

## **The State of Adult Social Care:**

### **Part 1: The independent provider workforce**

### **Part 2: Housing, Health and Care**

Report of the Director of Integrated Adult Social Care, Devon County Council

#### **1. Introduction.**

- 1.1 This paper brings together the two masterclasses hosted by the Health and Adult Care Scrutiny Committee in September and November. These masterclasses were on 'Housing Health and Care' and 'The state of adult social care'.
- 1.2 This year we have established the process of holding masterclasses ahead of a committee paper. This provides the opportunity for committee members to develop their understanding of a particular challenges, approaches or subject to further inform and support their important scrutiny role.
- 1.3 All members of DCC are invited to the masterclasses, as too are relevant members from Plymouth and Torbay scrutiny committee when there is value to be had. Members who engage in this process are thanked for their contribution.
- 1.4 This paper does not shy away from detailing the challenges that all local authorities and all adult social care services are facing and have faced for some time. We have set out in consecutive Annual Reports these challenges, how they impact in Devon and how we compare with others locally, regionally, nationally and those deemed to be our 'comparator authorities'. We will be bringing our Annual Report for 2022 to committee in January.
- 1.5 The Annual Report in January will take detailed look at Adult Social Care Outcomes Framework that was published in October. Members who attended the Carers Spotlight Review in October will have seen the carer related results. Ahead of the Annual Report the following positive headlines for Devon are noteworthy, particularly in the context of the national challenges stated in section 2 of this paper:
  - 1.5.1 Overall satisfaction of people who use services with their care and support: We have increased ranking to 15/150
  - 1.5.2 Social care quality of life: We've been on a rising trends for several years and now ranked 5/150.
  - 1.5.3 Control over daily life: A good indication of the impact of our promoting independence strategy. We are ranked 8/150.

1.5.4 Service user social contact: Another indicator judging quality of life, independence, and a concern in rural areas. We rank 18/150.

### Part 1: The independent provider workforce

*'Adult social care is a significant economic contributor, adding an estimated £51.5 billion per annum to the economy in England in 2021/22. Many people are unaware that social care has a bigger workforce than the NHS, construction, transport, or food and drink service industries.'*

*With such a large workforce there are so many exciting career opportunities for people with the right skills and values who might to support people directly, specialise or progress into management roles.*

*But the data we collect from employers shows that there are also significant challenges for the workforce.'*

