

Parliamentary Inquiry Rural Health and Social Care 2019

**Session 5 – Monday 9 September 2019 –
House of Commons – Committee Room 7**

**Submission of evidence by the Association
of Directors of Adult Social Services
(ADASS)**

Background and Context

1. ADASS welcomes the opportunity to submit evidence for consideration to the inquiry of the All-Party Parliamentary Group on Rural Health and Social Care. The challenges facing the country in terms of providing good quality, safe and personalised health and social care which supports people to live good lives are at the heart of ADASS and its membership.
2. The social care system faces huge pressures as our members are continually required to make increasingly difficult decisions. These decisions ultimately impact upon the lives of older and disabled people and their families.
3. In many cases the challenges are shared whether the community is urban or rural. The recruitment, retention, education and training of the social care workforce is one of these shared challenges. However, the rurality of services can exacerbate particular pressures which are not present in an urban environment.

Funding Pressures Adult Social Care

4. We cannot discuss the issues associated with the workforce without first referring to the economic context of social care as in many cases the two are inter-related. Social care remains in a period of flux, unable to move forward without a much needed short term injection of resources and a long term and sustainable financial solution. The continued absence of the Green paper has prolonged the uncertainty in the sector.
5. The recent ADASS Budget Survey (2019) showed that local authorities are prioritising adult social care in their budget setting. Local authorities will spend £14.9bn in 2019/20 on adult social care (up from £14.8bn in 2018/19), amounting to 37.4% of their total spending and the biggest single budget that councils control (up from 30% in 2010/11).
6. Adult social care planned savings are £699m for 2019/20, equating to 4.7% of net adult social care budgets. In 2018/19 this reported requirement was £700m (4.7% of budget). Cumulatively savings to adult social care budgets have totalled £7.7bn since 2010.
7. We estimate that £3 billion more resources are required next year for adult social care. However, this would allow us to meet demographic pressures, the costs of the increase in the National Living Wage and would provide more resources to providers to pay their workers more and help stabilize the care market.
8. The majority of councils have increased provider fees by 3.0-4.9% for the third year in succession. However, these fee increases are not likely to improve financial sustainability of providers. They simply provide an increase in line with 2019/20 cost pressures, including the National Minimum and Living Wages, as well as other inflationary pressures.
9. Skills for Care published a report "Pay in the Adult Social Care Sector" in March 2019. Key findings are:
 - "Since the introduction of the NLW, the proportion of care workers being paid on the wage floor has almost doubled. In February 2019, 30% of care workers were paid the minimum compared to 17% in March 2016."
 - "Just over a quarter (26%) of care workers were paid on or above the Real Living Wage (set by the Living Wage Foundation) in September 2012, but this figure has slowly fallen to around 10% in February 2019."
 - "As at February 2019, approximately two in every five (46%) independent sector workers were paid less than the next mandatory NLW rate (£8.21). This equates to around 570,000 jobs being directly affected by the next increase in the NLW."

Turnover, Vacancies and Pay (Urban and Rural)

10. In September 2018, Skills for Care (SfC) published 'The state of the adult social care sector and workforce in England, 2018' which included the following data:
 - The staff turnover rate was 30.7%, equivalent to around 390,000 leavers in the previous 12 months;
 - Many of these leavers move to other roles within the sector as 67% of recruitment is from within adult social care;
 - The vacancy rate was 8.0%, equivalent to around 110,000 vacancies at any given time. The majority of these vacancies (76,000) were care workers.
11. These figures are a stark reminder of the precarious position in which the sector finds itself in terms of ensuring we have a workforce which can meet current and growing needs.
12. Using the National Minimum Data Set (NMDS) SfC have also been able to draw data collected about the urban and rural social care workforces, accurate as at March 2019. This data is submitted with knowledge of the noted caveats.¹
13. The data shows that there was a national average turnover rate of 34.4%. Rural turnover rates were 37.7% which was 4.1% higher than urban turnover at 33.6%. The East Midlands (40.7%) and South West (39.9%) regions had the highest rural turnover rates.
14. Unsurprisingly this trend continues when comparing vacancy rates. The national average vacancy rate stands at 7.5%, 7.3% in urban areas and 8.1% in rural areas. The North East had a rural vacancy rate of 13.1%.
15. High turnover and vacancy rates have a detrimental impact upon service providers and those people in receipt of care. For providers it creates disruption and generates further costs in terms of continuous recruitment and training and the use of agency staff at higher costs.
16. For those people in receipt of care it creates uncertainty, anxiety and confusion with a lack of consistency in terms of support which raises issues of dignity for the person being cared for.
17. The average hourly pay rate in rural areas was £8.40 which is slightly higher than the national average (£8.33) and the urban average (£8.32). This could be a result of the need to offer higher rates to recruit staff although it is questionable if the minimal increase would make a significant difference.
18. Whilst making comparisons of these kind it is also important to note that urban areas face differing issues. In a number of areas, often urban, where there is full employment attracting social care staff is equally challenging as there is more competition from other sectors.

