

# **Bridging the Gap**

## **A strategy for the independent and voluntary sector, adult social care workforce in Lincolnshire**

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## **Bridging the Gap – a strategy for the independent and voluntary sector, adult social care workforce in Lincolnshire**

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## ***Where we are now:***

### ***The National Picture***

The Care Quality Commission State of Care Report states that workforce challenges and increasing demand especially related to COVID-19. They have identified four key areas which will see their focus in relation to COVID-19 and its impact for a developed workforce:

- **People at the centre:** How did providers collaborate to ensure that people moving through health and care services were seen safely in the right place, at the right time, by the right person?
- **System leadership:** Was there a shared plan, values and system-wide governance and leadership during the first months of the pandemic in England?
- **Workforce capacity and capability:** Was there a strategy for ensuring sufficient health and care skills across the health and care interface?
- **Digital solutions and technology:** What impact have digital solutions and technology had on providers and services?

(Care Quality Commission, 2020).

Skills for Care's most recent workforce report (Skills for Care, 2020) which covers 2019-2020, shows that the number of jobs in the sector have risen by 22% since 2009, and by 1.2% between 2017 and 2018.

### ***Lincolnshire's Care Workforce***

In 2019 there were approximately 21,000 employees in the delivery of social care and support to adults in Lincolnshire<sup>1</sup>, including 1,100 employed by direct payment recipients

The estimated workforce in Lincolnshire look like:

8700 in Domiciliary Care  
11500 in Residential  
1100 in Community Support  
225 in Day Centres

With a reported vacancy rate of 5.7% and an estimated 1100 vacancies. This vacancy rate does not include any element of unmet need within the domiciliary care sector.

Turnover within the sector in Lincolnshire is estimated at 33.1% and increase of just over 5% in the past 12 months (27%, 2018-19), representing a significant cost as well as disruption to service users from lack of continuity.

These pressures can lead to staff being asked to do more and more hours, leading to “burnout” and reduced levels of concentration. There may also be a temptation to recruit those who do not quite meet the desired standards, particularly for registered professionals.

27% of the workforce is over the age of 55 (26% managers), and therefore may be expected to retire in the next 5 years. With only 11% below the age of 24 it is unlikely that these roles will be filled without any intervention.

The increase in the ageing population is expected to lead to an increased demand for social care. Together with rising complexity of the care required, suggests that there will be an increasing need for a workforce, which has higher levels of skills, whilst retaining the key values of social care.

Within the overall challenge, the reduction in the number of registered nurses is a major concern. Vacancy rates are at 5.8% (estimated 25 jobs) for Registered Nurses<sup>1</sup> Turnover is also high for this job role, with 1 in 3 leaving their role nationally within the last 12 months.

The impact of the COVID-19 pandemic on the workforce should not be underestimated. Care staff have shown outstanding levels of commitment and resilience. As the urgent needs reduce, it is possible that a significant proportion will reflect back and choose to leave the sector. It is important that we include consideration of this in any action plan.

### ***The size of the gap***

Skills for Care have estimated that, in addition to the need to fill current vacancies, there will be an increase of between 36% and 50% in the workforce by 2035. The adult social care vacancy rate has risen by 2.8 percentage points between 2012/13 and 2019/20.

Assuming that demand grows by 1.5% per annum; staff continue to retire at 60 and 66% of leavers remain within the sector, we will need to recruit an additional 10,000 individuals by 2021. Any improvement in retention would reduce the size of this challenge.

In addition to increasing the numbers in the workforce, it is also essential that skills are increased, particularly in the domiciliary workforce, to enable the sector to meet the increasing needs and expectations of service users.

Another influencing factor in the increasing vacancy rates in adult social care, particularly in the care worker vacancy rate, may have been rates of pay. The median hourly rate for a care worker in adult social care was £8.50 in 2019/20. This was an increase of £1.57 since 2012/13, when median pay was £6.93 per hour. However, although care worker pay has increased in adult social care, it's still amongst the lowest of the economy in general.

