**PERFORMANCE SCRUTINY COMMITTEE – 5 JULY 2018**

**ADULT SOCIAL CARE WORKFORCE**

**Report by Director for Adult Services**

## Introduction

1.  This paper provides an overview of the context and challenges Oxfordshire faces regarding the health and social care workforce, the progress made in response to these challenges and the impact on performance.

## Our Workforce Focus

2.  The unregistered workforce has been the focus of our workforce discussions in recent months and forms part of the overall health and social care workforce. The unregistered workforce has been identified as a key area of focus due to the essential role they play to keep people independent in the community and reducing any unnecessary delays in getting people home from hospital.

3.  The unregistered workforce is also referred to as 'support workers'. These posts will usually equate to a Band 3 on the 2018/19 Agenda for Change pay scale (£20,448 / £10.46 per hour) or salary equivalent to this. Many social care staff are paid lower than this.

4.  Support roles may include:

| Health | |
|---|---|
| Assistant Practitioner | Care Assistant |
| Healthcare Support Worker | Maternity Support Worker |
| Nursing Assistant | Occupational Therapy Assistant |
| Physiotherapy Assistant | Radiography Assistant |
| Speech and Language Therapy Assistant | Senior Care Assistant |
| **Adult Social Care** | |
| Activities Worker | Day Care Assistant |
| Day Care Officer | Home Care Worker |
| Nursing Assistant (in a nursing home or a hospice) | Personal Assistants |
| Residential Care Worker | Senior Home Care Worker |
| Support Worker | |

## An overview of the care workforce challenges we face in Oxfordshire

5.  Oxfordshire has its own specific workforce challenges in relation to its health and social care workforce.

6. Nationally the view is that while many people working in care find it rewarding, care workers report that they feel undervalued and there are limited opportunities for career progression, particularly compared with similar roles in health. There are around 1.34 million jobs in the adult social care sector in England, across more than 20,300 organisations. The turnover rate of care staff has been increasing since 2012/13 and in 2016/17 reached 27.8%. The vacancy rate in Oxfordshire for 2016/17 across social care was 6.6%, which was well above the national average of 2.5%-2.7%.

7. Demographic trends suggest that demand for care will continue to increase and people's cares needs will continue to become more complex. To meet these challenges, the Department of Health and Social Care estimates that the adult social care workforce nationally will need to grow by 2.6% every year until 2035.

*Affordability of housing*

8. Oxfordshire is one of the least affordable places in the country to live. Oxford itself is the most expensive city in England to buy a house and the third most expensive place to rent. Home ownership in Oxfordshire is below the national average (64%) in both Health and Adult Social Care, but significantly lower amongst unregistered care workers (41%).

9. Lack of affordable housing is a major issue in recruitment and retention of staff which is reflected in 'Home Truths 2017/18', a report produced by the National Housing Federation that provides local data on the housing market in the South East.



