

Western Region Market Mapping and Commissioning Group

Mult Social Care Market Workforce Development Plan

20 - 2025



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are market is extremely fragile. To
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y, a new and innovative approach to
pping its workforce is required. The
n Association of Directors of Adult
Services (ADASS) Market Shaping
ommissioning Group has
issioned this Strategy in recognition
vital link between the market's
orce, stability, the provision of high
y and personalised care and the
to overcome some of the causes of
market's instability and inflexibility.

strategy outlines the Region's vision
hriving care workforce to help
e the delivery of a thriving care
t.

We want a health and care system that ensures people can achieve their version of a 'good life' at any point of their life.

Over the years, local authorities have relied heavily upon the externally provided care sector to meet people's assessed social care needs – predominantly through the commissioning and provision of domiciliary and residential care. The development of the personalisation agenda has led to some diversification through an increase in the number of people seeking a direct payment and a 'different' solution that challenges more traditional provision. The sector has also diversified through different models of care such as extra care housing.

With 177,000 jobs in the Eastern Region Adult Social Care sector (Skills for Care 2019) and a vast majority of those jobs being within the Private, Voluntary and Independent Sector (81%), market development cannot be successful without workforce development.

Over recent years, the care sector has faced a number of significant challenges – many of which have led to the collapse of contracts or of providers. High on the list is the market's ability to attract and retain staff and to provide the skills required to meet changing demands and requirements. The Covid-19 pandemic has shone a light on the fragility of the care market and the extent to which it underpins the ability of the health and care system to function. This helped to re-ignite the challenges face by and importance of the care sector at a national level. Britain's exit from the European Union will add to the challenges faced.

The philosophy underpinning health and social care is shifting. People want to be able to continue to achieve what's most important to them in their lives regardless of their health and care 'needs'. This has meant a fundamental change in what is required of the social care and health workforce and of the market place – ensuring it shifts from a 'one size fits all' approach to one that recognises the importance of flexibility, plurality and most importantly the ability to deliver what matters to the person requiring support.

This Strategy reflects how these challenges will be addressed, describes the workforce requirements into the future, and identifies the region's role in delivering or influencing the changes required.

Our Vision

‘A profession to which people are attracted, are able to progress and wish to remain. A profession that enables the people it supports to achieve what’s important to them’

Our Priorities

Recruitment and retention

Career pathways

Skills & values

Wellbeing, Equity & Diversity

Sector promotion

Parity of esteem



The Purpose

It is important that the Strategy's starting point is to define the purpose of the social care workforce (external or internal) – from the individual's perspective. Our vision encompasses this.

A person wishes to be able to live their version of a 'good life' regardless of their need for health or care support. They want to have a good relationship with whoever is supporting them built on mutual interests where possible and for this to span both health and social care. They want as few as possible professionals in their lives. They want support to fit in with them and not the other way around. They want to be seen as a human being, and not just a 'task'. Most importantly, they want support to focus on delivering what matters to them rather than solely focusing on their condition or situation.

For the workforce itself, achieving this purpose will give them a fulfilling and valued career, and a career that people want to be a part of.

What are the characteristics of a workforce that delivers this purpose?

- Provides joined-up solutions across health and social care around a place
- Is flexible, innovative and creative and has the skills to act in this way
- Is not driven by time and task
- Is recruited against key values and life experience and not just skills or care experience
- Has the freedom and is trusted to deliver what matters to the person
- Works in partnership across similar organisations
- Works hand in hand with the community
- Has varied career and progression opportunities
- Feels valued and invested in
- Is proud to be part of the care sector
- Represents all walks of life
- Has equity with equivalent NHS and Local Authority roles
- Is able to focus on prevention

Cared for person	Care Practitioner	Provider	Commissioner
I have a good relationship with carers and feel they take a genuine interest in me	I focus on what matters to the person I am supporting and use my time flexibly to do so	I work in partnership with the Local Authority, other providers and the community	I work in partnership with providers and trust them to deliver what's needed
My carer(s) knows what matters to me and focuses on how I can live my life	I am valued and wish to stay in the sector	I am empowered to use allocated funding as I see fit – alongside the cared for person and workforce	I reduce bureaucracy to free up provider time for increased one-to-one face-to-face support
My carer(s) has time to spend with me	I have good career opportunities across both health and social care	I recruit according to values and can attract a wide range of individuals	I provide adequate resources which supports parity of esteem
I can live my care flexibly depending on how I feel and what I want to do	I am invested in and have good opportunities for training and development	I am able to provide opportunities for staff with good training and development available	I attract a wide range of professionals who are focused on place and delivering the best outcomes for people
I receive high quality support which makes a difference to how I live about life	My terms and conditions are fair and contribute to me wishing to stay in the sector	I have the resource to deliver fair terms and conditions	I enable a system-wide approach to health and care by working in conjunction with health partners and developing joint aims and deliverables
My family are confident that I am happy, fulfilled and am achieving what matters most to me	I feel proud to work for the care sector	I feel that I am able to provide good quality care and deliver that care flexibly to achieve what matters to the cared for person	I am able to provide creative solutions and move away from 'time and task'

Where are we now?



Since starting to draft this Strategy, the world has experienced and continues to experience the direct and indirect impact of Covid-19.