Oonagh Smyth, CEO Skills for Care

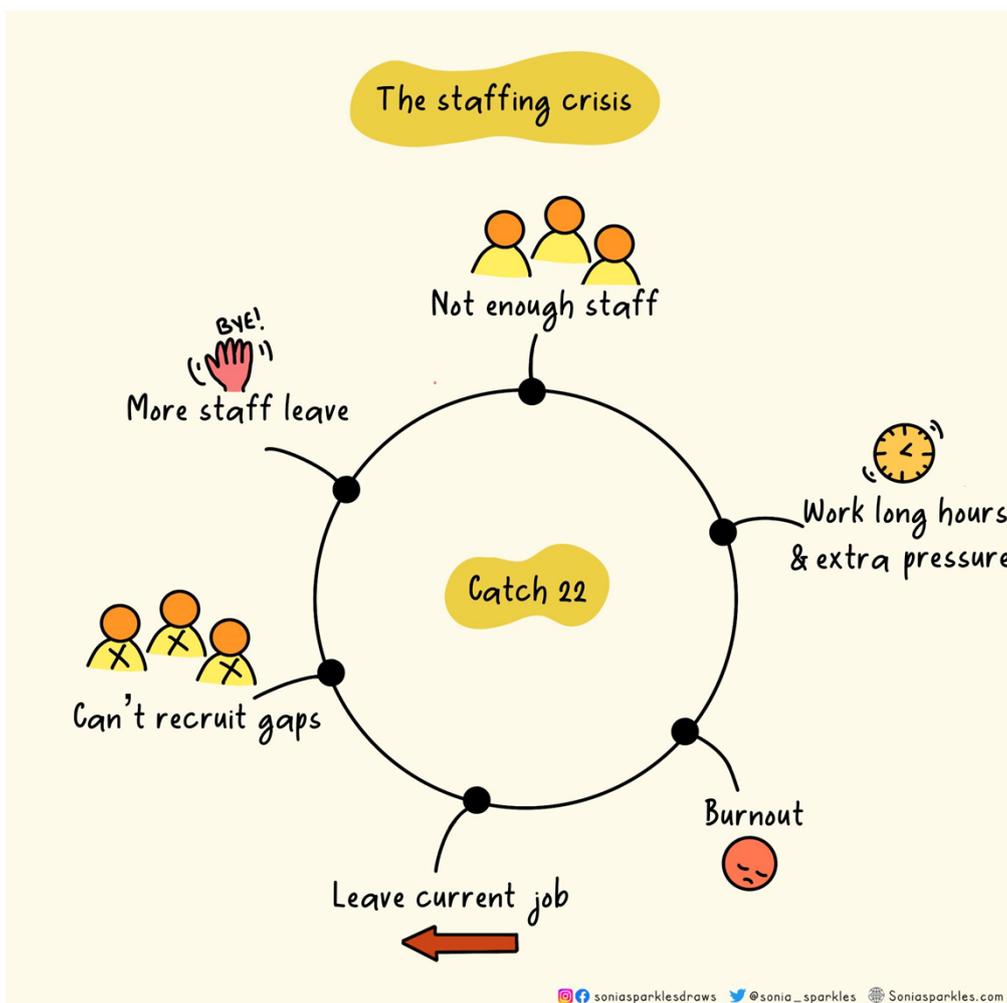


Image 1: Representation of the staffing challenge

## 2. The current national situation and challenge

### 2.1 [The Skills for Care report](#) on the state of the adult social care sector and workforce in 2022 states:

- In 2021/22 the adult social care sector was comprised of around 17,900 organisations across 39,000 care-providing locations with 1.62 million filled posts
- On average, 10.7% of roles in adult social care were vacant in 2021/22, which is equivalent to 165,000 vacancies being advertised on an average day. The number of vacancies has increased by around 55,000 (52%) since 2020/21
- Staff turnover rate of directly employed staff working in the adult social care sector was 29.0% in 2021/22. This equates to approximately 400,000 people leaving their jobs over the course of the year. Most leavers don't leave the sector with around 63% of jobs were recruited from other roles within the sector.

