

# Adult Social Care Scrutiny Commission Report

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Response to the Adult Social Care Scrutiny Commission  
Task Group Meeting – Social Care Workforce

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Date: 19<sup>th</sup> January 2021

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Wards Affected: All wards

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## **1. Purpose**

- 1.1 To provide a response to the recommendations made by the Adult Social Care Scrutiny Commission Taskforce following a review of the external social care workforce.

## **2. Summary**

- 2.1 The Adult Social Care Scrutiny Commission undertook a review of the external social care workforce in 2019/20. The final report is detailed at Appendix 1.
- 2.2 The review made a number of recommendations and this report provides a formal response to each point made by the task group.
- 2.3 The City Council is fully aware of the vital role that the care sector plays in supporting a range of vulnerable individuals in our community. The authority welcomes the review completed by the Adult Social Care Task Group members and the opportunity to comment on the recommendations to improve the support to given to the external workforce.

## **3. Recommendations**

- 3.1 The Adult Social Care Scrutiny Commission is recommended to:
  - a) Note the content of this report and provide comment/feedback

#### 4. Report

4.1 On the 29.10.2020 the External Workforce Report was presented to the City Mayor and Executive.

4.2 The report made a number of recommendations, as detailed at Chapter 2, and the following information provides a response to each point.

**1. That the goal of paying everyone working in adult social care the Real Living Wage or above is realised at the earliest possible opportunity.**

Response: The City Council agrees and calls on the government to provide sufficient funds to enable us to do this.

To give an idea of the cost implications, the additional payment to the residential care, domiciliary care and supported living sectors would cost the Council in the region of £3.9m for 2020/21. This figure is likely to be significantly higher if the calculation was made for the whole care sector.

**2. That we expedite our 2019 manifesto commitment to sign up to the Ethical Care Charter.**

Response: The Council welcomes the Unison Ethical Charter for improving the working arrangements for domiciliary care workers. Leicester City Council sought to sign up to the charter whilst working towards completing all areas as colleagues at Nottingham City Council were able to do. Sadly, the Regional Unison Branch rejected this approach for Leicester.

We are compliant with 9 of the 12 domains. The 3 outstanding areas relate to:

1. Removal of Zero Hour Contracts – see point 3.
2. Payment of the Real Living Wage – see point 1.
3. Provision of an Occupational Sick Pay Scheme. Whilst existing fee rates include provision for sick pay, they are for the most part based on Statutory Sick Pay (SSP) minimum levels of weekly pay and cover a minimum of 5 days sickness. The payment of Occupational Sick Pay across adult social care contracts would add significant additional cost to the authority. The level of cost would be dependent on individual pay rates for different roles and the number of days of sickness cover. The full cost of this and if it could be done within current contractual arrangements is still being examined

**3. To remove zero hours contracts. This will increase job security for**

**those working in adult social care and should also decrease staff turnover. The review welcomes and supports the early work being undertaken to establish minimum hours as an initial step.**

Response: The current contract already strongly encourages providers to employ staff on other contractual arrangements. However, there are strong messages from some of the workforce that zero hours contracts are preferable because they allow the flexibility to work around other arrangements, particularly family commitments – most of the workforce is female and of an age where this is a factor. Intelligence from the sector tells us that very few providers insist on zero hours contracts, with many already offering a variety of fixed part time or permanent hours.

The removal of zero hours contracts would require a voluntary variation to the existing Domiciliary Care contract and all providers would need to agree to the change. If they refuse, a full re-procurement exercise would be required. Unfortunately, there is no capacity to complete this before 2023. It would also require agreement from the Leicester Clinical Commissioning Group (CCG) with whom we jointly commission the service. There would be cost implications for the Council, but it would not be possible to estimate the amount until the implications are understood from the providers. Legally we cannot enforce the removal of zero-hours contacts at this time.

**4. To recognise the crucial link between retention and quality of care and work with providers to support and improve retention rates amongst the workforce.**

Response: Approval has been given to create an external Workforce Development Officer post within the Council's Contracts & Assurance Team to work with the sector to improve staff retention, training and to establish career pathways and to promote development opportunities across the whole care sector.

Work opportunities in the care sector are already promoted through the Council's Employment Hub.

The City Council is also a member of and provides funding to the Leicester/shire Social Care Development Group (LSCDG), other members include Skills for Care, health and provider representatives. The group provides free training to the care sector with a focus on improving quality and ensuring compliance with the Care Quality Commission (CQC) Standards of Care. As a one-off special project for 2020/21, funding has been allocated to work with the providers to review the recruitment and retention needs of the sector with a view to developing career pathways and the promotion of social care as a mainstream care profession.

- 5. Work with those in the workforce to try and find community and cooperative solutions, such as employee buy outs or a grouping together of micro providers, that ensure staff are invested stakeholders in care provision. This featured in the 2019 Labour in Leicester Manifesto as a Carers' Coop.**

Response: Whilst the Council would be supportive of this approach as a means of supporting the sector, it cannot enforce this requirement through the current contractual arrangements. However, through the work of the LSCGD and Skills for Care we could ask them to potentially take this forward as a project for 2021/22.

- 6. Include in contracts when commissioning that unions be granted access to the adult social care workforce to encourage them to take collective action over key issues affecting their workplaces.**

Response: The Council cannot enforce this requirement through the contractual process. However, every worker has a right, by law, to choose whether or not to belong to a trade union or to participate in lawful union activities. Some organisations do not have recognised unions, but this would not prevent a worker from joining a union of their own volition. Furthermore, if an organisation has recognised trade unions, workers are still entitled to join whichever trade union they wish, even if it's not one of the officially recognised ones.

If organisations prevent a worker from exercising this right or discourage a worker from joining a union, or from joining in lawful trade union activities, for example by threatening the employee / worker with the loss of a benefit, or by offering the employee / worker some benefit in return for not joining this would be unlawful. Under section 145A of the Trade Union and Labour Relations Consolidation Act 1992, it is unlawful for an employer to offer a worker an inducement not to join a union or not to take part in union activities. It is also against the law for an organisation to refuse to employ, dismiss or subject a worker to any detriment because they are in a trade union, or who have taken or are taking part in trade union activities.

- 7. The council to consider developing its own internal pool of bank staff and work to allow more flexibility for work sharing and hours, rather than outsourcing and using agencies. This pool could also support social care providers when in times of crisis e.g. wintertime, then in summertime the bank pool of staff can be used to backfill when workers need to be released for training. The creation of a pool of LCC staff would have a financial cost.**

Response: The creation of a pool of LCC staff would have a significant financial cost to the City Council. Staff in the Council's Reablement and Integrated Crisis Response Service are used to bridge gaps in packages of support whilst waiting for domiciliary care to be brokered or in other crisis situations. Further work would need to be undertaken to establish the demand for such a service, what the financial envelope required would be and how it could be funded.

- 8. There needs to be a concerted effort to encourage and attract younger people to adult social care careers in the future. There is a dedicated officer in the Council's Employment Hub dedicated to work with the social care sector around recruitment, particularly working with colleges and other routes to attracting young people into this sector.**

Response: The LSCDG via its Inspire to Care Programme (funded by the County, but accessible to all the LLR providers) has undertaken several promotional events at local colleges in conjunction with care providers to promote social care as rewarding career. However, it is recognised that further work is needed to develop career pathways for individuals interested in working in the care sector, including young people, which is the focus of a LSCDG project for 2020/21.

- 9. Adult social care and nursing courses, as well as ongoing training and development, should be interlinked with improved pay structures and career paths.**

Response: Discussions will be undertaken with Skills for Care and health colleagues to consider how career paths could be developed across the care and nursing sector. Once the possibilities and implications are known further consideration will be given to this approach.

- 10. Ensure that the council has a workforce plan that encompasses the projections and workforce intelligence of the external social care provider market.**

Response: This is being developed by the LSCDG in conjunction with partners in Leicester, Leicestershire and Rutland. Unfortunately, the work has been delayed due to other priorities being faced by the external workforce at this time but will commence when possible.