For the Care Market and its workforce this has highlighted a number of issues, and some opportunities:

- The development of new ways of working – for example through technology
- The reliance on the care sector – both in terms of keeping people away from health settings, preventing and managing outbreaks and enabling quick discharge
- The strengthening of close partnership working between providers and local authorities
- The increased recognition that some merged and integrated roles are a possibility
- The disparity between health and social care workers and sectors

- The number of placement vacancies now arising in care homes – and what this might mean for the future function of residential care and also the demand for and cost of placements
- The increased public and national recognition of the role of the care sector and its workforce in keeping some of our most vulnerable citizens safe
- The expectations placed on care staff and care providers during the pandemic
- Possible opportunities for recruitment where people in other sectors have become unemployed
- Possibility of a reappraisal of the value of care roles in modern society – both in terms of recognition and pay
- The impact on and management of the health and wellbeing of the workforce – in particular people from Black, Asian and Minority Ethnic (BAME) backgrounds

This Strategy looks at the issues and opportunities to arise from Covid-19 and reflects what they mean to the workforce through the delivery of the Strategy's priorities and actions. This will be reviewed as more is known about the ongoing impact of the virus.

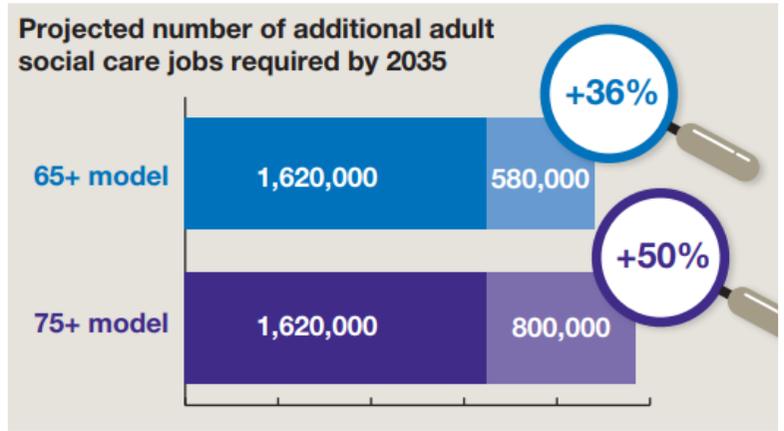
Additional Workforce Summary (Ref. Jobs for Care 2019)



1.62 million jobs
 in adult social care in England (2018)

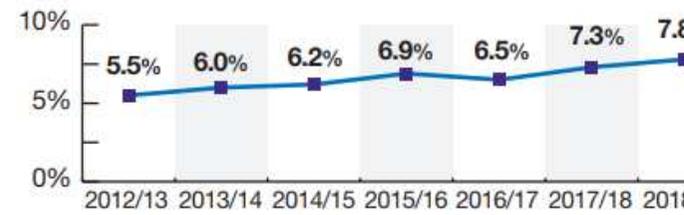
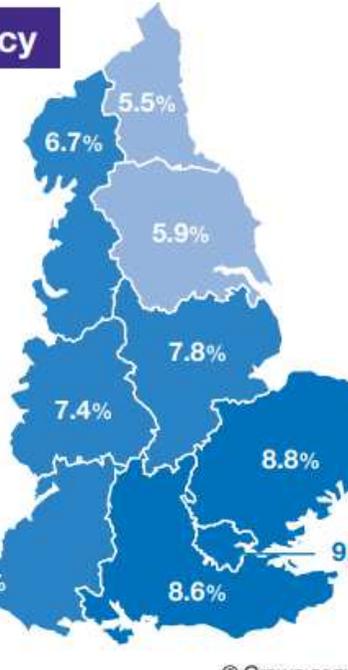
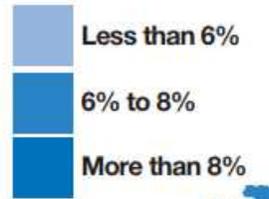
The workforce has increased by 22% since 2009. This rate has slowed in recent years.

- 48% of workers were employed full-time
- 440,000 (30.8%) leavers in the past 12 months
- 66% of leavers remain in the sector
- 122,000 (7.8%) vacancies at any given time
- 25% of workers were aged 55 or above
- 24% of workers were employed on zero-hour contracts



Workforce vacancy rate

Trends include the local authority and independent sector only. This information does not include jobs working for direct payment recipients.



Eastern Region Workforce Summary

(Ref. Skills for Care 2019)

Worker real median pay increased since September 2012



4% of workers are female



52% of workers were employed full-time



51,000 (35.8%) leavers in the past 12 months

68% of leavers remain in the sector

10,000 jobs held by EU (British) nationality

14,000 (8.8%) vacancies at any given time



25% of workers were aged 55 or above



26% of workers were employed on zero-hour contracts

177,000 jobs



in adult social care in the Eastern region (2018)

The workforce has increased by 12.6% since 2012. This rate has slowed in recent years.



Projected number of additional adult social care jobs required by 2035

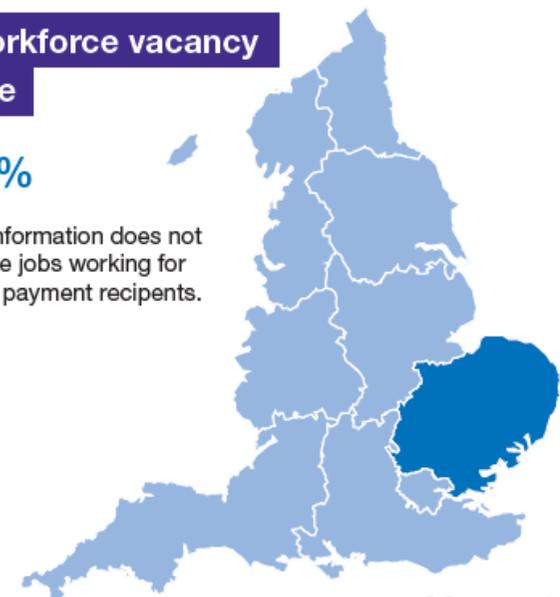


These models project the size of the workforce if it grows proportionally to the number of people aged 65 or 75 and over in the population.