This level of change will need us to work with employers across the sector and partners in local government, NHS and the wider economy. Together, we will aim to increase the

number of people seeking to join social care workforce and reduce turnover to produce a workforce in Lincolnshire which meets the needs of our citizens.

### ***The Case for Change***

If we continue to accept the perception of social care as a low-skilled role, with high levels of staff turnover and no career structure, it will be impossible to develop the workforce that we need to deliver the high quality care that the people of Lincolnshire deserve.

As part of the NHS Long-term plan, strategies have been developed nationally and regionally to transform the workforce in order to meet the challenges of the next decade. To avoid the adult social care workforce being left behind, we need to have a robust plan which aligns to the NHS plans, but recognises the unique opportunities that the structure of the sector provides, as well as the challenges of competing with the NHS for scarce resources (e.g. Registered Nurses).

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<sup>i</sup> A summary of the adult social care sector and workforce in Lincolnshire 2019/20

<sup>ii</sup> Skills for Care Workforce Intelligence data – website enquiry October 2020.

## ***Where do we want to be?***

In order to have a workforce which is fit for purpose for the third decade of the 21<sup>st</sup> century we will build:

- Career opportunities which attract the best of Lincolnshire at all stages of their working life
- Workforce selection and development processes and aims which have been developed in partnership with service users and their carers.
- A workforce that has the skills and confidence to respond to the changing needs of our service users, and to work across traditional boundaries
- Terms and conditions which recognise the importance of flexibility and support for health and wellbeing as well as financial benefits.
- Leaders who can encourage and challenge the workforce, and also become evolutionary or disruptive innovators
- An open system of continuous improvement which promotes innovation from all parts of the sector

Alongside this change in our workforce, we will work with employers of all sizes across the sector, and build on existing relationships to improve the perception of the adult care sector as a place to work.

The importance of the adult care sector to the economy of Lincolnshire is not currently widely understood. To ensure that the level of investment needed to achieve the aims set out in this strategy is available, increased levels of engagement with the Local Enterprise Partnership (LEP) and elected representatives (locally and nationally).

## ***Building the workforce capacity***

Increasing capacity in our workforce needs a combination of improved retention and more effective recruitment.

If we continue to recruit in the same way, from the same sectors of society, we are unlikely to be able to add sufficient numbers of people with the right values and aptitudes.

Traditionally, recruitment within the care sector focusses on seeking to attract members of the existing workforce. To meet the current challenges, this focus needs to change towards increasing the number of people who are attracted to the sector.

*We need to ensure that the number and size of the fish in the pond is growing rather than developing better fishing rods.*

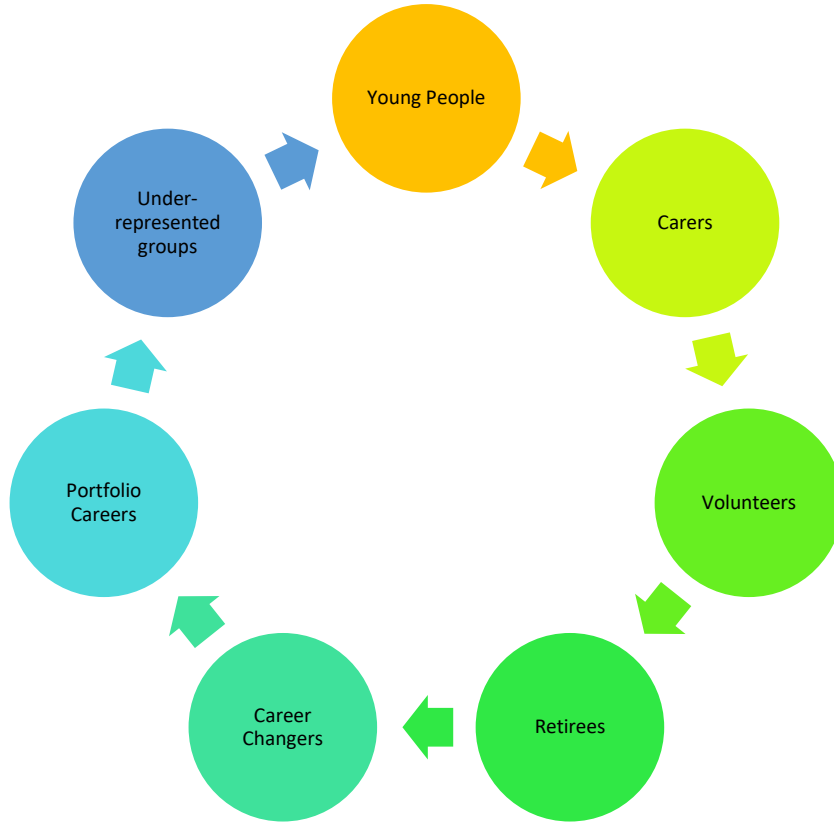
We will work together to ensure that social care is seen as an attractive role to undertake, with excellent opportunities to develop.