- 11. Staff turnover rates are lower for staff who have achieved qualifications, so it is important to encourage social care providers to invest in the training and development of staff. Encourage and support independent providers to have their own workforce plans and**

**ensure owners and senior managers have the right skills and support to ensure their organisations remain viable and sustainable.**

Response: National support for training locally is already available for the social care market through Skills for Care. This includes both fully funded courses and the Workforce Development Fund. This fund allows a provider to reclaim all / some of the costs of vocational training for their employees. The East Midlands Development Manager for Skills for Care plays a pivotal role in employee engagement and this support is actively promoted.

- 12. Proactively invest further in improving the quality in adult social care provisions, including a particular focus on Registered Managers. For example, programmes like ‘Well ed’ and ‘Lead to Succeed’ from skills for care will do this (and can be claimed for through Workforce Development Funding). <https://www.skillsforcare.org.uk/Leadership-management/support-for-registered-managers/develop-yourself.aspx>**

Response: Leicester took part in the S4C ‘well led’ programme in 2019 and providers across the residential and domiciliary care sector were part of this development opportunity. With the creation of the of the Workforce Development Officer, the City Council will be able to run these programmes on a regular basis to improve the understanding for Registered Managers.

- 13. Encourage, support and ensure providers complete their ASC-WDS data return and to claim funding for upskilling staff (see above). When commissioning, add this as a condition in contracts with care providers.**

Response: Organisations contracted to the Council under the Domiciliary Care framework agreement and the Supported Living framework are required to update the Workforce Data Set on an annual basis. However, whilst the City Council can encourage non-contracted organisations to complete the annual return, there is no legal obligation for non-contracted providers to comply. Further efforts will be made to encourage organisations to take advantage of the additional funding at the Provider Forum events that take place with the care market on a quarterly basis.

- 14. Although the task group was reassured that travel time and mileage payments are already factored into the existing hourly fee rates paid**

by LCC to contracted providers, and that this rate includes an element of funding towards other business overheads of providers, it is worth considering why the UKHCA (UK Home Care Association) suggested hourly rate is so much higher. Vacancy and turnover rates are more significant in domiciliary care and we know that there are clear links between the quality of work for those employed in the sector and retention, as well as continuity of care for service users. That rate is £20.69 an hour and would lead to a total of £10.84m extra on top of the current cost of home care provision, inclusive of contracted provision and Direct Payments.

Response: The spread of Domiciliary Care contract rates paid in the existing framework is between £16.43 and £16.84 per hour. This is compared to the rate purported by UKHCA of £20.69 per hour. The rates were initially set as part of a procurement exercise and providers in our local market were able to bid within the pricing envelopes that were set at the time and the Council was able to procure enough providers onto the framework. Those initial rates have been increased for inflation in subsequent years.

The way the UKHCA model is constructed is different to the Council's model so it is not easy to make direct comparisons of costs and effects that assumptions have on costs. However, some of the key differences relate to the way in which the UKHCA model treats national insurance contributions, the proportion of people earning the NLW, the level of pension contributions, sick pay, travel time and overheads.

The UKHCA approach results in that model inflating some costs, whereas the level at which we fund these various costs are much more closely aligned to the actual costs incurred by our providers. As such, the Council's model is reflective of local market conditions – i.e. there are reduced costs for example in relation to travel time and associated overheads due to the geographical aspect of operating in a very compact city (as opposed to a less urban or rural area of operation).

**15. Leicester City Council needs to be part of challenging and changing perceptions of working in adult social care, considerations about how to do this could include:**

- **Care ambassadors - <https://www.skillsforcare.org.uk/Recruitment-retention/I-Care...Ambassadors/I-Care...Ambassadors.aspx>**
- **Localised recruitment / retention initiatives**
- **Developing career pathways and sharing case studies**
- **Engagement in awards**



- **Sharing positive news stories and engaging local media**
- **Trying to unpick whose care is undervalued and underpaid precisely because it is traditionally “women’s work”, and that this remains a significant barrier for many people.**
- **We live in a society focused on appearances and that this drives a large amount of the negative perceptions around older or disabled people. Work, for example, to engage children and younger people with care settings, could be crucial in helping to combat some of these damaging stereotypes.**

Response: The promotion of social care as a rewarding career is something that we would want to pursue via the LSCDG, Skills for Care and the recruitment of the Workforce Development Officer will support the promotion of social care as a career. This combined with working closely with providers of care and education providers locally will provide an excellent opportunity for the introduction of I-Care ambassadors and their equivalents within the City

**16. Engage with colleagues across health sector in the Leicester, Leicestershire and Rutland area to aim for social care having equal status and parity with NHS and health colleagues. Train staff to be able to work across the health and social care system as a whole and ensure that there are attractive ways for this to continue after student nurses have qualified.**

Response: Work is already in progress within LLR to promote and encourage care workers to become Nursing Associates and it has been agreed that LCC will support this via the Apprenticeship Levy where an organisation is not part of this scheme.

# **Leicester City Council Scrutiny Review**

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## **Adult Social Care Workforce Planning: Looking to the future**

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### **A Review Report of the Adult Social Care Scrutiny Commission**

**Date: 29 October 2020  
City Mayor Executive Board**

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## **Task Group Members**

Councillor Melissa March (Chair of Task Group)

Councillor Rashmikant Joshi

Councillor Patrick Kitterick

Late Councillor Jean Khote

## **Chair's Foreword**

The problems facing adult social care are systemic and national issues that affect our ability to provide the quality of care that our most vulnerable citizens deserve, and Leicester is not alone in this. There are 14,000 people working in the adult social care sector in Leicester and for most of them it is a vocational calling of which they are rightly proud. It is difficult and challenging work for low pay and little praise or recognition.

This purpose of this review is to look at the workforce now, and its likely shape in the future, and to recommend ways in which we can support those who care in order to achieve better outcomes for them and the people that they care for.

The problems in adult social care are national, but Leicester is not exempt. Some of the most significant issues arising from the evidence collected for this review include:

- 23% of nursing homes in the city require improvement
- 43.7% of our domiciliary care workers are on zero hours contracts.
- There are ingrained staffing shortages across the country with around 122,000 roles or 10% of vacancies unfilled in adult social care nationally
- The sector is set to grow by 36% by 2035 in the East Midlands, which would require almost 5,000 roles to be filled
- Turnover of staff is high across the sector national – 20% over the last year with only 67% remaining in the sector, which is equivalent to 951 staff members leaving every year. The number of part-time workers is fairly high.
- The workforce is ageing and often in ill health themselves, with fewer young people coming to and staying in the profession. 3080 people are due to retire in the next 15 years, including 32% of nurses.
- When taken together the unfilled and new vacancies, the turnover of staff and the retirement of staff create a gap of 22,304 people, or 1.5 times the size of the existing care workforce. This is a stark figure and highlights the scale of the issue.
- Over half of the workforce have no care specific qualifications.
- There is no parity of esteem between the NHS and social care, but each relies on a symbiotic relationship with the other.
- Low pay is endemic throughout the sector but when this has been increased annually, it has eroded differentials for slightly more senior staff creating no incentive for taking on additional responsibilities.

- There is not much career progression and a lack of desirable training or development opportunities.
- There are low levels of unionisation amongst care providers, which leads to a lack of collective voice around terms and conditions or improving quality of work for carers.