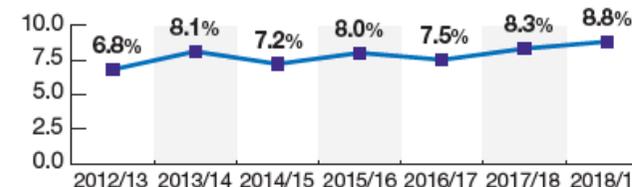
Workforce vacancy rate

8.8%

This information does not include jobs working for direct payment recipients.



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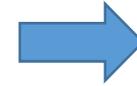


Eastern Region Care Market (ref. Skills for Care 2019)

1950

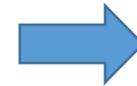
The number of organisations providing or organising care

58%



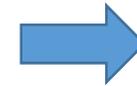
Non-Residential Care (inc. domiciliary care and day centres)

42%



Residential Care

87%



Fewer than 50 employees

2/3

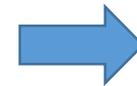


Regulated by Care Quality Commission

4100

Establishments providing or organising care

40%



Increase in non-residential care establishments

8%



Decrease in residential care establishments

81%

ASC Jobs are in the Private, Voluntary and Independent Sector

8%



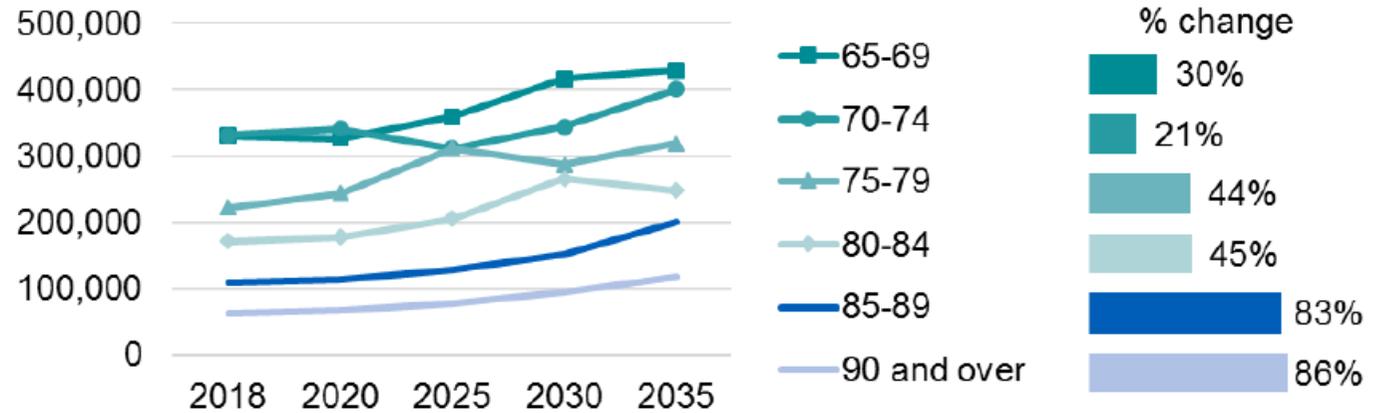
Of those are provided by a Direct Payment

Demographic Change

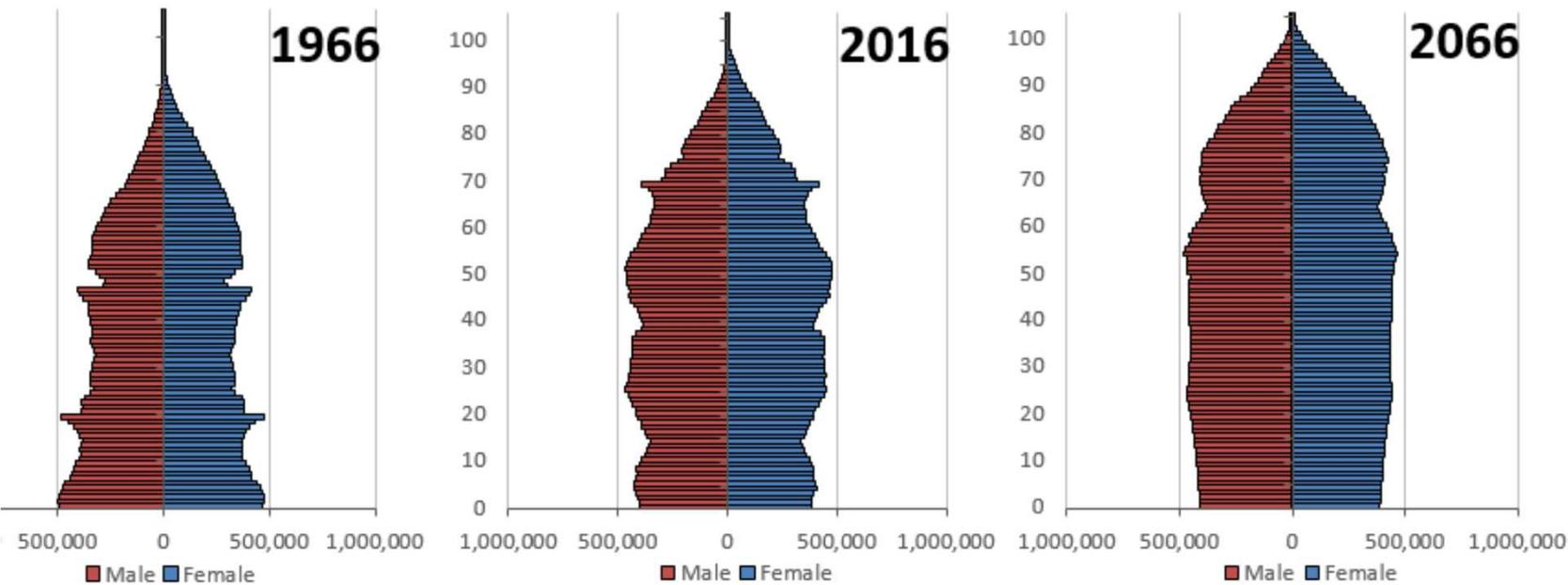
percentage change in the number of people living over the age of 65 – and particularly over age of 75 will place additional pressures on the sector and its workforce.