The majority of organisations providing care in Lincolnshire are small and medium sized independent organisations, who are unlikely to achieve these aims working in isolation. Larger organisations who embrace Lincolnshire's values may also find a collaborative approach useful. Through the work led by Lincolnshire Care Association (LinCA), a successful collaborative approach to workforce development has been in place for over a decade. This work is being extended to include recruitment and retention initiatives as set out below.

We also need to find a way to reduce the number of people who leave the care sector – turnover is currently 27% per annum across the sector as a whole, and more than 50% in home care. This represents a significant cost in failed recruitment<sup>ii</sup> and also reduces the continuity of care to individuals.

Improved retention is primarily the responsibility of individual employers. Skills development and support will be provided to the sector to enable leaders and managers to understand the importance of retention, and how to measure and reduce staff turnover. A number of innovative ways to retain staff within the social care workforce as a whole will be explored, including career development opportunities involving more than one organisation.

***Building a new workforce – new sources of staff***

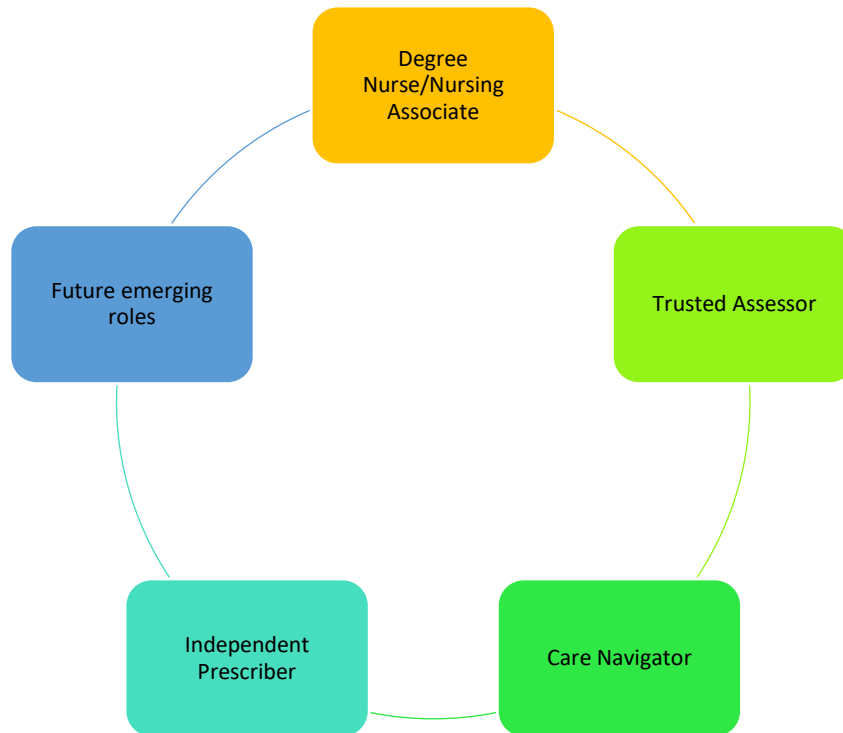


*Looking beyond the traditional 34-54yr old female.*

*Ways to reach out to these groups and potential targets are set out in the Action Plan*