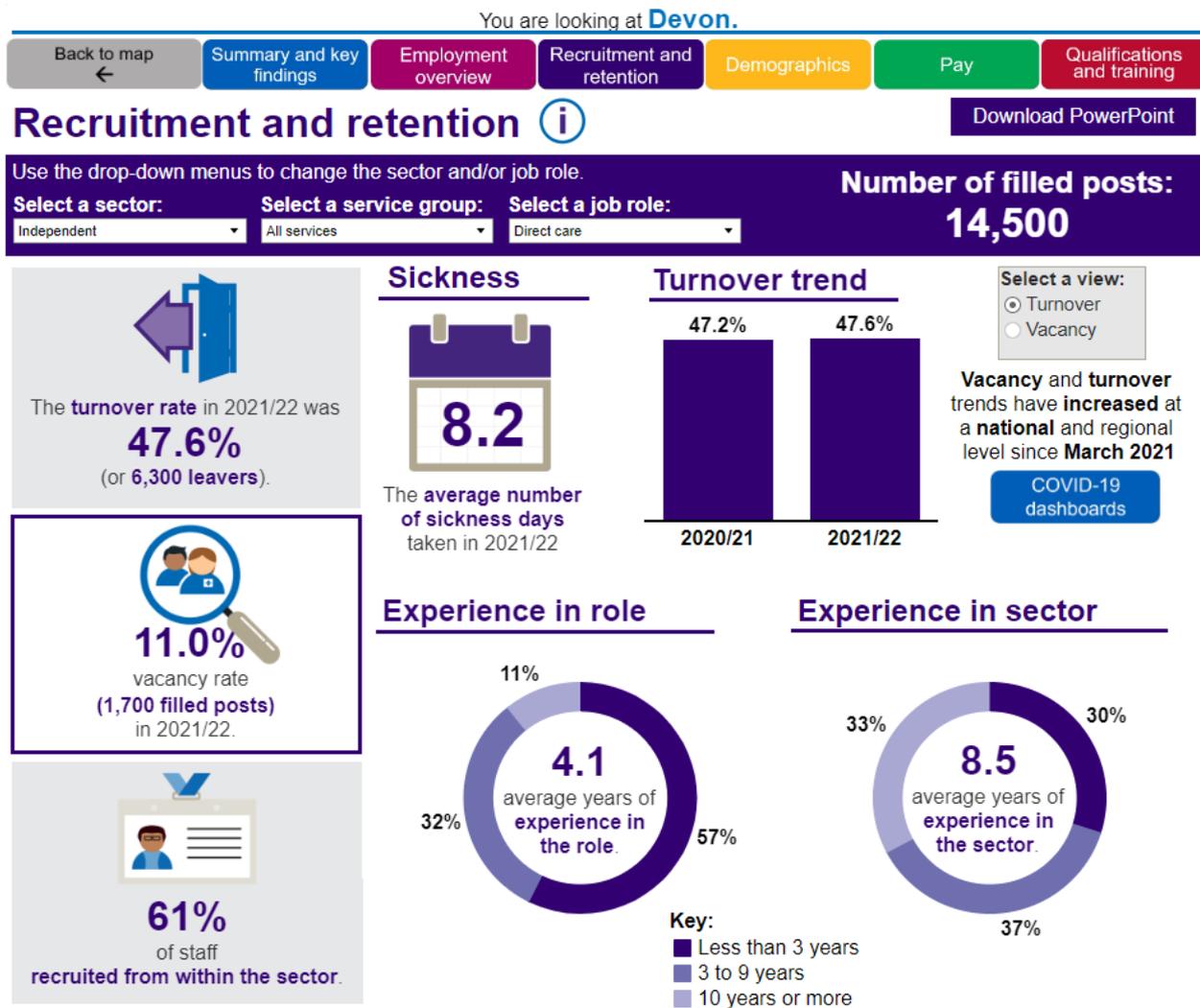
### 2.2 [Headlines from the annual CQC state of care report 2021-22:](#)

- In many cases, providers are losing the battle to attract and retain enough staff
- The persistent understaffing across health and social care poses a serious risk to the safety and wellbeing of people who use services
- More than 9 in 10 NHS leaders have warned of a social care workforce crisis in their area, which they expect to get worse this winter
- Care homes have found it very difficult to attract and retain registered nurses. We have seen nurses moving to jobs with better pay and conditions in the NHS, and care homes that have had to stop providing nursing care.
- Of the providers who reported workforce pressures having a negative impact, 87% of care home providers and 88% of homecare providers told us they were experiencing recruitment challenges.
- Over a quarter of care homes that reported workforce pressures told us they were actively not admitting any new residents.
- Only 43% of NHS staff said they could meet all the conflicting demands on their time at work. Ambulance staff continue to report high levels of stress.

## 3. The current Devon situation and challenge

### 3.1 The infographic below from [Skills for Care](#) details the current estimates of the recruitment and retention challenges in the Devon independent provider market specific to direct caring roles.

3.2 Despite these challenges, Devon has consistently had levels of independent care provider quality above all national comparator level as judged by the CQC with 86% rated Good or Outstanding.



3.3 These challenges play out in number ways that can impact on the delivery and receipt of care. Solutions that we put in place, as a sticking plaster, themselves have an impact on the delivery and receipt of care.

3.4 In DCC we commission around 30,000 hours of personal care from the market every week, but we need to commission a further 5,000 hours a week, but the independent market does not have the capacity. Sufficiency is limited by the workforce supply.

3.5 People not being able to leave hospital when they are ready has wider system impacts such as reduced bed availability, and ambulance waiting times increase because people are not able to be transferred to a hospital bed.