Chart 62. Estimated population aged 65 and above in the Eastern region, 2018 to 2035

Source: Projecting Older People Population Information



⁶² Projecting Older People Population Information, www.POPPI.org.uk
⁶³ Projecting Adult Needs and Service Information, www.PANSI.org.uk

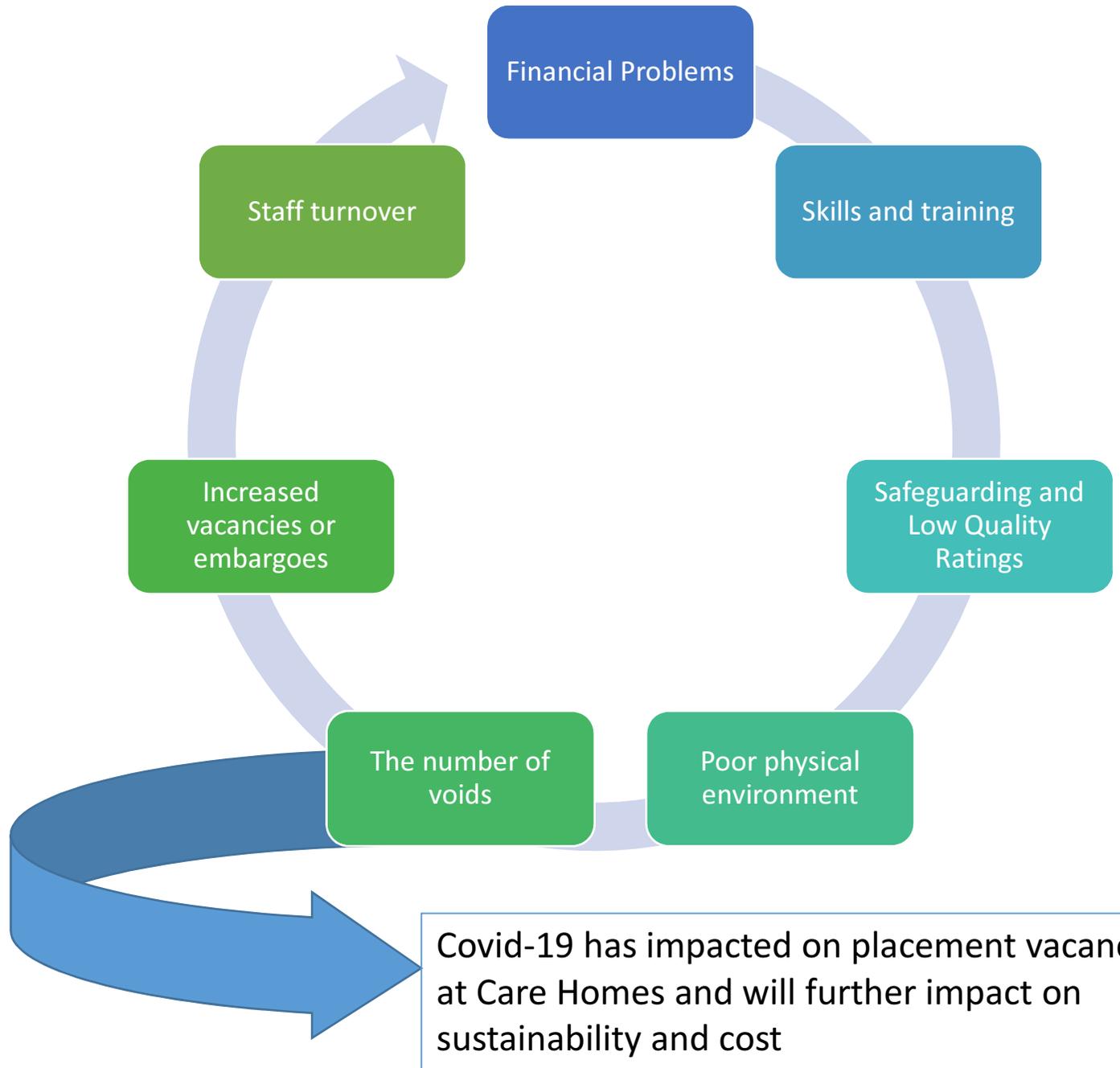


Key Drivers

National	Regional	Local
Emerging National Social Care 'People' Strategy (LGA, ADASS, SfC)	Similarity of challenges across the region	Risk of provider failure
Social Care Task Force	ICS geography and workforce strategies – regional People Board	Ability to achieve the best outcomes for people requiring support
Social Care Green Paper	Local Economic Partnership priorities	Economic downturn
NHS People Plan	Capacity within LAs to resolve challenges alone	Demographic change
Covid response	Demographic Change	EU Exit
EU Exit	Covid Response	New models of care
Demographic change		Health and Social Care integration

Provider Failure – key causes

Provider failure and closure has become more common. There are a number of reasons for this and many of them resulting in additional workforce challenges – for example staff retention.