## ***Building a new workforce – new and emerging roles***



*As well as supporting staff in traditional roles, we need to be responsive and flexible to embrace new and emerging roles within the adult social care workforce.*

*Currently Lincolnshire has eight qualified Nursing Associates working in Nursing Homes, with a further three in training and another two being interviewed by the University of Lincoln to start their course in January 2021. Two of these Nursing Associates have been successful and will start their Degree Nursing Apprenticeship in late January 2021, an 18 month's qualification which will lead, if successful, to them being able to enter the Nurse register as a Registered Nurse. This pathway will be a first in Lincolnshire and across the Midlands, which allows a Care Worker to progress to become Nursing Associate and then finally ascend to become a Registered Nurse and all whilst employed by their Care Provider.*

**Better attraction and recruitment**

Care providers spend significant amounts of scarce resources (time and money) on recruitment via agencies, job boards and print media.

A blended approach will be needed to increase the number of applicants in an efficient, cost-effective way.

To address a number of these aims, LinCA has invested in an attraction and recruitment micro-site,



Other ways in which we will make social care in Lincolnshire more attractive are set out in the Action Plan

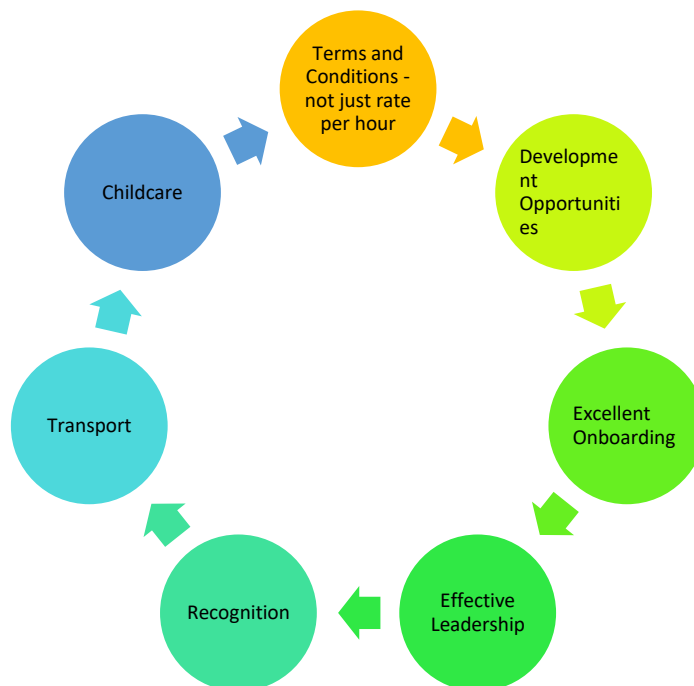


## Improving Retention

Retaining a committed, motivated workforce is arguably a greater challenge than attracting and recruiting more staff. Improving our retention rates by just 10% would reduce the cost of recruitment and on-boarding by approx. £250,000 per annum. If we could reduce turnover to the best practice level of 10-15% the effect would be transformational.

There is a huge variation in the turnover rates between job roles and sectors, with home care staff and Registered Managers having the highest rates, closely followed by Registered Nurses.

Retention and motivation are closely linked to opportunities for development, and for the purpose of clarity, workforce development is included as a sub-set of retention. Due to the importance of having the right skills to address the growing complexities of care, it also has its own section.



*The annual LinCA care awards, provide the sector with an inexpensive way to recognise and reward staff, including those employed by recipients of direct payments. This is possible due to joint working between LCC, district councils, NHS and ASC colleagues and the care sector.*

*A number of the other issues raised by staff and employers may need to be addressed as an economy. Potential next steps are set out in the Action Plan.*

## **Building Knowledge and Skills**

As we move into the third decade of the 21<sup>st</sup> century, the sector is facing increasing complexity and higher expectations. To address these challenges, the workforce will need to have access to high quality training and development programmes in a variety of formats.