This report goes on to recommend the following:

- Paying the Real Living Wage to all staff on Leicester City Council adult social care contracts to properly value those staff working in the sector. This would cost an estimated £3.9m for 2020/21 for residential care, domiciliary care and supported living. Not all organisations complete the Adult Social Care Workforce Data Set, so the actual cost will be higher, and even more so if we implement other working rights, such as occupational sick pay.
- We expedite our 2019 Manifesto commitment to sign up to the Ethical Care Charter
- Join up the silos to create a clear, simple and desirable apprenticeship route funded using unspent levy funds to encourage newer people to join the sector permanently, particularly younger people.
- Work with those in the workforce to try and find community and cooperative solutions, such as employee buy outs or a grouping together of micro providers, which ensure staff are invested stakeholders in care organisations
- When commissioning, require that providers give access to the unions to their workforce so that they can collectively lobby for improvements in their workplace.
- Also, to require and to ensure that providers complete the Skills for Care National Minimum Data Sets (NMDS) so that they are able to access funding for training but also so that we can better follow trends across the workforce locally.
- Create our own internal agency for existing LCC staff rather than working with external agencies to offer more flexibility for our own team by creating a pool of people and additional work.
- Retention is key in terms of boosting quality of work and quality of care for those receiving it. We need to work with providers around this specific issue. Recommendations to increase retention rates include improved training and development routes; improved pay and conditions; and proper recognition and valuing of the role of carers.

**Councillor Melissa March, Vice Chair of Adult Social Care Scrutiny Commission**

## EXECUTIVE SUMMARY

### 1. Introduction

1.1 The Adult Social Care Scrutiny Commission set up a task group in 2019 to conduct a review into 'Adult Social Care workforce planning for the future'. *(To note that the evidence gathered in this report pre-dates the coronavirus pandemic, and we acknowledge that the impacts on the adult social care workforce are far greater with an unpredictable future)*

1.2 In Leicester we have an ageing population who are living longer but often with complex comorbidities and ill health in later life. We have three times the national average of work age people in receipt of social care. When combined with nationally led cuts to prevention services, we have a real challenge in adult social care (some clients are also coming into the system at a comparatively early age and staying for long periods, if not permanently, as users of adult social care services).

1.3 **According to Age UK charity:** 1.5 million people aged 65 or over have an unmet social care need, a number that has grown significantly since 2016. Worryingly, Age UK estimates that by 2030 this could grow to 2.1 million older people if the current approach to funding and providing care remains as it is today. Last year there were 1.32 million new requests for social care, over half of which resulted in no services at all or people being signposted elsewhere. In the last five years there has also been a £160 million cut in total public spending on older people's social care and there are more than 100,000 vacancies in the England care workforce.

1.4 Nationally, the NHS is experiencing significant pressures, and the issues in social care are even greater. Therefore, the outlook is concerning. Workforce shortages stand at around 122,000 with 1,100 people estimated to leave the job every day – an annual leaver rate of almost a third – and a quarter of staff on a zero-hours contract.

1.5 If the demand for the social care workforce grows proportionally to the projected number of people aged 65 and over then the number of social care jobs will need to increase by 36% to around 2.2 million jobs by 2035. International recruitment will be even more important for social care, and a restrictive immigration policy will simply make this harder.

<https://www.localgov.co.uk/Experts-decry-lack-of-consideration-given-to-social-care-in-immigration-reform/50029>

1.6 City Council lead officers in Adult Social Care services explained the landscape of adult social care services provision in Leicester, including workforce data and key issues. Leicester generally reflects the national picture as shown in the presentation slides and CQC ratings performance data **at Appendix A.**

1.7 A summary of the key data shows:

- It is a workforce made up of 83% women.
- 25% of the workforce in Leicester are aged over 55, compared to 20% of people aged over 55 in work across all sectors. These people are likely to retire in the next decade.
- 48% of roles are full time.
- 43% are BAME, and 57% are White
- 83% are British, 4% are EU, and 13% are Non-EU
- 39% of care workers were employed on zero-hours contracts (or 4,900 jobs). Leicester has a low staff turnover rate, the lowest in the East Midlands, and the number of part time workers is fairly high.
- 43.7% of people working in domiciliary care are on zero-hours contracts
- Work on zero hours contracts show a 31.8% turnover compared to 24.9% overall.
- 50% of the workforce do not hold a relevant social care qualification.
- 7.8% of the posts within the adult social care sector are vacant
- If we think about a future workforce requirement and take in to account turnover rates, growth of the workforce required and also replacing those reaching retirement age, we need to recruit the entire adult social care workforce within the city 1.5 times over in order to ensure we have enough capacity to look after those who need it.

*Source: 'Skills for Care' is the leading source of workforce intelligence for the adult social care workforce in England. Information is collected in the Adult Social Care Workforce Data Set (ASC-WDS), which was previously named National Minimum Data Set for Social Care (NMDS-SC), to create robust estimates for the size of the whole adult social care sector and characteristics of the workforce. Leicester City data can be accessed at <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx>*

1.8 Task group members were impressed with the 'Skills for Care' online interactive website tool which provides a wide range of information, publications and intelligence, including local, national and regional comparable data and charts, this can be accessed at

<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Data-and-publications.aspx>

1.9 Members raised questions relating to private care workers e.g. low pay and poor working conditions for some workers. Officers explained that they do address these issues if they are made aware of them, however, there is a need for more whistle blowers in order to address the ongoing situation. It is a delicate issue, as many of those in the workforce may fear 'rocking the boat' and making their own situation worse by raising issues with authorities.

1.10 In March 2020 a Parliamentary inquiry was launched into the 'Social Care Crisis' <https://www.localgov.co.uk/Social-care-crisis-inquiry-launched/50147> to find out what needs to be done to solve the ongoing social care funding and workforce crisis. *(however, the coronavirus pandemic has since impacted on social care and NHS services on a much larger scale...therefore the future is unpredictable...)*

1.11 **Please note that evidence gathered for this report took place prior to March 2020, before the coronavirus pandemic impacted drastically on a global scale. This has changed the landscape of adult social care services and the workforce with ongoing uncertainty and additional pressures piled onto services that were already in crisis. We would like to take this opportunity to praise the whole social care and NHS workforce, as well as informal carers, in Leicester City for their dedication and commitment through these difficult times.**

The Chief Executive of Care England, Professor Martin Green, said: *'If there is one thing that this dreadful coronavirus pandemic has shown us it is that the social care workforce is our greatest resource. We must learn from this and train, resource and cherish the workforce accordingly.'*

*'An important legacy of this crisis must be securing the status of social care as one on equal to the NHS. Never again must social care be the underdog. Social care must retain its rightful status which will therefore necessitate adequate resourcing, funding and status.'*

Source: <https://www.localgov.co.uk/One-in-five-healthcare-workers-could-quit-in-wake-of-Covid-19-think-tank-warns/50376>

1.12 To acknowledge that in April 2020, during the Covid-19 pandemic the government Health and Social Care department launched a new adult social care national recruitment care campaign, which will impact on future workforce planning, see website link:





<https://www.gov.uk/government/news/adult-social-care-recruitment-care-campaign-launched-to-boost-workforce>

## 2 Recommendations

### **The Executive are asked to consider the following recommendations:**

- 2.1 That the goal of paying everyone working in adult social care the Real Living Wage or above is realised at the earliest possible opportunity.
- 2.2 That we expedite our 2019 manifesto commitment to sign up to the Ethical Care Charter.
- 2.3 To remove zero hours contracts. This will increase job security for those working in adult social care and should also decrease staff turnover. The review welcomes and supports the early work being undertaken to establish minimum hours as an initial step.
- 2.4 To recognise the crucial link between retention and quality of care and work with providers to support and improve retention rates amongst the workforce.
- 2.5 Work with those in the workforce to try and find community and cooperative solutions, such as employee buy outs or a grouping together of micro providers, that ensure staff are invested stakeholders in care provision. This featured in the 2019 Labour in Leicester Manifesto as a Carers' Coop.
- 2.6 Include in contracts when commissioning that unions be granted access to the adult social care workforce to encourage them to take collective action over key issues affecting their workplaces.
- 2.7 The council to consider developing its own internal pool of bank staff and work to allow more flexibility for work sharing and hours, rather than outsourcing and using agencies. This pool could also support social care providers when in times of crisis e.g. wintertime, then in summertime the bank pool of staff can be used to backfill when workers need to be released for training. The creation of a pool of LCC staff would have a financial cost.
- 2.8 There needs to be a concerted effort to encourage and attract younger people to adult social care careers in the future. There is a dedicated officer in the Council's Employment Hub dedicated to work with the social care sector around recruitment, particularly working with colleges and other routes to attracting young people into this sector.
- 2.9 Adult social care and nursing courses, as well as ongoing training and development, should be interlinked with improved pay structures and career paths.

