



# The Social Care Workforce Task (& Cost) Shifting

## *- Developing a CareForce*

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## Facing the Facts

## Shaping the Future - Care (Social)

- Context and numbers (un)familiar
- Opportunity that exists – Capacity and Cost Shift
- Funding Ability
- Provocation
- System

(what is the system being referred to or thought of?)

# Facing the Facts

## Competition / Scarce Resource

**“This isn’t about competing between social care organisations.  
It’s not even about competing between health and care.  
It’s about competing for talent and in our case, talent and  
compassion. There are many industries and sectors, and many  
employers within those industries that are seeking the same  
people. We need to ‘compete’ for what we want, we absolutely  
need to ‘compete’ for what we need.”**

# Facing the Facts

## Shaping the Future - Care (Social)

Personnel	Organisation
2.3m	Walmart (Global)
1.6 m	Chinese (People's Liberation) Army
1.58m	Chinese National Petroleum
1.4m	Indian Armed Forces
1.3m	NHS Workforce

# Facing the Facts

## Shaping the Future - Care (Social)

Personnel	Organisation
2.3m	Walmart (Global)
1.6 m	Chinese (People's Liberation) Army
1.58m	Chinese National Petroleum
<b>1.45m</b>	<b>Adult Social Care Workforce (Excluding Unpaid Care)</b>
1.4m	Indian Armed Forces
1.3m	NHS Workforce

# Facing the Facts

## Care of the People, by the People, for the People (Abraham Lincoln'ish)

Can we accept...

- A Robotic touch is not as caring as Human touch
- Assistive Technology is Assistive
- Compassionate Computers are a long way off
- Care is a done by People with People

Community Care and Care Closer to Home

**The 6C's of Care have no boundaries**

The information for this infographic is taken from Skills for Care's 'State of the adult social care sector and workforce in South West 2017' report and uses workforce estimates based on data from the National Minimum Data Set for Social Care (NMDS-SC).

**Adult social care jobs in South West: 170,000**



**Projected number of additional adult social care jobs required by 2030**



**Current rate** assumes the workforce will continue to grow at the same rate as it has between 2012 and 2016. **65+ model** assumes the workforce will grow proportionally to the number of people aged 65 and over in the population. **75+ model** assumes the workforce will grow proportionally to the number of people aged 75 and over in the population.



There are around **2,300** organisations and **4,600** locations delivering or offering adult social care.



The workforce has increased by **4.3%** since 2012. This rate of growth has slowed in recent years.

**Selected job roles**



**88,000** care worker jobs



**11,000** senior care worker jobs



**13,000** jobs for direct payment recipients



**5,100** registered nurse jobs



**14,000** managerial roles



**1,700** social worker jobs

## Summary of key workforce information

The data below is based on **150,000 jobs** in the local authority and independent sectors as at 2016/17. Jobs for people using direct payments to employ their own care and support staff, and those working in the NHS are not included.

Male **18%**  
Female **82%**



Nationality of our workers

**86%** British  
**9%** EU  
**6%** non-EU



- **45,000 (32%)** left their role in the past 12 months
- Vacancy rate **6.9%**, 9,500 at any one time



**17%**  
of the workforce are on zero-hours contract jobs

Since the introduction of the mandatory National Living Wage on April 1 2016, care workers' pay in the independent sector has increased at a higher rate than previous years.



For more information refer to the full report which can be downloaded at [www.skillsforcare.org.uk/regionalreports](http://www.skillsforcare.org.uk/regionalreports).



# Facing the Facts

# Shaping the Future - Care (Social)

## **“Prevention must be the first priority”**

Professor Ian Cumming OBE

*A draft health and care workforce strategy for England to 2027*

# DToC – Prevention – Darzi

Would it be of interest if...?		
There were hours of early intervention, prevention and onsite capacity available at no or marginal costs each year	249 million	hours
It was possible to connect with and speak in an informed way about self care to	673,000	People / year
The was a spend on care profiles and esteem of care equivalent to: Army Navy RAF Total	£6m £14.5m <u>£8m</u> £28.5 m	2014
Capacity in nursing activity and allied professions was increased		
The length of time to bring capacity to market was reduced by	5 years to 5 months	

# Adult Social Care Workforce – England 2016

## Data from NMDS – SC March 2016

New Starter	12 month period	35%	434,000
Turnover	Directly employed staff in adult social care	27.3%	339,000 leavers per year
Core of workers	On average of experience of	8 years	
	Proportion of workforce working in sector for at least 3 years	70%	
Workforce		1.45 million	