3.6 A current sticking plaster for supporting people out of hospital is to provide other care settings and solutions that are available. They might not be the persons preferred solution or most effective care for them, it could include family carers, short term residential home,

or a reduced package of care. The solutions might also not be the best deployment of the staff and the skill they have.

- 3.7 For example, to plug gaps in the personal care provider market, we often redeploy staff delivering DCC social care reablement, this subsequently reduced the capacity of the enabling team who work to promote independence. The knock-on effect of this is that less people get enabling care and risk longer term dependence on social care.
- 3.8 We also do not have enough care homes able to support people with more complex needs and dementia, often due to the lack of care staff with the right skills, and the loss of nursing staff from the care sector. This means we have to pay more for this specialist care, often outside of our local area. If there were more staff available to work in care, we could then support our care homes to develop the staff skills and care facilities locally to address this gap.

#### **4. Locally the things we are doing**

- 4.1 Alongside the short term tactical operational moves like this to address immediate challenges are the longer term planned strategic moves to support a sufficient external provider workforce.
- 4.2 A number of existing and planned initiatives and activities within adult social care and across the local system to support the provider market across the winter period were detailed in the [System Development and Improvement paper](#) to the H&AC Scrutiny Committee on the 28 September. In addition to these, the following activity is of note

##### **Moving with dignity**

- 4.3 A pilot programme of support and training to independent care providers to support techniques and confidence in delivering single-handed rather than double handed care and so to promote independence.
- 4.4 Local caring capacity has improved with a total 161 hours a week being released back into the market, hours that can now support other people. At a time of significant workforce recruitment and retention challenges, this makes a significant difference to the local availability of care.

##### **Growing the personal assistant market**

- 4.5 We have commissioned Community Catalysts to develop and grow the PA and micro-provider market which offer care and support to older and disabled people. The goal is to make sure that people who need care and support to live their lives can get help in ways, times and places that suit them, with real choice of attractive local options. Community Catalysts offer a development programme to help people turn their ideas, passions and

skills into their own small care enterprise. They offer coaching, mentoring, support and signposting to provide people with everything they need to get started and to ensure their enterprise is safe, legal, sustainable and able to provide high quality care and support

### **The Kickstart Scheme**

- 4.6 The [Northam Care Trust](#) this year won the South West Region Kickstart award in the National Small and Medium Size business category. The Kickstart Scheme provides funding to employers to create jobs for 16- to 24-year-olds on Universal Credit. Based in North Devon, Northam Care Trust provide person centred support to individuals with learning and physical disabilities, and older people and individuals with dementia. Services provided include supported living and enabling, residential, domiciliary care and day opportunities.

### **LoveCare**

- 4.7 LoveCare is the Devon system's articulation of finding ways of supporting and developing outstanding care which meets the challenges of today and the needs and expectations of tomorrow. It joins local and national partners in a common endeavour to test, to learn, to develop and to steward our local care system and its workforce to release its potential. It is one of our cornerstone transformation programmes.
- 4.8 Our 'Prospectus for Change' outlines measures that we believe will contribute towards creating a sufficient, caring, confident and collaborative care & health workforce that can provide outstanding, person-centred care. Those measures contribute to an overall goal of a net increase to our workforce of 2,350 people by December 2025.

### **Proud to Care**

- 4.9 Proud to Care continues to be a key programme to encourage people to think about carers and roles in care. As a result of the previous two recruitment campaigns 20 September 2021 – 31 January 2022 and 1 April 2022 – 30 June 2022, 95 people have been recruited into roles in adult social care across Devon and 115 people have accessed free 1-2-1 support or training to prepare them for roles in care.
- 4.10 Community engagement and recruitment work continues through attending job centres, job clubs, libraries, [Seetec](#), food banks, town councils, community events, Exeter University and a recent event at Exeter City Football Club. In the year so far 183 people have registered and the Proud to Care team is working with these applicants to place them in suitable roles.
- 4.11 The [Proud to Care website](#) continues to offer an employer hub where care providers are able to [post vacancies](#). There are currently 127 organisations posting 591 vacancies. There are also many other useful pages on the website including the [We Care](#) page featuring care and support workers across Devon, the [Training & Education](#) page, and the [Careers](#) page.