- 2.10 Ensure that the council has a workforce plan that encompasses the projections and workforce intelligence of the external social care provider market. This is being worked on by consultants as part of LSCDG (Leicestershire Social Care Development Group) in conjunction with partners in Leicester, Leicestershire and Rutland.  
<https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-planning/Practical-approaches-to-workforce-planning-guide.pdf>
- 2.11 Staff turnover rates are lower for staff who have achieved qualifications, so it is important to encourage social care providers to invest in the training and development of staff. Encourage and support independent providers to have their own workforce plans and ensure owners and senior managers have the right skills and support to ensure their organisations remain viable and sustainable.
- 2.12 Proactively invest further in improving the quality in adult social care provisions, including a particular focus on Registered Managers. For example, programmes like 'Well led' and 'Lead to Succeed' from skills for care will do this (and can be claimed for through Workforce Development Funding).  
<https://www.skillsforcare.org.uk/Leadership-management/support-for-registered-managers/develop-yourself.aspx>
- 2.13 Encourage, support and ensure providers complete their ASC-WDS data return and to claim funding for upskilling staff (see above!). When commissioning, add this as a condition in contracts with care providers.
- 2.14 Although the task group was reassured that travel time and mileage payments are already factored into the existing hourly fee rates paid by LCC to contracted providers, and that this rate includes an element of funding towards other business overheads of providers, it is worth considering why the UKHCA (UK Home Care Association) suggested hourly rate is so much higher. Vacancy and turnover rates are more significant in domiciliary care and we know that there are clear links between the quality of work for those employed in the sector and retention, as well as continuity of care for service users. That rate is £20.69 an hour and would lead to a total of £10.84m extra on top of the current cost of home care provision, inclusive of contracted provision and Direct Payments.
- 2.15 Leicester City Council needs to be part of challenging and changing perceptions of working in adult social care, considerations about how to do this could include:
- Care ambassadors - <https://www.skillsforcare.org.uk/Recruitment-retention/I-Care...Ambassadors/I-Care...Ambassadors.aspx>

- Localised recruitment / retention initiatives
- Developing career pathways and sharing case studies
- Engagement in awards
- Sharing positive news stories and engaging local media
- Trying to unpick whose care is undervalued and underpaid precisely because it is traditionally “womens work”, and that this remains a significant barrier for many people.
- We live in a society focused on appearances and that this drives a large amount of the negative perceptions around older or disabled people. Work, for example, to engage children and younger people with care settings, could be crucial in helping to combat some of these damaging stereotypes.

2.16 Engage with colleagues across health sector in the Leicester, Leicestershire and Rutland area to aim for social care having equal status and parity with NHS and health colleagues. Train staff to be able to work across the health and social care system as a whole and ensure that there are attractive ways for this to continue after student nurses have qualified.

### **3. Conclusion**

3.1 It is acknowledged that national government cuts and austerity have impacted on services and created problems, but this does not render us entirely powerless to make improvements here in Leicester for those being cared for, and for those who care.

3.2 For many people not yet working in adult social care, it can seem an unattractive proposition as a career but for many working in adult social care, it is precisely because of how rewarding and varied the days can be that motivates them in their work. People are simply not choosing to enter the care sector when pay, conditions and the status of the profession are as they are. It is not an area that is well regarded or highly competitive, despite the important and nuanced skill set required to provide good care.

3.3 We are expecting to need a growth in jobs in this sector cumulatively of c22,000 by 2035, and we owe it to those who care to improve the quality of their work and workplaces as much as we can. We owe to it those who require care to ensure that the system within the city of Leicester has the capacity to look after everyone properly.

3.4 There is a clear moral imperative around preventing ‘market forces’ just driving the care sector into the ground. We must develop positive cultures and a strong morale. Going forward, we must pay carers the Real Living Wage, and we must boost terms and conditions with things like additional

pay for work in unsociable hours; more days of annual leave; and enhanced sickness or parental leave rights. If we are unable to encourage care work to be well paid, then we must ensure that those working within the care sector are empowered in their work and feel valued.

*End of Executive Summary*

## **REPORT**

### 1. Introduction

- 1.1 This review looks at the adult social care workforce now, its prospects in the future and recommends ways in which we can support those who care and achieve better outcomes for them and the people they care for. Our care workforce is key to being able to support people to live independently in dignity and safety, but the national crisis in adult social care workforce is deeply concerning.

‘Social care provides care, support and safeguards for people during the most vulnerable times of their lives; it supports disabled or older people and it supports them to live good lives. However, with over a million people receiving social care funded by the state, over 350,000 thought to be paying for their own care, 1.4 million older people not getting the care they need, and around 1 in 6 of us - 7.3 million people - providing unpaid care for adult family members in England, this is about a group of people much, much bigger than the population of London now, let alone in the future’.

source: [Directors of adult social services](#)

<https://www.adass.org.uk/sort-out-social-care-for-all-once-and-for-all>

### 1.2 Task group evidence gathering included:

- Leicester workforce data set
- Summary of the adult social care workforce
- Employment overview
- Recruitment and retention
- Demographics
- Pay
- Qualifications and training
- Social care services providers

Key sources included:

- [The state of the adult social care sector and workforce in England](#)
- [Skills for Care summary of care only home services 2019](#)  
<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/Summary-of-care-only-home-services-2019.pdf>
- [Skills for Care summary of domiciliary care services 2019](#)  
<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/Summary-of-domiciliary-care-services-2019.pdf>
- [Skills for Care local authority area summary reports](#)  
<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-authority-information/Local-authority-area-summary-reports.aspx>
- Care Quality Commission local authority area data profile: older people's pathway – Leicester Local Authority, March 2019.
- Leicestershire Social Care Development Group  
<http://www.lscdg.org/about/>
- Leicester City Council Adult Social Services  
<https://www.leicester.gov.uk/health-and-social-care/adult-social-care/>
- Leicester City Council Employment Hub website: [Leicester Employment Hub](#)
- Adult Social Care providers, staff and unions.

2. Leicester City Adult Social Care Workforce Data Set in Social Care  
**Supporting evidence for Leicester City data – PDF link to ‘A summary of the adult social care sector and workforce in Leicester 2017/18’, - Leicester Skills for Care report:**



Leicester-Summary  
 from skills for care w

2.1 Task group members were impressed with the new Adult Social Care Workforce Data Set (ASC-WDS), an online data collection service that



covers the adult social care workforce in England. It was previously known as the National Minimum Data Set for Social Care (NMDS-SC). It is completed by Private, Independent, Voluntary care employers and Local Authority Adult Social Care. The leading source of workforce information for the whole adult social care sector. Completion of the data set is mandatory for local authorities, but is not a mandatory requirement for the Private, Independent and Voluntary sector. There are two levels of data return of the data set, one enabling the care provider to claim Workforce Development Funding (a pot of funding dispersed by Skills for Care to support the Adult social care workforce with qualifications / training of staff).

Source: <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/adult-social-care-workforce-data.aspx>

- 2.2 There are currently 238 Care Quality Commission regulated care employers across Leicester City that employ 14,000 workers across the independent sector (11,000), local authority (750) and jobs working for direct payment recipients (1,900). This is the latest information available from the Adult Social Care Workforce Data Set (ASC-WDS), taken from local authorities as at September 2018 and from independent sector employees as at March 2019.

### Jobs by service

Domiciliary	8,900
Residential / Nursing	3,700
Community	950
Day Services	225

Using data obtained by ADASS as of March 20 there are 238 private sector employers...