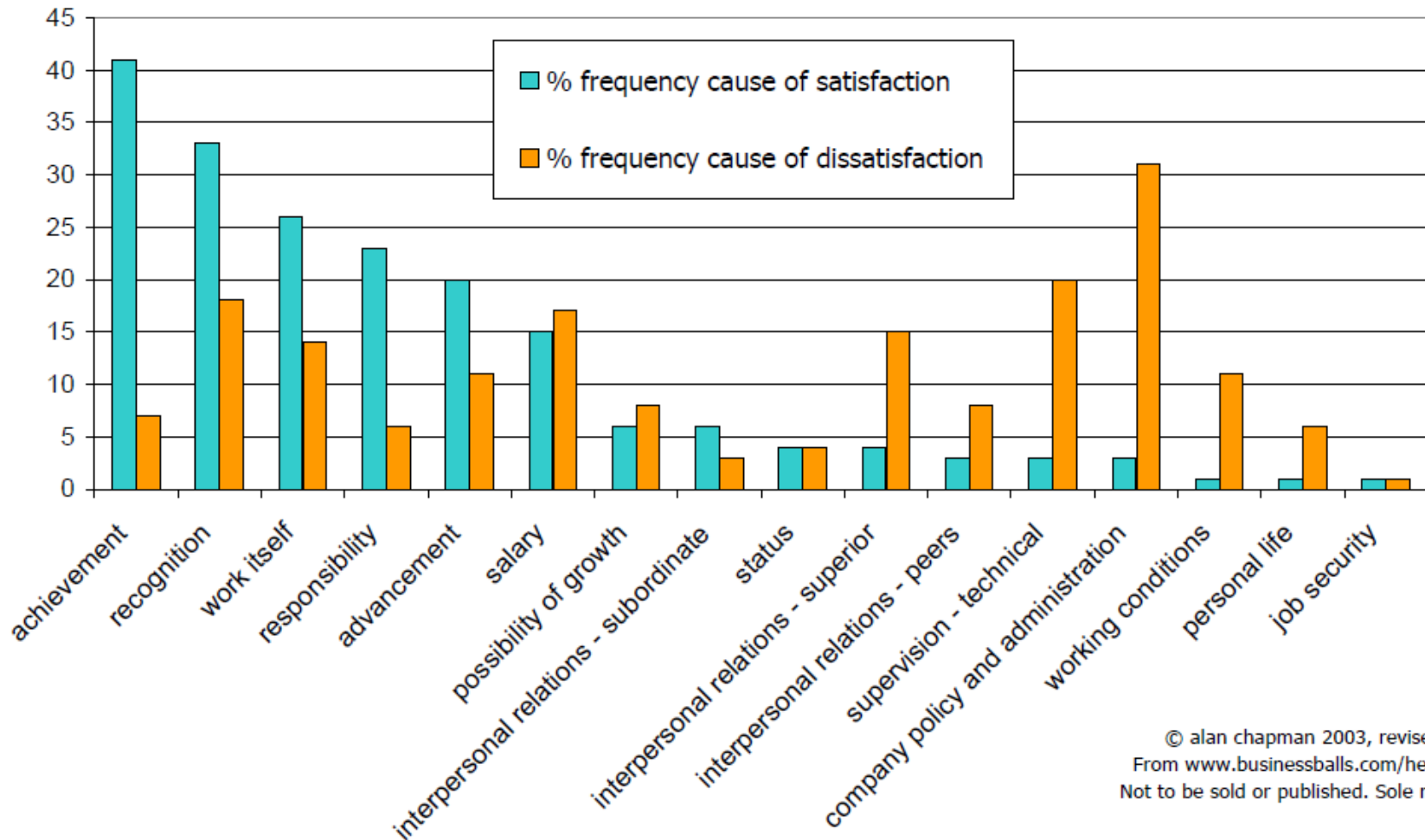
# Dan's Story

- Value versus Values
- The Compassion Subsidy
  - The hygiene factors and the motivators