**Rental affordability vs house price affordability, English cities 2017**
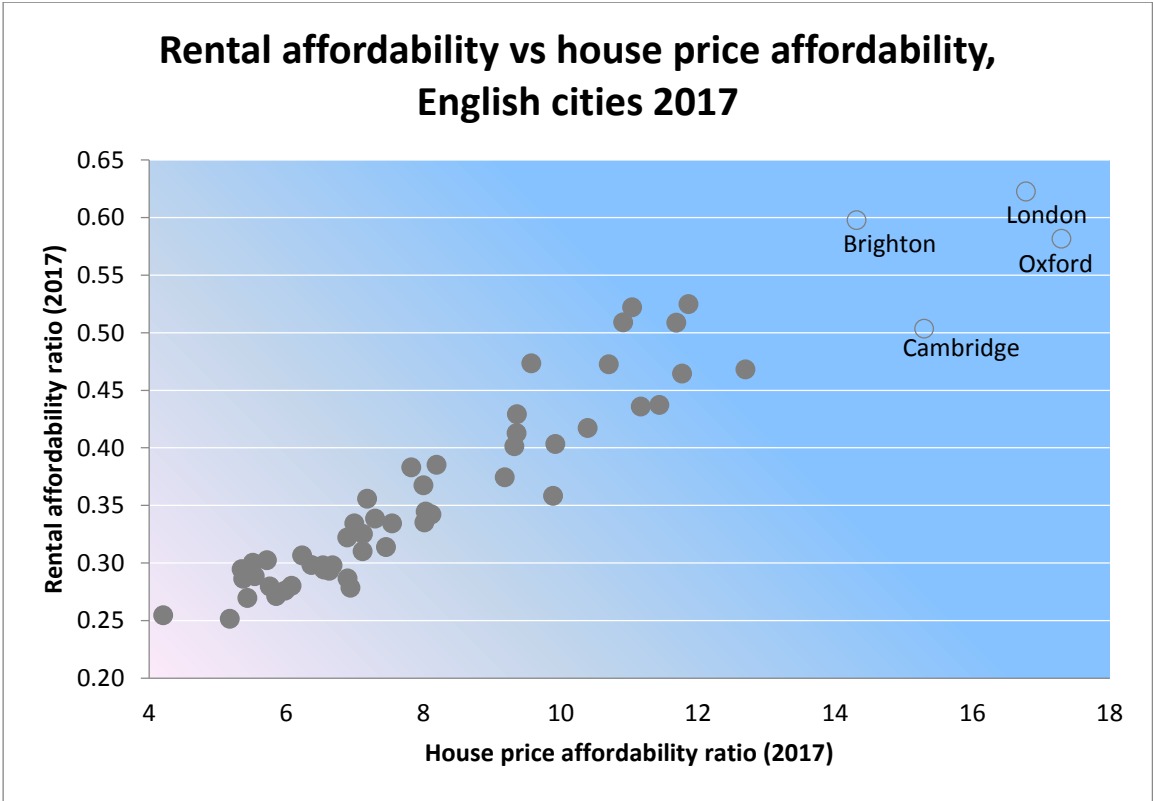
*Aging population*

10. The older population in Oxfordshire is growing and people are living with more complex conditions. Consequently, as people's care needs become more complex the skill level required by workers must increase.

11. Between 2001 and 2016 the over 85 population in Oxfordshire rose by 50%. In the next 15 years (2016 to 2031) it is forecast to rise by a further 55%. The demand for care from demographic pressure may therefore be expected to increase marginally. There may be additional pressures from known policy changes such as the switch from care homes, to home support mentioned above.

|  | 2001 | 2016 | 2031 |
|---|---|---|---|
| Over 85s | 11,300 | 17,000 | 26,400 |
| Growth 2001 to 2016 | 5,700 | 50% | |
| Growth 2016 to 2031 | 9,400 | 55% | |



Oxfordshire 85+ population
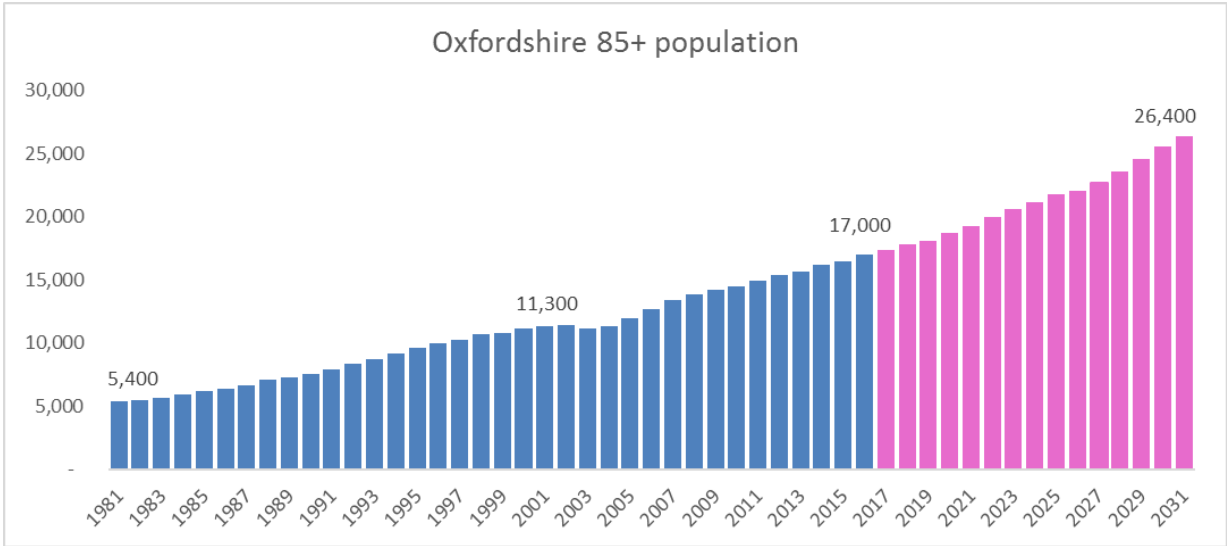
*Low unemployment*