Remuneration equivalent to the role

19. High vacancies and turnover in rural areas cannot be explained by rates of pay alone. However, it is shameful that care is often viewed and referred to as low skilled when it

¹ This information is correct as at March 2019.

This information is NMDS-SC data only and therefore does not have 100% coverage of the sector.

Only independent sector information. This does not include jobs within local authorities, the NHS or working for direct payment recipients

requires commitment, dedication, skill, compassion and resilience. We must not confuse low pay with low skill in an increasingly complex working environment.

20. We need to consistently remind ourselves and others (Government, the public and the media) that a highly skilled, motivated, appropriately remunerated and appreciated workforce is a key component in supporting people to live safe, well and fulfilling lives.
21. In response to the ADASS Budget Survey 2019, Directors ranked increasing salaries for care workers and improved working terms and conditions as the most important factors in recruitment and retention.
22. As councils are aware, there is only so much that can be achieved by other initiatives when the social care workforce is amongst the lowest paid in the economy and unemployment rates are low.
23. To begin to address this ADASS would like to see further exploration of a national minimum care wage which would see social care staff paid at a level above the national minimum and living wage rates. This would be an initial step to gradually gaining parity with equivalent roles in the NHS and would make the sector more financially attractive when compared to other sectors.

Training and Education

24. Regardless of rates of pay many people do not view adult social care as a career of choice. For some adult social care is not an option as it is viewed as low paid, low skilled work with limited career opportunities and this can be a reason why people do not enter the sector or quickly move on from it.
25. We need to focus on attracting and retaining people in the sector by promoting different entrance routes into the profession, training, career pathways and progression opportunities. Training and development of the adult social care workforce should not be viewed in separation from NHS People Plan although it feels as though that is the case.
26. We have to be honest and open about the disparity between the NHS and the social care workforce which is clearly demonstrated when comparing the funding of Skills for Care and Health Education England. The annual budget for Skills for Care is approximately £29million whereas it is over £4.5billion for Health Education England.
27. The funding available to Skills for Care is equivalent to just £14 per person working in the sector. If we want to see longer term retention in social care which in turn will support sustainable health and social care systems then we need a greater degree of parity with the NHS and this is an area which needs to be addressed in a national workforce strategy which continues to be delayed.
28. SfC report that where investment is made in staff learning and development 94% of providers reported it had a positive impact upon retention. We would therefore welcome further work to support mandatory training in the 'care certificate' as a basic minimum alongside registration for unit managers in both home care and residential settings – as the CQC have stated – 'well led' will typically mean 'safe'.
29. Adult social care requires career pathways and opportunities that lead to a range of options including social work, nursing, therapies, community development, employment support or other professions and joint training and qualifications for those providing personal care and nursing for those of us with very complex needs.

30. We also need to recognise that for many providers the costs of training and education can seem to be prohibitive, particularly when turnover in the sector is so high.
31. There is also a sense that social care is often training and preparing staff who then ultimately move into careers in the NHS because of the pay, terms and conditions and opportunities which are on offer. There needs to be greater parity with the NHS to retain social care staff.

Greater parity with the NHS

32. Too often the work of the social care workforce is overshadowed by those working in the NHS. Whilst we don't want to diminish the achievements of NHS counterparts we need to aim for parity of esteem.
33. In March 2018, the NHS introduced pay reform offering the lowest paid NHS staff across England pay rises of up to 29% over three years, there are understandable concerns about both recruitment and retention of care staff in the social care sector, if similar wages are not available.
34. The publication of the NHS People Plan (2019) with little reference to social care, the recent announcement of a £20m fund to attract 10,000 young people to work in the NHS and an NHS nursing recruitment campaign all reinforce the sense that the NHS workforce is a greater priority than that of social care.
35. The unintended consequences of the delivery of these NHS programmes without due consideration of social care is the creation of a dysfunctional health and social care system.
36. An example being that a campaign which results in the recruitment of nurses and healthcare assistants who may currently be employed in nursing homes will have a detrimental impact on the ability to discharge people from hospital, or lead to more admissions in the first instance.

A different model of care

37. We know that demand upon social care support is increasing and we need to have an honest conversation about how we want to live in our local communities based upon principals of wellbeing and a strength based approach.
38. Whilst accepting that we need to recruit staff both now and in the longer term we also need to be realistic about what is achievable. Projections suggest that as we move into the future one in six workers will need to be employed in the health and social care sector to meet rising demand if we continue to provide services via the current models of care. We have to be honest and ask the question whether that is achievable or even viable for the economy.
39. We need to be active in exploring new and creative ways to reduce the need for so many workers. Technology can never and will never replace all aspects of social care and what we value most about our workforce. However, unless we publically accept and actively promote the use of technology and new models of care we are participating in the creation of an unsustainable long term care and support model. Too often we default to using people, when there aren't enough people to be had.

About ADASS

The Association of Directors of Adults Social Services is a charity. Our objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time
- Furthering the interests of those who need social care services regardless of their backgrounds and status and
- Promoting high standards of social care services

If you have any questions regarding this submission please do not hesitate to contact Ian Hall, Senior Officer, Ian.Hall@adass.org.uk, 07384235242