What's preventing us from achieving our purpose?

Priority	Issue
Recruitment and retention	<ul style="list-style-type: none"> • Ageing workforce – 25% over 55 • 35.8% turnover rate – but majority of ‘new starters’ come from within the sector • Rate of pay minimum/national living wage and benefits – comparable to retail sector • Terms and conditions – split shifts, zero hours, mileage not always included etc. • Skills-focused rather than value-based • Divide between care and health roles • Not seen as a ‘career’ option – with little career progression • Reputation of the care sector • EU Exit – Points system for immigration does not cover care roles
Career Pathways	<ul style="list-style-type: none"> • Very little opportunity for progression either within the carer role or across health and social care • Reputation compared to NHS roles • Difficult for the Sector to get the funding to invest in training
Skills & values	<ul style="list-style-type: none"> • Focused on delivering a ‘time and task’ approach • Limited opportunity to upskill – including across health and social care • Little investment within the PVI sector – apart from the minimum requirements • Skills-focus out of kilter with a workforce able to deliver ‘what matters’ • Skills limited to care rather than spanning health and care

What's preventing us from achieving our purpose?

Priority	Issue
Market Shaping	<ul style="list-style-type: none"> • Commissioning and re-commissioning of traditional models of care delivery • Commissioning focus has driven down price • Commissioning approach often favours large national organisations with no room for small or local providers – and therefore lack of investment in local economy • Lack of partnership working with providers – traditional ‘commissioner’ and ‘provider’ relationship • Too few opportunities to encourage new and smaller providers, including Personal Assistants – e.g. through innovative ways of commissioning • Focus on time and task – with performance often against hours delivered rather than outcomes achieved • Direct Payments offer insufficient choice – often used to buy existing provision
Sector Promotion	<ul style="list-style-type: none"> • ‘Poor relation’ compared to NHS roles and carer roles within the Local Authority • Perception of the sector and roles within the sector is poor and undervalued • Too few opportunities for smaller, grass roots organisations which may be more attractive to the local workforce
Quality of Esteem	<ul style="list-style-type: none"> • Rates of pay between the Independent Sector and Local Authority • Rates of pay between NHS Health Care Assistant roles and Carer roles • Perception of the carer role when compared to similar roles within the NHS

National, Regional, Local...