- 133 Domiciliary Care agencies
- 103 Residential Homes
- 21 Nursing homes

### Demographics

- 18% of the workforce are male
- 82% of the workforce are female
- The average age of a worker is 44 years old

Age	Percentage of workers
Under 25 years	9%
25 – 54 years	69%
55 years and above	22%

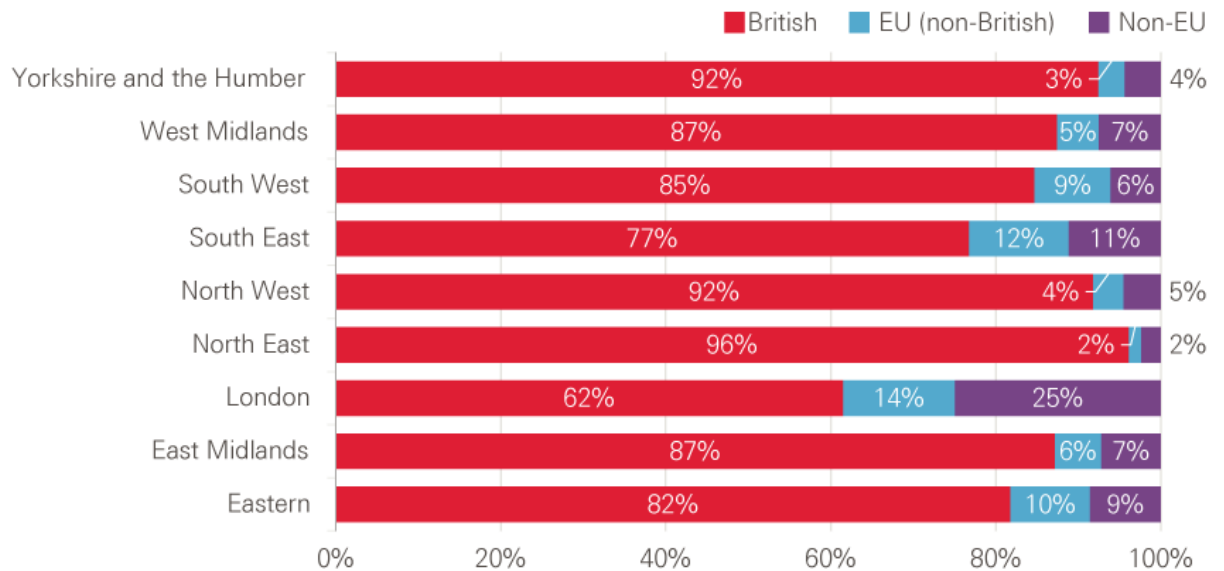
### 3. Recruitment & Retention

3.1 Both the NHS and social care employers recruit from the same pool for many roles. As a major employer, typically providing better pay terms and conditions, and career progression than social care can afford the NHS can have a significant 'gravitational pull' on the social care workforce. Health care assistant roles in the NHS can be extremely attractive to staff in social care and there is a 7% gap between pay for nurses in adult social care and in the NHS sector. Over the next few years this will rise further, with basic pay for NHS nurses increasing including pay progression. To match pay increases in the NHS in social care would cost around £1.9bn by 2023/2024.

3.2 There are sector-wide staff shortages, and these will be significantly and adversely affected by the national government policy of a points-based immigration system.

3.3 This table below shows ‘Where Social Care Workers in UK come from?’

### Where do social care workers in the UK come from?



The Health Foundation  
© 2019

Source: *The state of the adult social care sector and workforce in England*. Skills for Care; 2019

3.4 The table below shows ‘NATIONALITY DATA FOR LEICESTER CITY’

#### Nationality

Nationality	Percentage of workers	Actual Numbers
British	75%	10,500
EU	7%	980
Non-EU	17%	2,380
Unknown	1%	140



3.5 **‘Skills for Care’** predict the social care industry will need another 650,000 workers by the year 2035. Yet, a ‘Totaljobs’ research report in September 2019 reveals that one in three social carers plan to leave the industry within the next five years, meaning the sector could be facing a major staff deficit of over 1.2 million workers by 2024.

Source: <https://www.totaljobs.com/recruiter-advice/overcoming-the-challenges-facing-social-care-employers#download-the-totaljobs-social-care-report>

3.6 Leicester City recruitment and retention data shows:

- There is a 20.6% turnover rate which equates to 2,884 leavers
- 67% of these leavers (1,932) remain within the sector and have moved to another care employer which means **952 leave the sector each year**
- 13.1% vacancy rate which equates to 1,700 jobs at any one time
- Average years of experience in the role equates to 3.6 years

Years of Experience	Percentage	Number of Workers
Less than 3 years	55%	8250
3 – 9 years	31%	4650
10 years or more	14%	2100

3.7 The task group were impressed with the work of the LSCDG (Leicestershire Social Care Development Group) who actively works with care providers and other organisations such as Schools, Colleges and health to arrange and participate in career and recruitment fairs, to raise the awareness of social care. <http://www.lscdg.org/about/> It is noted that the LSCDG is an equal partnership across the 3 LLR local authorities. Each partner makes an annual contribution to the scheme, which provides training at no cost to the external providers. This is in addition to the monies paid via the fee payments to support staff training and development.

#### 4. Pay Structures

4.1 For 2019/20, Directors of Social Services estimated the impact of the national

living wage on their direct wage costs, the fees they pay for care and other indirect costs would add nearly £450 million to their budgets. In 2020/21, they face a further 6.2% rise in the national living wage.

According to the Kings' Fund, NHS research in February 2020: *"The cost to local authorities of commissioning social care is heavily affected by the rate of care-worker pay. The 6.2% rise in the national living wage is richly deserved by care staff but, along with rising demand for services and workforce shortages, may be more than the sector can bear"*.

4.2 This table below shows the pay for social care staff

**Pay**

<b>Front Line Care Workers</b>	<b>Average Pay per hour</b>
Local Authority	£10.66
Independent Sector	£8.27

<b>Managers (Registered Managers / Care Managers)</b>	<b>Average Pay per hour</b>
Local Authority	£22.85
Independent Sector	£12.85

<b>Regulated Professions (Nurses / Social Workers)</b>	<b>Average Pay per hour</b>
Local Authority	£19.53
Independent Sector	£15.83

- 4.3 Working with the employment team from the council, care providers identified turnover, recruitment and retention as the major barriers they faced, highlighting the existing competition between different domiciliary care agencies. This was less of a problem where agencies did not carry city council contracts and were instead charging more to customers and paying more to staff. This led to longer term staff and continuity of care. This review saw examples of this in advertisements and also in a case study.
- 4.4 A sensible benchmark to use would be to increase pay in line with the Real Living Wage (as determined by the Living Wage Foundation). Raising pay to RLW would make adult social care a more attractive proposition compared to other lower paid jobs, possibly even bringing an increase in status. This would better value hard working care workers and further enable them to maintain standards of care rather than worrying about external pressures. This report recognises that this is not a realistic prospect for the city council given the pressures placed nationally on our budget by the government's programme of austerity. However, this review also recommends that the goal of paying everyone working in adult social care the Real Living Wage is realised at the earliest possible opportunity.
- 4.5 "In April 2016 the government introduced a higher minimum wage rate for all staff over 25 years of age inspired by the Living Wage campaign - even calling it the 'national living wage'. However, the government's 'national living wage' is not calculated according to what employees and their families need to live. Instead, it is based on a target to reach 66% of median earnings by 2024. Under current forecasts this means a rise to £10.50 per hour by 2024. For under 25s, the minimum wage rates also take into account affordability for employers. The Real Living Wage rates are higher because they are independently calculated based on what people need to get by. That's why we encourage all employers that can afford to do so to ensure their employees earn a wage that meets the costs of living, not just the government minimum." – Real Living Wage Foundation website <https://www.livingwage.org.uk/what-real-living-wage>
- 4.6 We believe that this would cost circa £3.9m each year (including other employer related on-costs), which is a large annual sum, but we believe that the benefits of this would be seismic for those working in and receiving adult social care in this city.

The table below shows uplifts in the National Living Wage for 20/21 across Leicester City Council contracts in the adult social care sector compared with the additional spend if we were to increase to Real Wage for the same period.