4.12 The Proud to Care team has previously developed a stakeholder tool-kit as part of the campaign '[Find Your Calling](#)'. The toolkit included pre-written content that could be shared via social media, newsletters and across any other relevant channels. The toolkit was encouraged members to take every opportunity to promote careers in care in the conversations and meetings taking place in their communities.

4.13 Additional free training is available through the [Health and Social Care Skills Accelerator Programme](#), for people considering joining or already working in the health and social care sector in Devon. There is also a wide range of courses available through local colleges and Learn Devon

### **International recruitment**

4.14 The NHS in Devon has successfully recruited 600 nurses from overseas in the last 15 months and is now working with Devon County Council, Plymouth City Council and Torbay as part of the Devon International Recruitment Alliance to extend that recruitment into adult social care in a pilot funded by One Devon.

4.15 As a result of a relaxation of the immigration rules nationally, care workers and senior care workers have been included on the shortage occupation list alongside registered nurses.

4.16 The initial target is to recruit 175 people but the level of interest from overseas applicants is such that, if the first phase is successful, it may be possible to appoint circa 250 in the coming months. People are recruited with a view to staying for up to 5 years.

4.17 Circa 60 adult social care providers have expressed an interest in appointing overseas staff, mostly from care homes but also in domiciliary and housing with support settings. In making such an application, providers are asked to demonstrate how they will integrate an overseas workforce and how they will support them with accommodation. This may give rise to some proposals for which Housing Authorities may be able to offer guidance and support.

4.18 Over 600 people have applied to date. Circa 150 were shortlisted including a requirement for a higher standard of English language skills (due to the sensitive nature of the work) than is the required national minimum. A first cohort of 50 will shortly have been given conditional offers of employment. A process of matching applicants with providers is now taking place.

4.19 It is anticipated that the first recruits could arrive early in December, with a carefully managed flow of people continuing in January and February. A great deal of work is under way to ensure that recruits are well trained and that they have access to appropriate cultural, religious and other support.

4.20 This pilot has the potential to address perhaps 10% of the workforce shortage in adult social care alongside continued efforts to recruit and retain a local workforce.