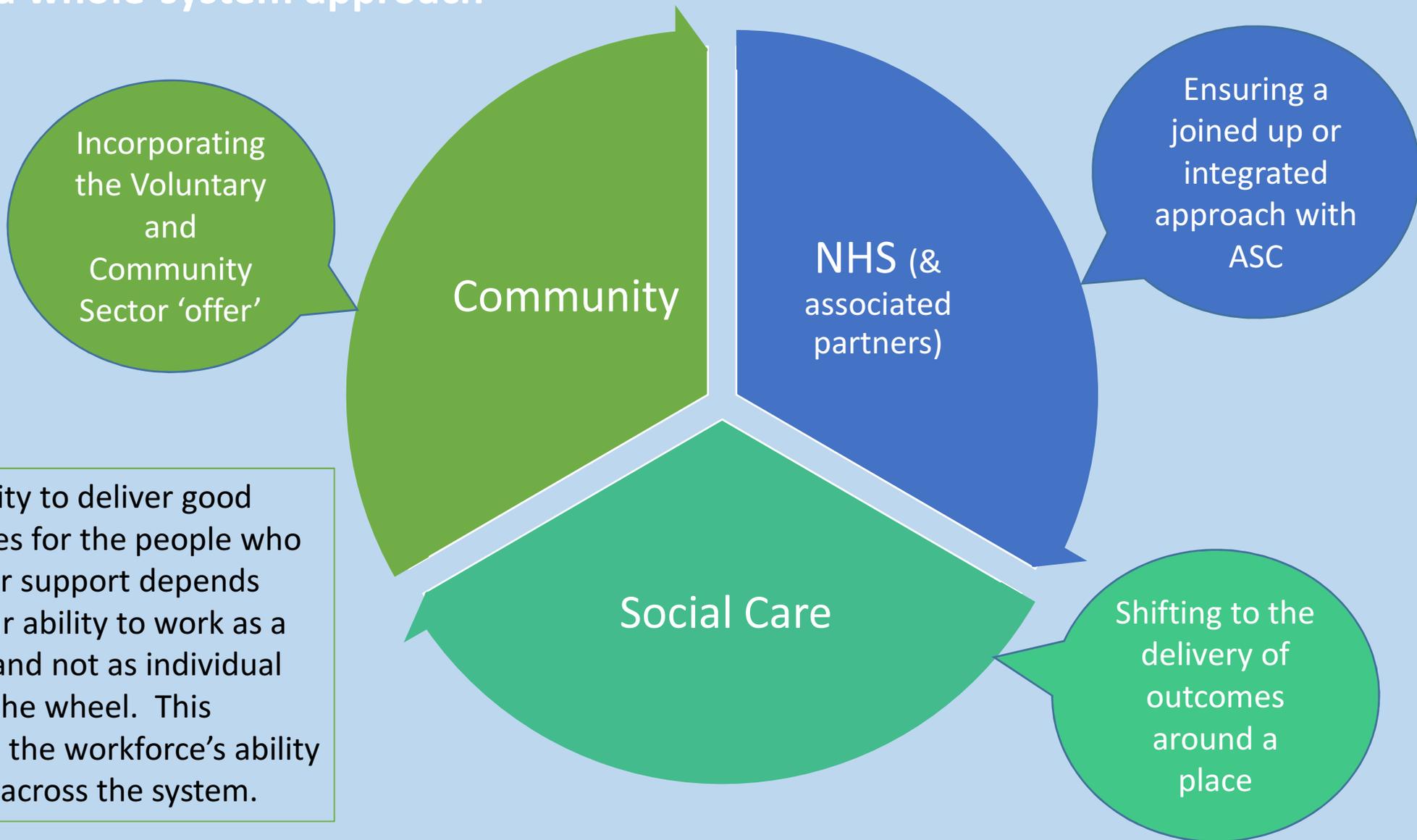
Delivering the Strategy

Our vision for the care market and its workforce cannot be delivered in isolation. We will work in partnership with or seek to influence those who play a part in our Strategy's delivery and success.

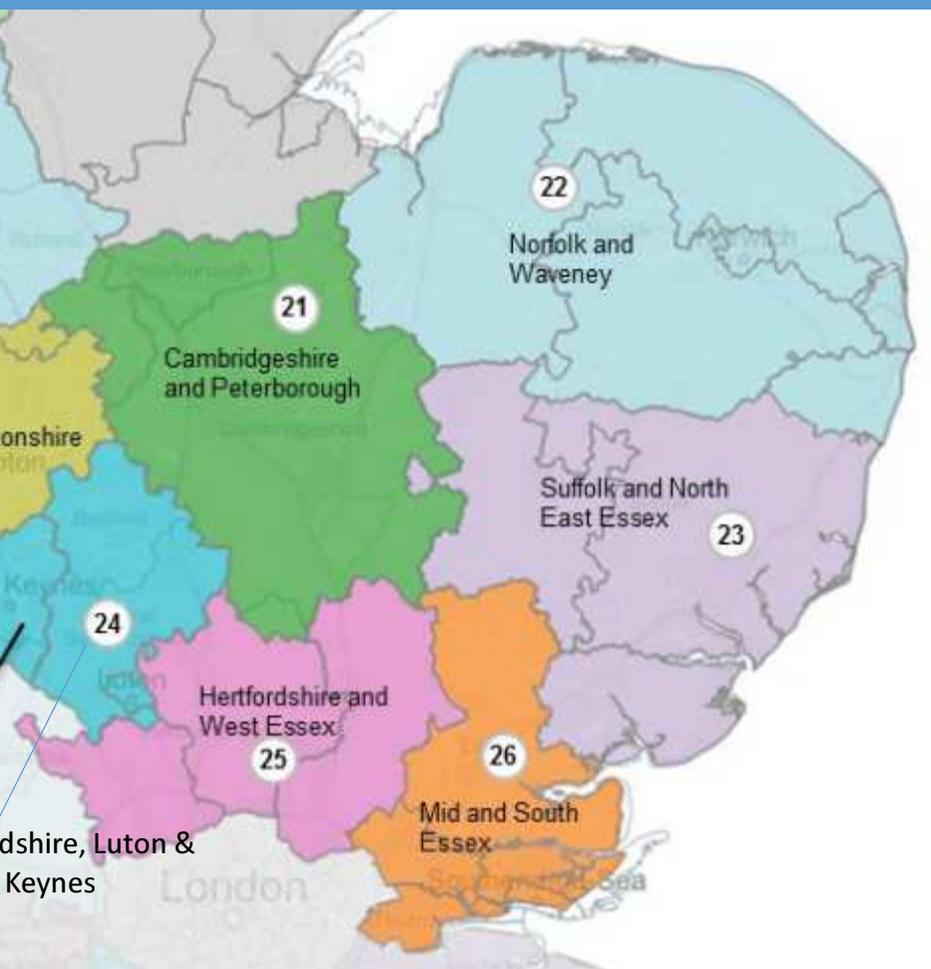
National	Regional	Local
<ul style="list-style-type: none">• Delivery of the Adult Social Care funding review (Green Paper)• Reducing inequity between NHS workforce and Care workforce• Grants and funding opportunities for skills and training opportunities – both within Adult Social Care and across health and social care (e.g. promotion of merged roles)• Removal of legislative or regulative barriers to furthering integrated roles• National ASC 'People' Plan in development	<ul style="list-style-type: none">• Establish vision and priorities• Lobbying and influence of Government and national and regional bodies (inc. NHS)• Representing the region's views on the future of the care workforce• Identifying and sharing best practice• Developing region-wide initiatives, approaches and research where it makes sense to do so	<ul style="list-style-type: none">• Translation of vision and priorities in to action – reflecting local and place-based requirements• Testing new ways of working – and sharing learning• Identifying barriers that a regional approach can help to unlock or raise on an authority's behalf• Identifying issues best taken forward at a regional level

Taking a whole-systems approach

Making a whole-system approach



Health and Social Care in the Eastern Region



There are six Integrated Care Systems spanning the East of England Region, and a number of Local Authorities have relationships with more than one of them – e.g. Essex relates to three. Six People Boards mirror the ICS geography.

