the pressures of delivering complex services, but lessons have been learned about build on about what works. Some of the realities highlighted are:

- 52.1 The significant pressure on the budgets of local authorities and clinical commissioning groups (CCGs) and the need to resource partnerships;
- 52.2 Legal changes such as the introduction of the Care Act and developments such as the Five-Year Forward View are increasing responsibilities for greater prevention and community wellbeing. In some cases, the old partnership arrangements are no longer fit for purpose;
- 52.3 Despite many positive experiences, partnership working is hampered by separate IT, assessment and performance systems. The experience of some professional groups has not always been positive;
- 52.4 Social Workers are highly valued in multidisciplinary teams, but often find barriers to the best use of their skills - especially those in the community, which is a key area for organisational development in the Long-Term Plan;
- 52.5 The presence of a diversity of approaches and ways of thinking in teams does not automatically lead to this richness being harnessed well in organisations. This is sometimes due to a dominant culture based on performance targets. There has been too little investment in the resources needed to establish the foundations for partnerships over the longer term, such as support for shared learning and teamwork;
- 52.6 Our models of multidisciplinary working need to evolve and highly-generic skill sets have proved a barrier to harnessing professional strengths and differences effectively within integrated systems Social Workers and Approved Mental Health Professionals employed in NHS services need effective support, supervision and progression as a regulated profession to achieve their full transformatory impact;
- 52.7 The NHS is increasingly directly employing Social Workers but it often does not have the structures consistently in place for these employees;
- 52.8 Integrated practice and leadership need stability but are often subject to considerable change based on different approaches of managers and the different pressures on organisations;
- 52.9 Any transformation involving partnerships needs to articulate what this means for roles, team working and the practical realities of care delivery in which support for the role of the middle manager is key.

### **Implications for Wales**

- 52. As social care is largely a devolved matter, there are no direct implications for Wales, although the Workforce Team has regular discussions with WLGA about coordinating views on matters of mutual interest.

### **Financial Implications**

- 53. There are no quantifiable financial implications from this work at the present time. The Workforce Team will continue to monitor the potential developments over social care pay in relation to comparable jobs in the NHS which may have implications in the future.

**Next steps**

54. The Workforce Team will note any views and observations from this Board and discuss them with the Resources Board in due course as part of the development of the work programme. The team will continue to report periodically to this Board.