# Care force incorporating Workforce

## Herzberg's motivators and hygiene factors

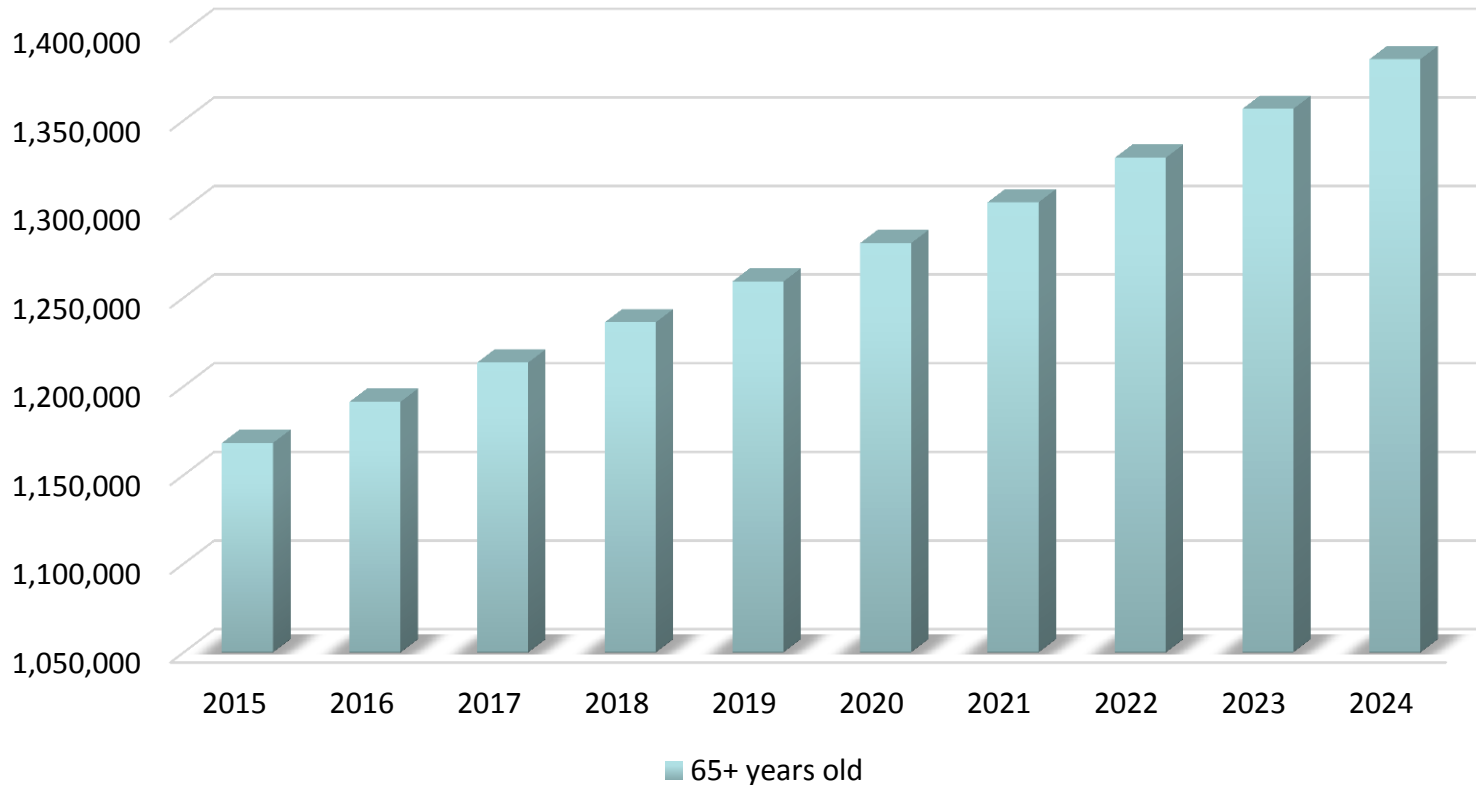
(Achievement to advancement are motivators; the others are hygiene factors. Based on percentages of total factors causing high and low attitude effects; Herzberg - The Motivation To Work, 1959.)