There are similar challenges facing both the health and social care workforce – e.g. turnover of staff and vacancies.

If the ultimate vision is to establish a population-health approach to health and wellbeing based around place, the workforce too needs to be seen as system-wide and not organisation or sector-wide.

Integrated workforce strategies are being developed by ICSs. This Strategy will seek to influence these to ensure that they truly reflect a system-wide approach.

Priorities and High Level Activity

Recruitment and retention

Our Strategy will focus on the sector being able to attract, recruit and retain exceptional staff and ensuring that the sector is one that people desire to work in and in. Whilst turnover of staff is high, the majority of staff who do remain within the sector. We will develop an approach that recruits people once and enables them to not only move across the care sector, but across the entire health and care system.

High level activity

Recruitment campaigns – based on national ‘every day is a different day’ campaign

Integrated approach to recruitment of certain roles including ‘blended’ roles – for example across health and social care, and at a regional level where this makes sense

Develop a value-based approach to recruitment and to the roles required

Test and implement incentives – e.g. interest free loans, relocation packages, key worker housing etc.

Consider and test the development of a regional integrated health and care ‘brand’

Review and development of existing care roles – shifting away from ‘time and task’ approach towards ‘outcome-based’ and ensuring that roles are fit for the future system and deliver what people want them to deliver

Influence and test new models of care that move commissioning and provision to address a place and outcome-based approach – leading to the development of different roles

Programme of work for schools and colleges to encourage a broader cohort of people to apply for care roles – including joint with health

Career pathways

Our Strategy will focus on the establishment of career and development pathways for the sector – including those that span the health and social care system. Similar to plans for recruitment and retention, staff should be able to move across health and social care to access opportunities available. Staff should feel invested in through being able to access funding for training and development – regardless of who they are employed by.

High level activity

Development of ‘blended’ and flexible roles that span health and social care

Work with NHS colleagues to test the development of secondment or placement programme across health and social care

Developing career pathways that attract a younger cohort in to the care sector – e.g. through regional health and care apprenticeships, university placements that include social care

Test the development of ‘academies’ – ideally across health and social care

Develop succession planning tool – including spanning health and social care and including a ‘grow your own’ initiative

Identification and delivery of qualifications required by the sector – including for specialisms and including education passport

Identify funding opportunities that could sit within a regional or integrated fund

Identify the added value of developing health and care pathways

Skills & values

Our Strategy will aim to ensure that we have a workforce that is fit for the future – not just a workforce that has the skills to deliver care, but the core values required to build relationships and to deliver what matters to the person being supported. The skills that someone in the sector should be available to the whole sector and not just their employer – for example specialisms that enable people to provide an enhanced level of care should be available to the ‘place’ and not the provider.

- ### High level activity
- Identify a development programme based on the skills and values required by the sector – co-designed by people who are supported by the care sector and including those skills and values common to health and social care (common framework)
 - Explore developing an integrated development programme across health and social care – development of ‘one’ approach (workforce academy)
 - Develop an ‘enhanced’ skills programme – e.g. to enable the care sector to keep people at home and to reduce the requirement for health intervention (e.g. enhanced health in care homes approach but replicated across domiciliary care)
 - Open up the approach to PAs, volunteers and the Voluntary and Community Sector to broaden the reach of health and care support to beyond the sector and to firms embed within the community
 - Ensure a strength-based approach is at the centre of all training and development
 - Develop an offer that enables staff to deliver a wide range of technological solutions (beyond assistive technology)
 - Clarify and confirm the skills and values required by the future workforce

Wellbeing, equity and diversity

The Covid-19 experience has brought a number of issues concerning the health and care workforce to the fore. This includes the additional stress of working in an extremely challenging environment. Ensuring and supporting the emotional wellbeing of staff remains a priority for this strategy. Equally important is ensuring that staff feel valued alongside similar sectors for the valuable work that they do, and that as a result a broad cohort of people consider a career in the health sector.

High level activity

Identify the elements required to support and ensure staff wellbeing and audit the extent to which these are in place and/or require development

Focus on learning points from Covid in particular for people with a BAME background

Use lobbying opportunities to raise the issue of disparity between roles and sectors

Identify invest to save opportunities e.g. through the development of merged roles and the reduction of turnover, vacancy and recruitment costs

Development of roles and recruitment to roles that attracts a broader cohort of applicants – e.g. value based recruitment, shift to new roles and new ways of working, etc.

Integrated approach to develop and recruit certain roles alongside NHS, across places rather than by provider, and the possibility of across LAs

Development of commissioning to attract a wider range of providers, establish different ways of working, to build partnerships, and to encourage innovation and creativity

Sector Promotion

Our Strategy aims to ensure that the Care Sector is seen as an employer of choice and an employer that people have pride in working for. We will work alongside the NHS to ensure that working within the Care Sector is seen as equal to working for the NHS. We will work with schools and colleges to ensure that young people see a career in the Care Sector as a good choice from an early age and a choice they aspire to.

High level activity

Recruitment campaigns that highlight the new career pathways and development opportunities available across and within health and social care

Consider the value of regional branding – across health and social care sector

Terms and conditions that promote parity of esteem for the care sector

Engagement strategy including providers and staff

Linking with schools, colleges and universities to promote the sector and roles available within it

Look to identify and target other industries that may have staff with the values and transferable skills required

Parity of esteem

Currently, those working for private, Voluntary and independent providers or as Personal Assistants attract the best rates of pay and terms and conditions across the sector. This is typically the regional living wage. For the care sector to become an 'employer of choice', we have to address the parity of esteem challenge. This includes addressing parity of esteem concerning the reputation of the care sector versus the reputation of the NHS.