12. In Oxfordshire there is very low unemployment and the unregistered care workforce has strong competition from other competing sectors. These recruitment and retention issues undermine employer efforts to build capability and encourages fierce competition for staff between employees both within the sector and outside of it.

13. In Adult Social Care the workforce is largely employed by Private, voluntary and independent sector (PVI). Oxfordshire's PVI sector workforce of approximately 13,000 workers is dispersed across approximately 250 separate independent organisations.

14. There is also the added complexity around the requirement for own transport in rural areas to provide packages of care.

## Progress in responding to challenges

15. Highlighted below are some of the recent innovations and interventions aimed at working with providers and partners to improve the recruitment and retention of the adult social care workforce.

*Oxfordshire System Workforce Group*

16. The Oxfordshire System Workforce Group is currently chaired by Oxfordshire Clinical Commissioning Group and is attended by Senior System Leads with a responsibility for Workforce. The Group currently meets monthly and reports into Health and Wellbeing Board and links to Berkshire Oxfordshire and Buckingham Workforce Action Board (BOB LWAB). From a care provider perspective, Oxfordshire Association of Care Providers and Oxfordshire Care Homes Association are members of this Group.

*System Workforce Programme*

17. Two linked system workshops focusing on the unregistered workforce and reducing 'delayed transfers of care' (DToC) in Oxfordshire were held in August 2017 and January 2018. The actions from these workshops are now integral to the Oxfordshire System Workforce Programme that reports into the System Workforce Group.

18. The key themes for this programme are;
    - Workforce Recruitment, Identity and Branding
    - Retention, valuing staff initiatives and Keyworker Housing
    - Skills and Leadership, Mentoring, Career pathways, sector passport

19. This is beginning to have some impact. Oxfordshire has had a significant drop in delayed transfers of care. In March 2017 181 people were delayed on average, this fell by 33% to 120 in March 2018, compared to a 22% drop nationally. Since March delays have fallen further. The latest local figures on 14 June show 72 people delayed – less than halve the level of March 2017.

20. Examples of workstreams in progress include;
    - Extending the current use and approach to Values Based Recruitment,
    - Identifying best practice and tools to help employers build a sense of community and belonging amongst their staff teams and a welfare support offer,
    - Exploring options for staff incentives including a long-term service award for care staff and a recognition badge for care staff,
    - Introducing a 'gold standard' for staff induction,
    - Care Leadership Programme and mentoring opportunities,
    - Shaping a career pathway for unregistered care workers that offer attractive career progression opportunities, including the development of a sector-wide training offer by way of a sector passport,

- Developing care certificates within Oxfordshire, as part of a care passport and the development of an Excellence Centre, to deliver the aspiration of having a transferable certificate with a defined standard across all providers.

*Whole System Approach to Care Worker Recruitment*

21. The Recruitment Campaign is part of the Oxfordshire System Workforce Programme and has had particular success noted through evaluation. This has been developed and funded by the system with Oxfordshire Association of Care Providers.

22. The campaign outperformed previous recruitment campaigns and exceeded our targets on several measures. Examples of the successes were that the campaign achieved:
   - 1000% increase in the average number of monthly visitors to the webpage
   - Reach of approx. 200,000 people on social media
   - 565% increase in the average number monthly applications, and
   - 510% increase in average number monthly job seeker registrations

23. As a system we are looking at how we build on this success with an exploratory workshop scheduled for July 2018 during which we will discuss the next steps and funding options.

*Department of Health and Social Care Visit*

24. In May 2018, Jane Rintoul CBE, Deputy Director, and Mary Cooper, Senior Implementation Advisor from Department of Health and Social Care (DoHSC), joined senior leaders from across the system in Oxfordshire to consider the opportunities and barriers around integration and greater movement of nurses and care staff across health and social care.