<b>Service</b>	<b>NLW uplift 20/21 (£)</b>	<b>LWF LW uplift (£)</b>	<b>LWF LW Extra Cost (£)</b>
Domiciliary Care	£2.6m	£4.1m	£1.5m
Supported Living	£0.9m	£2.1m	£1.2m
Residential Care	£2.7m	£3.9m	£1.2m
<b>Totals</b>	<b>£5.4m</b>	<b>£9.9m</b>	<b>£3.9m</b>

## 5. Pay Differentials

### 5.1 People working within the sector are keen to maintain pay differentials to reward

those who are taking on additional responsibilities in order to retain senior staff. However, in March 2019 just under 50% of the adult social care workforce was not paid at the National Living Wage so 575,000 jobs nationally received a pay uplift. This review fully supports increasing pay in this sector. However, this means that an increasing number of staff are now being paid at living wage and, essentially, devalues some of the skills and posts that used to be remunerated at a level above NLW. 10% of posts in 2016 were paid at National Living Wage but this has now increased to 20% in 2019.

### 5.2 The risk here is that there will be little incentive for people to take on more senior roles without a pay differential. These roles could include antisocial hours, senior carers and managers. Although it is great to be lifting the pay for the very lowest paid in this sector, it is also important to ensure that we are remunerating those who do assume extra responsibilities fairly too.

### 5.3 One suggested approach is that the local authority addresses this through commissioning and states an increased hourly rate for certain roles, for example, senior care workers, to ensure that these remain attractive enough and incentivised sufficiently.

## 6. Ethical Care Charter

### 6.1 UNISON's ethical care charter provides a clear and strong framework for ensuring job quality and security within the adult social care sector. Although this review welcomes that the city council is starting to explore living hours contracts with care providers, it also recommends that we

expedite our 2019 manifesto commitment to sign up to the Ethical Care Charter.

There are three areas that prevent the signing of the charter at this time:

- 1) The removal of zero hour contracts would require a voluntary variation to the existing domiciliary care contract, but if providers refuse then a full re-procurement exercise would be required. The council is only aware of two providers who use zero hour contracts.
  - 2) Payment of the National Real Living Wage Foundation rates = £3.9m
  - 3) Payment of occupational sick pay. Whilst existing fee rates include provision for sick pay they are for the most part based on SSP minimum levels of weekly pay and cover a minimum of 5 days sickness. Payment of Occupational Sick Pay across ASC contracts would add significant additional cost to the authority. The level of cost would be dependent on individual pay rates for different roles and the number of days of sickness cover.
- 6.2 It is clear living-hours contracts over the course of a month would ensure increased security for both, employers and employees, within the sector, as well as enabling people to improve access to work benefits, including universal credit. However, by working with providers to ensure that no zero-hour contracts are used in place of permanent ones if permanent contracts are preferable to workers, we would be able to agree to sign up to stage one of the ethical care charter and start the process of improving job quality for the c14,000 people working in the sector across the city.

## 7. Unionisation

- 7.1 There are staff working within the NHS in similar roles to the domiciliary and care home support commissioned by the city council, but their working environment seems radically different. This is in no small part down to the role of trade unions and professional bodies in ensuring quality terms and conditions for their members, as well as bringing people together to lobby on their collective behalf. Currently, people are not able to join UNISON when they have a problem requiring support, this includes whistleblowing, which adds a further moral imperative. This review also recommends that the city council works with providers and that the commissioning process includes a requirement for unions to have access to staff working within the sector.

## 8. Training and Development

8.1 Similarly, to the national picture, around 50% of the workforce have no qualifications in adult social care. People have worked (on average) in the care sector for 7.3 years but with little additional training, apart from basic training e.g. safeguarding, health & safety, moving and handling. The quality of care and the satisfaction of working in care could be hugely improved if providers were to work together to improve the qualifications, as well as other learning opportunities, of their employees.

8.2 Leicester City qualifications key data shows:

### **Qualifications**

- 49% held a qualification relevant to adult social care, this is slightly lower than the National average of 51%
- 13% of staff have completed the care certificate, 34% in progress or partially completed, 53% not started the care certificate.
- We know turnover rates are lower for staff who have achieved qualifications, so it is vitally important to encourage providers to be investing in the training and development of staff.

8.3 There is compelling evidence about how learning and development improve retention rates. As a result, there is a case to be made with providers about how training, qualifications and continuing professional development, as well as improved terms and conditions and higher pay would increase retention and crucially, improve continuity of care and outcomes for those in receipt of adult social care too. This report recommends that the city council works with providers to make this case clearly and supports them to take appropriate action.

8.4 Task group members asked about interaction with care providers and hospitals

e.g. skilled health workers. Lead officers mentioned the 'skills for care programme' – at present 10 people are on the scheme, and work is being carried out to capture the gaps that exist across Leicestershire.

8.5 Leicester City Council is a partner of the LSCDG in relation to the adult social care training which is provided across Leicestershire (LLR), the council contributes £60,000 to this. The partnership has contracted with a consultant to start in April 2020 to look at how we can attract new people to the care career pathways, this will help with future workforce.

The 'Leicestershire Social Care Development Group' (LSCDG) has been operational since 2006, the aim of LSCDG is to support the workforce development and raise quality for independent and voluntary sector (IVS) across Leicester City, Leicestershire and Rutland. They work with over 400 + adult social care providers, that includes; Care Homes, Nursing Homes and Domiciliary Care Agencies. They run a series of courses that are delivered by experienced experts in the field, which includes in house local authority staff and external providers who have been through a robust selection process. They work with partners who are in touch with IVS and help to formulate and direct the training plan as well as implementing new legislation and procedure.

8.6 When the local authority commissions contracts of care, we are paying for an element of staff training. However, many people are moving around the sector and receiving the same mandatory training time and again in multiple jobs or from multiple agencies, rather than a more considered or personalised approach to developing individuals. Although it is vital that basic standards are maintained through retaining existing levels of training, we should try and work with providers to think more creatively about how they develop individual members of staff. Moreover, there is funding available to do so (e.g. Skills for Care and unspent levy funds), or scope to develop specific training through the LSCDG too.

8.7 It is well documented that there are higher turnover rates amongst providers with poorer inspection rates. It is also clear that improved continuity of care is inextricably linked to improved quality of care. There are higher turnover rates in care settings with poorer inspections from the CQC but 70% of workers go on to work elsewhere but remain in the sector. One answer is to support providers to recruit staff based on their values. Values based recruitment has been shown by Skills for Care to lower turnover rates by 6%. Another is to tailor training to individuals working in the sector in addition to the existing standard mandatory training that many staff members do multiple times for a range of different providers.

## 9. Apprenticeships

9.1 The adult social care workforce is ageing whilst, simultaneously, there are lots of young people looking for long term work and careers. Providers have highlighted that they are unable to recruit but seem keen to employ more staff. The review recommends that there is some further work to do with providers to try and outline their responsibility collectively and individually for upskilling and developing the workforce they require. Providers in their feedback stated that many of the people that they interviewed lacked the skills or experience necessary for the work. Whilst this lack of ready to go talent is understandably frustrating, it is a persistent problem, so providers need to work together with the city council to seek to ensure that there is a pool of

people who are able, trained and willing to undertake these roles. The task group very much welcomes that this is one area of work that will be undertaken by the new Workforce Development post, which will link into the council's employment hub and Skills for Care.

9.2 The task group heard evidence of case studies and positive work carried out by

city council's employment & apprenticeship hub officers, who promote the health and social care sector to local schools within Leicester and Leicestershire as well as specific recruitment and jobs fair events.

An example of publicity flyer for 'Social Care Jobs Fair' - PDF link:



Social-care-jobs-fair  
-30-03-2020 (003).pd

9.3 Leicester Employment Hub officers actively work with the councils Adult Social

Care services and with external partners across the city to encourage and attract more people to consider social care jobs and training opportunities.