Alongside the support for those who are part of, or aspiring to join, a regulated profession, we should offer recognised development pathways for the whole workforce. Many of these programmes are more cost-effective when delivered collaboratively. This also provides quality assurance of the training offered which is of particular importance to small and medium sized providers and individual employers.

Although co-production with service users and their carers should underpin all aspects of the workforce strategy, it will be very important to engage the support of our service users and carers to inform the curriculum, and, if possible, to be part of the delivery.



*LinCA Workforce Development, working in conjunction with HEE, NHSE&I, CCGs, Education Providers, Skills for Care and other stakeholders, has an established programme of training and development*



*Key targets for these workstreams are set out in Appendix 2*

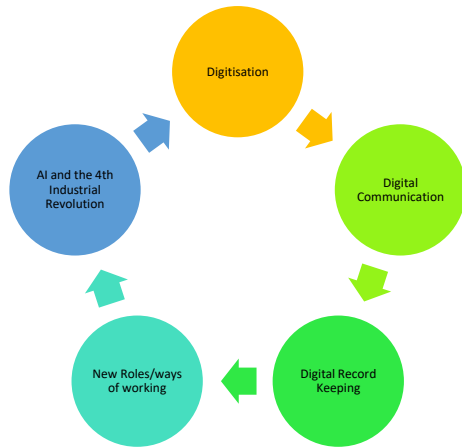
## **Increasing Productivity**

However successful we are in expanding the workforce, we should not ignore the need to ensure that the productivity of each member of staff is optimised.

Time spent copying information from one system to another or waiting around on the phone for the right person to speak to is time wasted, that could be devoted to interaction with service users and their families.

There are many new initiatives happening which may provide support in this area, one of the biggest challenges will be to decide which ones offer the most benefits and how they all interact with each other.

Productivity can be grouped into a number of headings and may include the social care workforce being able to contribute to the productivity of other parts of the health and care system.



*Productivity must not be at the expense of person-centred care and should be seen as a way of enhancing the work of skilled practitioners, not replacing them.*

*This is an aspect of our workforce strategy which may need us to embrace partners from organisations that we would not normally approach (e.g. technology providers)*

*First steps in this work are included in the Action Plan.*

## **Building Leadership**

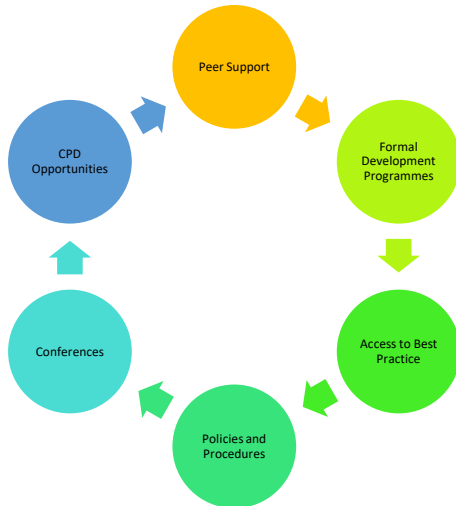
CQC inspections indicate that good leadership is a key factor in the delivery of good quality care. Services without an effective registered manager are very unlikely to be rated good or outstanding.

The registered manager's role requires them to be able to; motivate their workforce, ensure that their service users receive care which is in line with a good quality, person-centred care and support plan, meet the requirements of a plethora of regulators, as well as staying up to date with best practice, as well as ensure the safety and wellbeing of significant numbers of vulnerable adults. This is a role in which individuals often feel unsupported, underprepared and unrecognised. It is not surprising that it is becoming increasingly difficult to recruit new registered managers, indeed it is surprising that there are so many of them leading excellent services.