25. The visit provided an opportunity to showcase some of the initiatives happening locally and demonstrate how Oxfordshire is working together as a system. The DoHSC was interested to listen to views on how barriers to integration and staff movement can be removed, including testing the appetite for piloting new initiatives in Oxfordshire. Follow up discussions have focused around the potential to pilot an Oxfordshire Care Certificate and the possibility of becoming an associate nursing practitioner vanguard.

*Key Worker Housing for Health and Social Care Staff*

26. As noted in the challenges above, affordable housing is one of the key challenges and we recognise that resolving this will require the need to involve working across the wider Oxfordshire system.

27. A Strategic Workshop on key worker housing was held on 3 May 2018 attended by System Leaders, Planning and Housing Leads from Oxfordshire County Council, Districts and Oxford City Council. The overall aim of the Workshop was to identify practical and sustainable solutions to the housing challenges for the

unregistered health and care workforce, that would contribute to an improvement in recruitment and retention.

28. The following Task and Finish Groups have now been set up and are making progress on;
   - Definition of 'Key Worker'
   - Innovation and Best Practice Workstream
   - Working in Partnership with Providers and Estate Agents (Short term opportunities)
   - Bringing in Investors, Entrepreneurs and other key People across the System
   - Short term delivery (i.e. next six months) electric cars, staff discounts

29. Progress will be reported to the follow up Strategic Workshop scheduled for 12 October 2018.

*Home Share with Age UK*

30. Age UK are already piloting the provision of Home Share Schemes in Oxfordshire.

31. A Home Share is when an older person with a spare room is matched up with a person who is in need of low-cost accommodation, in return for up to ten hours of household tasks or companionship per week.

32. The tasks that the 'homesharer' carries out in return for reduced rent are agreed during the initial matching process. These tasks will depend on the want and ability of both parties and will be unique to their match, for example, ranging from companionship, to dog walking, to driving. Home Share is not a personal care service.

33. As a system we are working with Age UK to support their local initiative as it may present an opportunity to link care staff with lower cost accommodation through such schemes in return for ten hours support each week.

*Pilot to support access to employment*

34. We are currently in the initial stages of developing a pilot to provide support and training to people who require additional help in accessing employment.

35. A 'stepping stone' / entry level position will be created to enable learning and development within an achievable care focused role, with the intention of progression to a full role once one becomes available. We can apply for Access to Work funding to provide support to the individual in the role as they learn, which also mitigates costs.

36. Advantages to the individual:
   - Opportunity to develop skills and gain sustainable employment
   - Person focused support specific to the individual and the role
   - Increased independence, reduced dependency, increased inclusion.

37. Advantages to the employer:
    - Safely promotes recruitment of a person who is disadvantaged or has a disability.
    - Reduced employer costs as employee develops skills, completes induction and training.
    - Reflects the diverse needs of the community
    - Supports recruitment of sustainable staffing

## Exploring new ways of providing care

*Wellbeing Teams*

38. Inspired by the Buurtzorg model from the Netherlands, we are piloting a new approach to home care to help increase home care capacity and reduce delays in discharges from hospital. Small, not-for-profit, neighbourhood home care services will be set up to deliver homecare focussed on personalisation and reducing reliance upon services. They will support people to stay in their own home doing more of what matters to them.

39. The aim is to enable people to stay in touch with their local community which helps them to be happier, healthy and more connected with the support of those around them.

40. Because the teams will be locally based it will reduce travelling time and enable them to build strong local knowledge and relationships. This allows them to make best use of community assets, reducing the need for paid support. Wellbeing Teams work on self-management principles, enabling individual Wellbeing Workers to make decisions that are in best interests of the people they support. This means that teams are much more flexible and responsive to the individual's needs. They work to non-traditional shift patterns, which gives the teams an ability to attract and retain a previously untapped workforce, giving the potential to further stabilise the homecare market in Oxfordshire.

41. The Wellbeing Teams also work in partnership with 'Community Circles' which is a charity working to deliver circles of support at scale. Community Circles are facilitated by volunteers who are recruited, trained and supported by Circle Connectors (who may be paid or voluntary) Circles aim also to reduce carer stress and prevent or reduce use of some services. Wider goals are to increase the local volunteer base and contribute to recruitment in social care as well as improve helpful connections between local VCS, businesses and service providers.