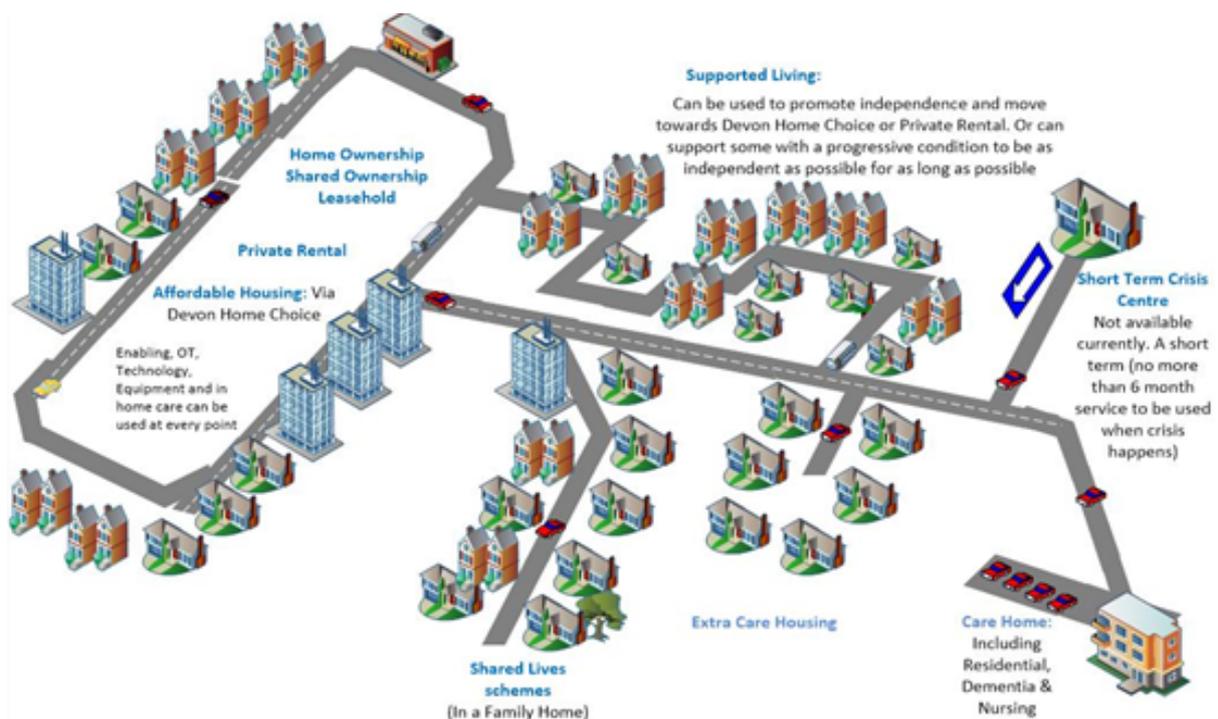
## Part 2: Housing, Health and Care

### Recommendation:

That the Health and Adult Care Scrutiny Committee explores how alongside the Corporate Infrastructure and Regulatory Services Scrutiny Committee and the Children’s Scrutiny Committee of Devon County Council could further support the work of the Housing Task Force

### 5. Housing, Health and Care

5.1 Good quality housing in the right place contributes to health and wellbeing, cohesive communities and opens opportunities for people to live the independent life that is right for them. The range of options is set out in the housing pathway schematic below which forms part of our strategy.



5.2 However, in Devon, affordable, accessible, and quality housing options that supports people with a range of needs (including people with disabilities, older people, and people with mental health needs) to live in the community, and the key workers who support them are limited.

5.3 Devon is a two-tier authority, with responsibility for social care and housing divided between County and District/City Councils each with distinct but interconnected statutory responsibilities which who must work with together to enable planning for the right types of accommodation for people with a range of needs, in the right places.

## 6. What we want to achieve

6.1 [Our Joint Strategic Approach to Supporting People to Live Independently in Devon 2020 to 2025](#), developed by Devon County Council and NHS Devon, in consultation with a range of partners, including Devon’s District Councils, describes our vision: for more people to live in their own homes in communities across, Devon and make informed and planned choices about where they live throughout their lives and identifies a number of Commissioning Intentions which are set out below.



## 7. The current housing challenges in Devon

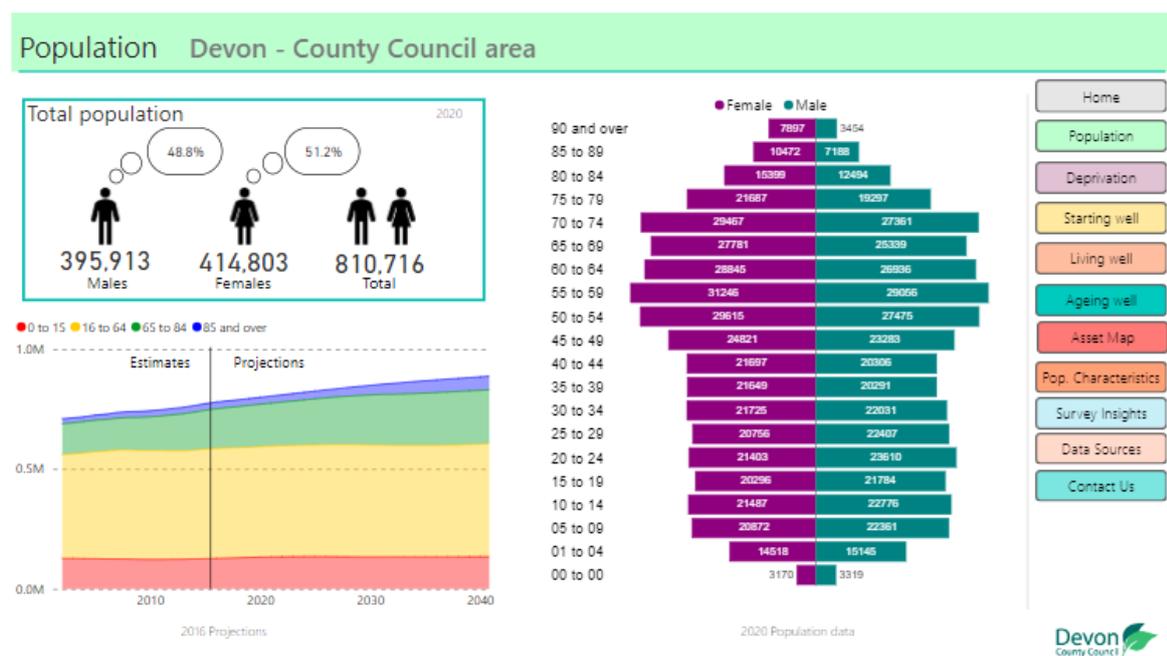
7.1 At the beginning of 2022, the Leaders of the eleven local authorities across Devon, Plymouth, and Torbay, recognising a growing housing crisis across the area, agreed to establish a Devon Housing Task Force. Led by Judy Pearce, the Member-led Task Force, has been established to consider the major policy changes and local action that needs to be taken to try and reduce this problem affecting local communities and the economy.