Recognition of the importance of the registered manager's role is long overdue. Their personal details are held by CQC, identified by an individual number and their inclusion on this register is subject to an interview to confirm their fitness to hold the role. Despite this, and the responsibilities set out above, they are not seen as "Registered Professionals" by the health and care system. Music Therapists, on the other hand, are included in the definition of Allied Health Professionals (AHP).

One of the longer-term solutions to many of the workforce challenges set out above would be to support the development of a pathway, which could lead to the addition of Registered Social Care Manager to the AHP framework. As well as increasing the recognition of the role, this would also enable them to support pre-registration students on placements, providing the practitioners of tomorrow with valuable insight into adult social care.

In the more immediate future, support for leaders and managers in the sector can be provided in a variety of ways.



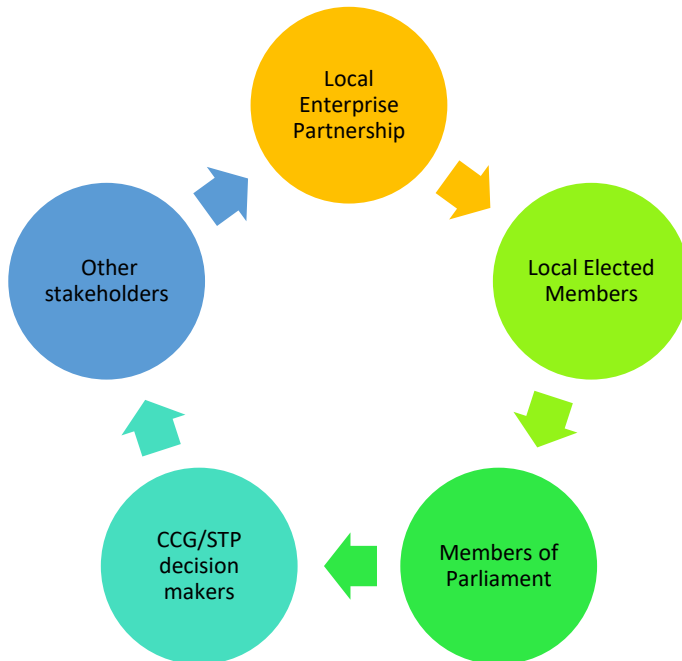
*Leadership and management development are not available in house except for the largest organisations.*

*Adult social care providers in Lincolnshire are fortunate to have access to the Mary Seacole programme alongside colleagues from statutory organisations.*

*Other support and development offers, together with their aims are set out in the Action Plan.*

### **Reaching out to the wider economy in Lincolnshire**

Adult social care employs over 19,500 people, from entry level to well-paid, highly skilled roles, contributing a GVA of £510 million. As such, the sector plays an important part in the Lincolnshire economy. We also provide attractive, fulfilling career opportunities for our young people to enable them to choose to stay in Lincolnshire.



Traditionally the sector is a well-kept secret, but to enable us to realise the ambitions of this strategy it is essential that we communicate our potential and the support that we need to key stakeholders including:

*This area of activity is not traditionally included within a workforce strategy, detailed proposals are included in the Action Plan*

## ***Working together to build the future***

To deliver these ambitious targets, we will need to work closely together as a sector, building on existing collaborations, and learning from each other's successes and failures. Recruitment and retention initiatives are often seen as key aspects of an organisation's strategic plan, and may be part of brand differentiation. However, this does mean that we can achieve better results working together, particularly when we are considering innovative ways of working, or communication and marketing about the attractiveness of the social care sector.

Collaboration with other stakeholders, both local and national is also essential to the delivery of a workforce which has the right number, of the right people with the right skills and values eliver excellent care to the citizens of Lincolnshire.

## **Bibliography**

- Care Quality Commission. (2020). *The state of health care and adult social care in England 2019/20*. London: HMSO.
- Skills for Care. (2020 which covers 2019-2020) *The state of the adult social care sector and workforce in England* . Leeds: Skills for care.