42. Volunteers are recruited by values and undertake a thorough training and induction programme before interaction with the people they support. Commitment is expected by people taking up these volunteer roles and they are supported by paid members of staff to ensure retention.

43. The plan for Oxfordshire is that the largest possible pool of volunteers will be recruited to support this project so that if a volunteer steps away another is

available from the pool. In the unlikely event that there is no one available a paid member of staff will step in.

44. Pilots are being set up in Abingdon and Wallingford; the Abingdon Wellbeing Team will start delivering care to people in July.

*Commercial landscape*

45. Oxfordshire's home care market comprises a range of independent sector home care providers who provide care for people in receipt of Council funding and people who fund their own care. The Council purchases approximately half of all homecare hours in the County. We do this by working with eight Help to Live at Home providers who are our main partners working under a contracted framework, in addition there are approximately 70 providers on the Council's Approved Provider List with whom we may make placements if capacity or the person's needs requires.

46. Following a period of instability in the homecare market in late 2016 / early 2017, discussions were undertaken regarding whether the Council entering the market as a direct provider of care would be desirable. In particular with regard to creating stability and ensuring that the Council could meet our statutory obligations to look after people.

47. To consider this question fully, we have been looking at the different options for the Council including whether entering a small section of the market would add to stability and capacity. This work is expected to generate a set of recommendations in late July 2018, including recommendations about the steps the Council may wish to take within the current homecare landscape that would enhance stability and capacity.

## Impact on Performance

*Workforce Data, Intelligence and Planning*

48. Accurate and robust workforce data is essential for both benchmarking and workforce planning. Currently only 52% of Care Providers input into the Skills for Care NMDSS-SC database which provides an added complexity about the accuracy and ability to focus on key areas with those providers.

49. The current approach is to work with Skills for Care, Health Education England and providers to build on the national data available as well as using projections from Oxfordshire's Joint Needs Assessment and Census to inform current and future workforce requirements. A further workstream is to work with Health Education England to explore the benefits of producing a joint workforce dashboard with health.

*Performance*

50. However, despite the challenges there are positives:

- People who use social care in Oxfordshire report higher levels of satisfaction with their care than other areas. 72% of people reported that they were 'extremely or very satisfied' with the care they receive. This figure has shown a year on year increase – up 13% in the 7 years survey has taken place. Last year just 7 (out of 152 authorities) scored higher than Oxfordshire's figure.
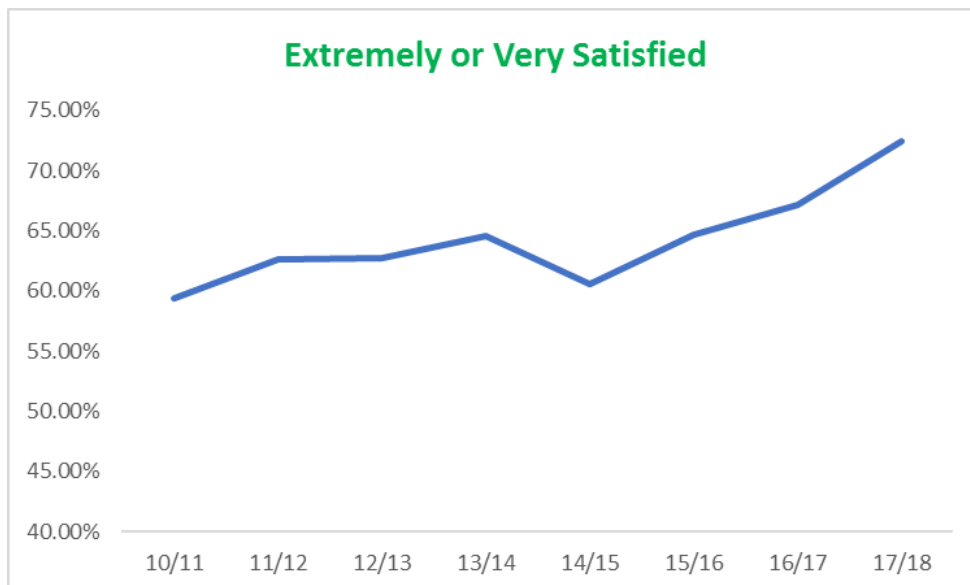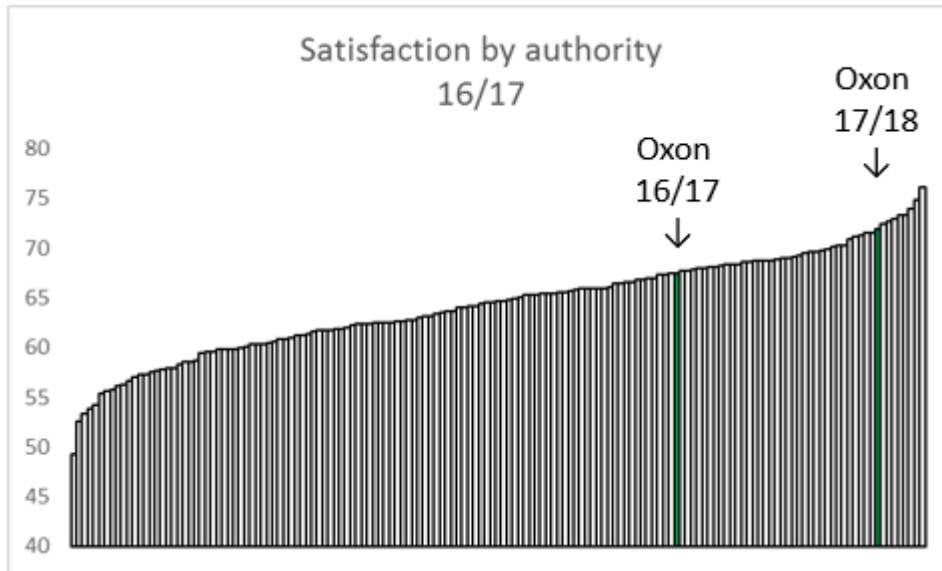