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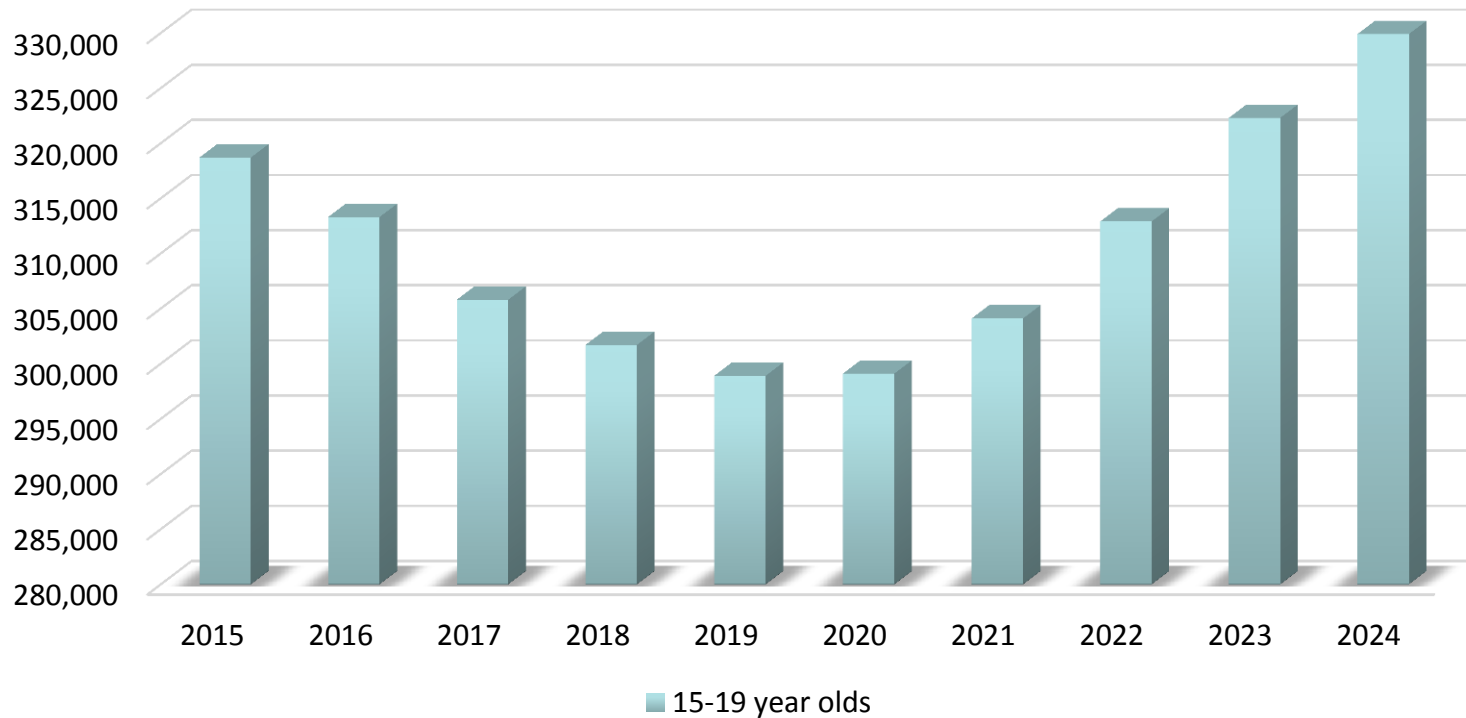
# 65 years+ population projections