Leicester Employment Hub partnership working – case study evidence:

The Leicester Employment Hub is keen to engage with local partners such as the DWP. Partnerships are an effective tool to support specific sectors including Health and Social Care, because they understand the struggles with recruitment and retention. The Employment Hub arranged a visit for DWP staff to 'Adaptus Cares', a local care provider, to understand the sector in depth and the challenges faced; the different roles available, as well as entry and training requirements. The visit included a tour of the facilities including training rooms and becoming familiar with equipment such as hoist. This visit enabled DWP staff to portray this information to their claimants. They found the visit so useful that they have decided to invite 'Adaptus Cares' to one of their team meetings. *Source:* [Leicester Employment Hub](#)

9.4 The task group were informed that another major factor in the inability to recruit apprentices was that there is a requirement to provide a minimum of 16 hours a week of work. Providers were unwilling to promise these sorts of contracts to new starters, particularly those fresh out of college or school, given they did not provide as attractive terms and conditions for their existing (often long term) workforce. This lack of parity felt uncomfortable and so they did not want to take on apprentices, regardless of the schemes in place.



to incentivise this. This review recommends addressing this in two ways: firstly, by improving access for the existing workforce to permanent contracts that are not zero hours; and, secondly, by offering a coherent, easy and supported programme of ready to go support for agencies to take on apprentices together and to make this process as risk free and simple as possible. This review supports the work being undertaken to have guaranteed hours for those working in the care sector.

10 Unspent Levy Funds

10.1 This report recommends that working with providers and within the confines of

the existing apprenticeship scheme and using unspent levy funds, we could recruit, train and support cohorts of people to enter into the adult social care workforce. Smaller providers are only required to pay 5% of training costs but we could use the levy funds to remove this barrier if they were prepared to guarantee the required 16 hours per week in a contract for social care apprentices. The low minimum wage would allow for the 20% of time necessary to be spent on 'off the job learning'. This report recommends that the council actively puts together a package to make this a very easy and accessible route that is free for providers and to sell this to them. This would enable more, new and better skilled people to enter into this workforce. The task group welcomes that currently the levy is being made available to support the Nursing Associate Pilot working with UHL & Skills for Care in the East Midlands

10.2 The taskforce undertaking this review has learned the LSCDG (Leicestershire

Social Care Development Group) is to employ a consultant from April 2020 to look further into the issue of encouraging more younger people into this area of work across Leicester, Leicestershire and Rutland. We have limited the framework of this review somewhat to avoid duplication here but await the outcome of this piece of work.

## 11 Reablement

### 11.1 Within reablement team, the only aspect of the city council that directly delivers

care, it is worth looking at the *Buurtzorg model* of home care from the Netherlands (see below) which focuses on higher quality care in longer but fewer visits, as well as building circles of community around those who are being cared for. It is relatively cost effective.

*Buurtzorg is a pioneering healthcare organisation established 12 years ago in the Netherlands.* It started with one team of four nurses and now has 950 teams and 10,000 nurses and nurse assistants providing more than half of Dutch home care. At its heart is a nurse-led model of holistic care provided by self-managed neighbourhood teams – Buurtzorg is Dutch for Neighbourhood Care. Teams are supported by regional coaches, an IT system that works because nurses were involved in designing it, and back office support designed around and dedicated to their needs. The model has revolutionised health and social care in the Netherlands. Patient satisfaction rates are the highest of any healthcare organisation, impressive financial savings have been made and employee satisfaction is high.

Source: <https://buurtzorg.org.uk/about-buurtzorg/>

### 11.2 Between 2018 and 2020 NHS Wales was going to pilot this model with two million pounds of funding. The Royal College of Nursing says, “The RCN has long supported this model, which was founded in the Netherlands and has garnered international acclaim for its nurse led, cost effective principles, which rely upon nurse innovation leading the way for care of patients in their own communities.”

## 12 Coops

### 12.1 There are existing examples of care organisations in the UK that are run or controlled by the workers, but they are all agencies, not residential settings. There is a clear relationship between the quality of work and the quality of care that Coops UK have identified, and they campaign for improvements in the former to boost the latter. They have also seen the wellbeing and mindset for workers who are stakeholders in any business is much improved.

### 12.2 Options that could be considered include employee takeovers of care settings

when owners are looking to retire or move on. For example, in the city many of those who own care homes and nursing homes are often nearing the end of their own working lives and this could be an option that worked for everyone. The city council should consider supporting, facilitating and

bolstering moves from within the workforce wherever possible. Shifting from owner-operator businesses to employee-owned ones has been shown to work financially and boost social value elsewhere in the UK.

12.3 Part of the 2019 Labour in Leicester Manifesto is to explore the development of

a carers' coop, essentially looking to create a micro providers network that gives more ownership to those working in domiciliary settings.

12.4 Both of the above options are almost impossible given the structural austerity

across the UK, but in Scotland (where there is a much higher percentage of cooperatives and particularly in the care sector), the government funds awareness of cooperative business models. The city council should consider supporting in similar way.

13 Internal pool of people and work

13.1 Within the council's own team there could be scope to create a way of sharing

hours between existing staff members. Some people, for example, might want more flexible shifts to fit around caring responsibilities and weekend or evening work could appeal to them. Others might want to take on additional work whilst building up savings or similar. More might be looking to retire but could be persuaded to stay working for us if there were fewer hours involved. Rather than working with external agencies, for example, for social workers, this review recommends that wherever possible the council offers more flexibility in our own team by creating a pool of people and additional work. As well as offering clear benefits to our existing staff, this would also keep more work in-house so that we could ensure adequate supervision for staff. This way, we would have a back-up option before outsourcing to agencies and we could potentially retain important skills and expertise too.

14 CQC ratings - Appendix A shows the performance data for Leicester

14.1 Task group members raised concerns about the CQC ratings showing 23% of

Nursing Homes in Leicester requiring improvement. Adult Social Care service officers explained the difficulties these homes faced in recruiting trained nurses. However, the city council can take action as necessary if concerns of poor quality are reported and can offer intervention work e.g. almost live-in support by our team. It was noted that the safeguarding of clients was not an issue.

14.2 The quality ratings framework supports the council's level of care and support to

care homes in the city. Officers reported that visits for 2018/19 for LA were 22 visits and 292 safe visits. We use the CQC annual risk monitoring toolkit and this works well.

14.3 Task group members raised the following points:

- a. How would a person start a Domiciliary Care agency? Lead officers explained that CQC is the pathway for this, however some do start and then collapse and restart. The LA will check the financial stability of all contracts and those that apply. In Leicester we have many local smaller providers, and some have private funders (noted that LA does not have anything to do with private funded ones). The CQC is responsible for rating all providers.
- b. **Concerns about privately funded domiciliary care providers** that are not rated regularly. Lead officers said that if they were made aware of any concerns then these can be reported to the CQC.
- c. Can care services can be accessed using personal budget self-funded / direct payments? Lead officers confirmed this can be done.
- d. Concerns raised relating to the presentation slide (App A) showing **CQC unrated 30% Domiciliary Care services operating in Leicester**. Lead officers confirmed that this relates to the number of new ones entering the market.
- e. **Concerns raised about support for people with loneliness** e.g. existing daycare services reducing and new groups that are not registered operating in the city. Lead officers explained that daycare services were not rated by CQC and did not have to be registered. The LA does quality checks for those that it contracts or funds in the city, however others can operate notwithstanding. **Members voiced their concerns about inadequate controls and checks for daycare services that operate informally in the city.**

14.4 Task group members felt that the CQC should be given a wider remit to focus

on quality of employment as well as quality of care. The government should establish a minimum commissioning cost for local authorities to ensure care is not commissioned at unrealistically low levels and ensure that local authorities have sufficient funding to meet this requirement.