- People also report that when receiving care, more of their needs are being met by services than is reported elsewhere.

- In the national survey, 74% of people always feel safe. This figure has again risen each year since the survey began and is in the top quartile of all authorities. Falling over is the main reason people don't feel safe (33%), but it is important to note that 23% worry about changes in care staff.

- Considerably more people in Oxfordshire are using direct payments to organise their care (34.6% compared to 28.3% nationally). This is giving people more control over their life

- The CQC Local Area Review of Oxfordshire noted that:
    - CQC's ratings of adult social care locations, which include feedback from people who use services, show that a higher proportion of locations in Oxfordshire (91%) are rated good and outstanding compared to the national average (84%)
    - People, their family and carers told inspectors that they felt well cared for and involved in making decisions about their care, support and treatment when moving through the health and social care system.
    - People using services were complimentary about their interactions with staff and some services they received.
    - There was a strong ambition for partner agencies to work together and provide excellent services to the people of Oxfordshire

*Impact on Performance*

51. In 2017/18, 11 Oxfordshire residents per day on average were delayed in a hospital bed awaiting a council funded care home placement, 10 people per day for a home care package and 52 people for the Hospital Discharge and Reablement service. In 2017/18 the Hospital Discharge and Reablement service delivered 75% of the contracted hours as they tried to recruit and retain more staff. In the first 2 months of 2018/19 this has risen to 96%

52. In 2016/17 the County Council increased the proportion of home care we purchased by 12%. This was in line with our strategic plans to meet demographic growth and ensure that people when they needed support could be supported at home. In 2017/18 whilst we maintained that figure, we were unable to continue to grow it. This has had a knock-on effect on care home placements. In 2016/17 we placed on average 11.25 people per week in care homes, whilst in 2017/18 this rose to 16.5 people per week. This means that in Oxfordshire 57% of older people in long term care who are supported to live in their own home compared to 62% nationally.

53. As highlighted above the challenge of evaluating the impact of our efforts around workforce is further affected by the relatively low return rate (52%) from providers around workforce data and intelligence. This affects the reliability and validity of our data which then influences effectiveness in workforce planning. Discussions are currently taking place with Providers, Health Education England and Skills for Care on how we can increase the return rate and then if we can use this data to inform future benchmarking activity.

## RECOMMENDATION

54. **The Performance Scrutiny Committee is RECOMMENDED to scrutinise the progress made with providers to improve recruitment and retention of the adult social care workforce in Oxfordshire.**

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Background papers: N/A

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June 2018