## ONS 2014-based Subnational Population Projections, South West



# 15–19 year old population projections

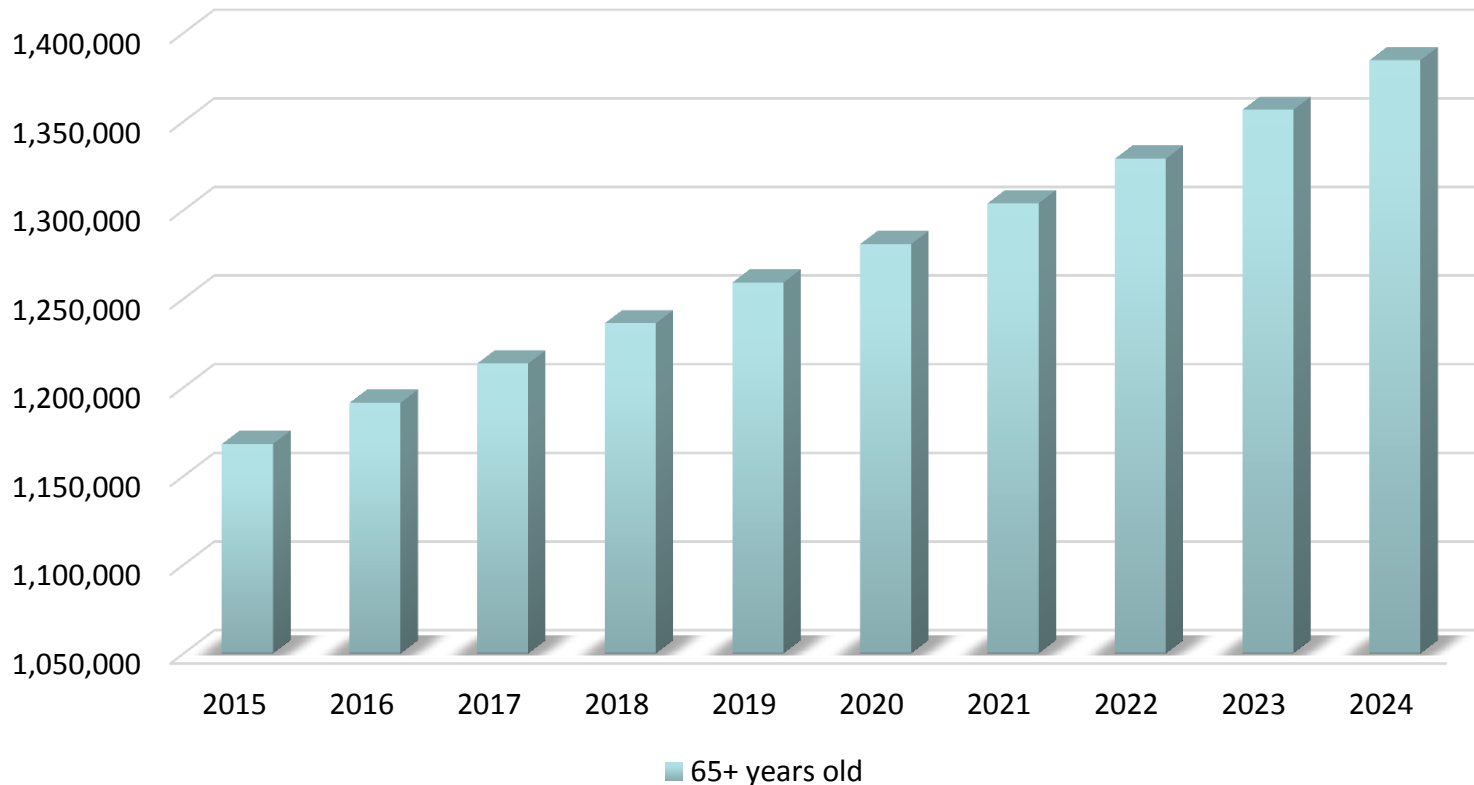
## ONS 2014-based Subnational Population Projections, South West



# 65 years+ population projections

## Provocation - Problem or Solution?

### ONS 2014-based Subnational Population Projections, South West





Health Education England (HEE) exists for one reason only:

to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place

Within it, it encourages thinking that is:

Non-judgmental as to who cares

Not role based

Not place based

Flexible as to who and where and how

# Face the Facts

## Shaping the Future - Good News

### Reference

### Regional Action

**Get In / Get on / Go Further**

Expand the offer

**Apprenticeships**

Rotational

**Consistency in training**

One workforce passport - Care Certificate Accreditation, Common Competencies

**Making Every Contact Count**

Asset Based (Enablement) Focus

***Both parts** of the health and care system will need to work together to ensure that success in recruiting and retaining **key** staff in one sector does not drain **much needed** staff in another*

# Co-produced New Model of Care Data - Activity Mapping

*“What could you supervise rather than do that would enable you to work at the top of your licence?”*

- Increasingly complex requirement in community settings
- NHSE Pioneer funding
- Granular level (Private –Voluntary – Independent - PVI)
- Data for co-production – frontline staff to lead
- Autonomous / Registered – Semi-autonomous / Supervised
- Distribution curve – High level skills High proportion of time

# Case for Change - the Funding

Community Beds Audit – Day Snap Shot	Measures
Patients could be managed at home adjusted same day discharges (63%)	82
Community Hospital bed day rate	£300
Cost per day (82 patients)	£24,600
Purchasable domiciliary care hours £16.50	1490
Hours per client per day	18
Skilled Care at Home staff @ £10-15 /hr wages	
Purchasable domiciliary care hours at	£20.50/hour
Number of hours	1200
Hours of care per client per day	14

# Waste without gain or A Free Campaign

	National Provider	CIPD
Recruitment and basic training	£ 1,250	£ 4,000
Leavers	339,000	
<b>Stand Still Spend</b>	<b>£ 423,750,000</b>	<b>£ 1,356,000,000</b>
Retention Saving / Campaign Spend 2%	£ 8,475,000	£ 27,120,000

# Your Care System Has An Offer For YOU



- Do you want a job that is rewarding financially & hugely satisfying with flexibility and loads of opportunity?
- Ever felt you wanted to make a difference - would you like to be responsible making people's lives better and enhancing your community?
- How about working in a positive environment with career opportunities in many different organisations public, private and voluntary -
- And where your learning is recognised so that you build on it through your life-course

**Join us now be part of the Wellbeing future**



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