High level activity

- Identify and define the terms and conditions that would enable roles within the care sector to enjoy parity of esteem with 'in-house' roles and with similar NHS roles
- Promotion of the sector and an integrated approach to promoting health and social care – including clear career paths across the two
- Carry out work to establish the economic value of the care sector to the local, regional and national economy
- Identify ways of improving parity of esteem across the sector regionally – e.g. reduction in turnover and recruitment will provide additional efficiencies which could be used to invest in carer terms and conditions
- Identify the impact of carers undertaking tasks and functions currently carried out by health colleagues and the savings that could then lead to additional investment within the sector
- Identification of best practice – e.g. via new models of care and commissioning
- Identify the cost of providing equity and how this could be achieved – e.g. alongside similar NHS roles

Best Practice

BEST PRACTICE

There are a number of examples of best practice across and beyond the region. These will be explored and influence how the priorities within this Strategy are achieved. A number of the examples will act a 'test and learn' pilots on behalf of the region.

Suffolk & Norfolk

- European Social Funding – overall programme is £7.5M programme designed to retain carers and focusing on an upskilling programme

Thurrock

- New models of care designed to develop the care market – including Micro Enterprises and self-managed care teams

Hertfordshire

- Partnership working with providers through the establishment of Hertfordshire Care Partnership Association, with a Care Academy set up to improve skills

Luton

- The establishment of a careers pathway across social care

Cambridgeshire and Peterborough

- A System Leadership Programme that spans health and social care

Essex

- Establishment of Care Provider Information Hub

Central Bedfordshire

- The Bath Spa University Healthier Outcomes at Work (H.O.W) App and wellbeing toolkit were developed with input from practitioners and went live in October 2019. and keyworkers with care and support services, including external care homes and housing services.

Bedfordshire

- 'Building Champions' programme – aimed at care homes to prevent hospital admissions

Next Steps and Implementation

Next Steps and Timescales

Western Region Market Shaping and Commissioning Group	Eastern Regional Workforce Development	Eastern Region Local Authorities
<p>Approve the Strategy (October/November 2020)</p> <p>Develop Regional Market Development Strategy October – November</p> <p>Governance and report via Market Shaping Group from January 2021</p>	<ul style="list-style-type: none"> • Development of action plans – including short and long term actions (October – December 2020) • Identification of groups to take forward or lead on key themes or issues (October 2020) 	<ul style="list-style-type: none"> • Take the Regional Strategy through internal Governance by September 2020 • Link the Regional Strategy to local Workforce Plans and to ICS Integrated Health and Care Workforce Plans (September 2020) • Identify best practice to inform the regional strategy (on-going activities) • Take through ICS People Boards • Endorsement from HWBBs as appropriate

Glossary of terms

Term	Meaning
ASS	Association of Directors of Adult Social Care
Adult Social Care Green Paper	An anticipated paper from government setting out proposals on how Adult Social Care is funded in the future
Care Market	Made up of organisations and individuals who are contracted by the Council to provide care and support for people who qualify for Council-provided Adult Social Care. Also referred to as Care Sector
Care Practitioners	A person employed to carry out care and support (also referred to as 'carer')
Commissioner/Commissioning	A person employed by the Council to identify and develop Adult Social Care provision required and to then commission organisations or individuals to deliver that provision.
CQC	Care Quality Commission – Adult Social Care regulator
Direct Payment	Resource provided directly to an individual for them to use to meet their agreed outcomes – e.g. some people may directly employ a care practitioner
Extra Care Housing	Independent living but including the provision of care

Glossary of terms

Term	Meaning
In-house	Care that is provided directly by the Council rather than provided via an externally commissioned organisation or individual
Integrated Care System	NHS Commissioners and Providers coming together to commission and provide healthcare across a certain geographical area
Market Shaping	A commissioning function that looks to ensure that the 'care market' is able to provide what is required and how it is required by people needing care and support
Non-Residential	Care that is not provided within a residential care setting – e.g. domiciliary care and day care
Outcome-based	Delivering care and support and commissioning care and support against the outcomes required by individuals and communities
People Plan	An NHS document outlining plans for developing and sustaining existing and future workforce
Personal Assistant	Someone employed directly by the individual to provide care and support for them

Glossary of terms

Term	Meaning
Personalisation Agenda	Services and solutions that are tailored to the individual and aim to deliver what matters to them
Provider	An organisation or individual commissioned to carry out care and support on behalf of the local authority
Residential Care	Care provided within a care home environment
Non-Residential Care	Care that is not provided within a residential care setting – e.g. domiciliary care and day care
Skills for Care	Skills for Care is an independent registered charity working with adult social care employers in England to set the standards and qualifications for social care workers.
Strengths-based	An approach that focuses on what people and communities can do rather than the starting point being what they cannot do and what their needs are
System-wide	The range of organisations and individuals required to deliver health and social care and prevent, reduce and delay the need for health and care support

Glossary of terms

Term	Meaning
Time and Task	Care provided according to time and frequency with set tasks being carried out during the allocated time and on the allocated occasions. The majority of care has traditionally been commissioned and provided on a 'time and task' basis.
Value-Based Recruitment	Recruiting people according to the values they possess and that are required for the role as opposed to just their skills and experience