- 15 Future workforce projections – the task group supports the evidence below submitted by ‘Leicester Skills for Care’:
- 15.1 The ‘Projecting Older People Population Information System’ (POPPI) uses figures taken from the Office for National Statistics to project forward the population aged 65 and over from 2018 to 2035. In the East Midlands region, the **population aged 65 and over was projected to increase between 2018 and 2035 from 930,000 to 1.29 million people**, an increase of around 39%. This poses potential challenges for the adult social care sector and workforce.
- 15.2 Skills for Care forecasts show that, if the adult social care workforce grows proportionally** to the projected number of people aged 65 and over in the population between 2018 and 2035, **an increase of 36% (55,000 jobs) would be required by 2035.**
- 15.3 Currently, Skills for Care does not publish local workforce projections, however, to give us guide estimations using the information we know about the current breakdown of the workforce in Leicester City, if services grew in proportion to 36% increase in jobs the future would be increasingly problematic.**
- 15.4 There are, of course, big caveats to this as use of technology, commissioning intentions and the impact of recruitment and retention campaigns will impact on how the workforce will look in the future.

	Currently	2035	Differential
Domiciliary Care	8900	12104	3204
Residential Care	3700	5032	1332
Community	950	1292	342
Day Services	225	306	81
		18734	4959

**So, a growth of 4959 prospectively by 2035.**

**15.5 We also need to consider the impact of replacing those who leave the sector...**

20.6% turnover in the past year, however 67% of these leavers are remaining in the sector, a total number of 951 staff members leaving the sector each year based on these figures. Turnover rates differ and we know that turnover of staff within domiciliary care is a greater challenge, in Leicester City the turnover of care workers within domiciliary care is 26.3% (18.3% vacancy rate). We also know that the workforce will increase and therefore the numbers will be higher, even if percentages remain the same. **If we base on 951 leaving the sector each year based on current turnover levels, in the next 15 years we will need to replace a total of 14,265 staff.**

**15.6 We also need to consider the impact of replacing those who are reaching retirement age in the next 10/15 years...**

22% of the current workforce are aged 55 and over and will be reaching retirement age in the next 10/15 years. **This equates to 3080 staff;** we can delve deeper into the data and see which job roles this will impact most. The percentage of Nurses aged 55 and over is 32%.

**15.7 Possible future workforce projection as a total...**

If we think about a future workforce requirement and taking in to account turnover rates, growth of the workforce required and also replacing those reaching retirement age we may see the future workforce numbers being around:

Current workforce	14,000
Replacing retirees	3080
Replacing leavers	14265
Growth in sector	4959
Additional staffing required	22,304

This essentially means that in the next 15 years, we need to recruit the entire adult social care workforce within the city one and a half times over in order to ensure we can fill the gaps and have enough capacity to look after those who need it.

**15.8** *There are obviously caveats to this data, turnover and retirees may change, commissioning intentions may change, use of technology may impact on the workforce numbers required, but as a general picture this will give an idea on the scale of the challenge facing Adult social care locally.*

16 Department of Health and Social Care survey in 2019 – supporting evidence

16.1 The department’s recent survey of 2,020 adults showed that people in England

aged 18 to 34 are the most likely to consider applying for a job in adult social care. It will continue to target people 20 to 39 age group, raising awareness of the benefits of a career in adult social care. The survey showed that:

- 64% of people 18 to 34 age group would consider a career in adult social care
- over half of people aged 18 to 34 would consider changing career for a job that helps or supports others
- more than 1 in 10 people aged 18 to 34 are dissatisfied with their current job
- 59% would consider moving roles to a job that offers more personal fulfilment
- 65% of parents with dependent children would consider a role in adult social care

16.2 Nearly 1.5 million people work in the adult social care sector, but an ageing population means that 580,000 more workers will be needed by 2035. The average age of those working in the sector is 45 years old, and around 385,000 jobs are held by people aged 55 years old who are likely to retire in the next 10 years.

Minister for Care, Caroline Dinenage said:

*“A career in adult social care offers the rewarding opportunity to make a real difference to the lives of some of the most vulnerable people in society – a sentiment 96% of current care workers on the ground agree with. We have over a million brilliant people working in the sector, but we urgently need new talent to ensure we can continue to provide support for those who need it”.*

## 17 CONCLUSION

17.1 As above, it is acknowledged that national government cuts and austerity have

impacted on services and created problems, but this does not render us entirely powerless to make improvements here in Leicester for those being cared for, and for those who care.

17.2 For many people not yet working in adult social care, it can seem an unattractive

proposition as a career but for many working in adult social care, it is precisely because of how rewarding and varied the days can be that motivates them in their work. People are simply not choosing to enter the care sector when pay, conditions and the status of the profession are as they are. It is not an area that is well regarded or highly competitive, despite the important and nuanced skill set required to provide good care.

17.3 We are expecting to need a growth in jobs in this sector cumulatively of c22,000

by 2035, and we owe it to those who care to improve the quality of their work and workplaces as much as we can. We owe to it those who require care to ensure that the system within the city of Leicester has the capacity to look after everyone properly.

17.4 There is a clear moral imperative around preventing 'market forces' just driving

the care sector into the ground. We must develop positive cultures and a strong morale. Going forward, we must pay carers the Real Living Wage, and we must boost terms and conditions with things like additional pay for work in unsociable hours; more days of annual leave; and enhanced sickness or parental leave rights. If we are unable to encourage care work to be well paid, then we must ensure that those working within the care sector are empowered in their work and feel valued.

## 18 Appendices to the report - Att.

Appendix A: Summary of the ASC sector and workforce in Leicester and CQC performance data – presentation slides



APP A Adult Social  
Care Workforce and

Appendix B: Executive response scrutiny template



## 19 Contacts

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Leicester City Council <https://www.leicester.gov.uk/>

## 20. Financial, Legal and Other Implications

### 1. Financial Implications

The proposals in this report would add at £14.7m per annum to the current £107m adult social care budget, being the £3.9m to implement the real living wage rate for providers and £10.8m to implement the UK HCA domiciliary care rates. The additional cost of improving the sick pay arrangements beyond statutory levels by increasing payments to providers has not been quantified.

Martin Judson, Head of Finance

### 2 Legal Implications

There are no direct employment law implications at this stage. However, if some of the recommendations are taken forward employment legal advice should be sought as there might be employment law implications.

Julie McNicholas  
Employment and Education Solicitor, Legal Services

### 3. Equality Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Whilst this review has looked at the adult social care workforce now, its prospects in the future and recommended ways in which we can support those who care and achieve better outcomes for them and the people they care for, it is important to ensure equality issues/considerations are embedded throughout any work going forward.

Taking into account the city's demographic profile, both the ASC workforce and those being cared for will be from across a range of protected characteristics, and these need to be taken into account when developing the workforce and providing caring responsibilities. Any communication needs to be meaningful and accessible for a wide number of people/communities.

If any specific initiatives, policies, procedures, service changes, etc. are introduced as a result of this work, we need to consider any changes and how they impact on protected characteristics, as with any change, we are trying to identify disproportionate impacts on that particular group and finding ways in which to mitigate it which in this case will also include looking at any wider risks.

It would be beneficial to record/ evidence these by using the Equality Impact Assessment tool as an integral part of the decision-making process it is recommended that an Equalities Impact Assessment is undertaken. The Equality Impact Assessment is an iterative document which should be revisited throughout the decision-making process and should, ultimately, also take into account any consultation findings, which needs to be meaningful and accessible.

Further advice can be sought from the Corporate Equalities Team.  
Sukhi Biring, Equalities Officer, 0116 454 4175

## APPENDIX A

**Appendix A is 'A Summary of the Adult Social Care Sector and Workforce in Leicester, and CQC performance data – presentation slides'**

Click on this icon to access presentation slides (slides are att in this document)



APP A Adult Social  
Care Workforce and

**APPENDIX B**

**Appendix B is 'Executive Response to Scrutiny' template**

The executive will respond to the next scrutiny meeting after a review report has been presented with the table below updated as part of that response.

Introduction

...

<b>Scrutiny Recommendation</b>	<b>Executive Decision</b>	<b>Progress/Action</b>	<b>Timescales</b>