7.2 Using Pan-Devon information The Housing Taskforce aims to: inform the emerging ‘County Deal’ discussion, and feed into the ‘call for evidence’ on holiday lets. The latest data on Devon’s Housing Market shows:

- 7.2.1 Housing affordability in Devon increased to 10.35 times the average salary in 2021; about 20% higher than the rest of UK with average house prices in Devon at £300,000. Private rent stock levels across Devon fell by around 50% between 2019 and 2021.
- 7.2.2 In 2021, of the 3,726 new dwellings, 600 were 'affordable homes', this is a net gain of 490 homes as 110 homes were purchased through Right to Buy. However, the working population increased by 4000 people.
- 7.2.3 The number of people on the housing wait list increased in 2021, totalling 16,058, of which 4,500 required urgent accommodation. The number of people classified as homeless across Devon increased by 600 last year.
- 7.2.4 The number people aged 70 years+ claiming housing benefits rose steadily through the year to 7,000; a 4% increase on the previous year.
- 7.2.5 3,000 people were living in accommodation considered insanitary, overcrowded or otherwise unsuitable by the end of the 2021, across the area.
- 7.2.6 Devon had 11,100 second homes registered during 2021, an increase of around 2% since 2019. However, these official figures may significantly underestimate the real number of homes being used for Airbnb and other purposes.

## 8. Devon County Council area Population estimates and projections

8.1 The population in the geographical area of Devon County Council, is projected to increase and age over the next few decades, as shown below, taken from [Vital Statistics tool - Devon Health and Wellbeing](#):



8.2 Based on national prevalence it is estimated that by 2030 there will be a 19% increase in older people with a learning disability, and 20% increase in older people with a limiting long-term illness. Life expectancy of people with a learning disability is 65.1 years for women, and 65.4 years for men, compared to 83.1 years and 79.4 years respectively for those without a learning disability.

8.3 There is no one size fits all approach to housing or care, and it will be different for each person. The provision of appropriate housing for people with disabilities and older people is crucial to helping them live safe and independent lives. Working together, and planning earlier, will help meet their needs throughout their life.

## **9. What people have told us**

9.1 We regularly listen to people with disabilities (learning disabilities, autism, physical disabilities and/or sensory needs) and older people on this and other issues and their feedback and experiences are summarised below and inform our work.

- Young people in need of housing support have a lack of viable housing options to support their needs.
- “I want to know what options I have to make the move to live independently”
- “It’s not accessible and difficult to get what I need from the District Councils”
- Too many people are supporting in traditional placements because of a lack of community supported housing opportunities.
- “I was able to choose where I live, and I like living there”.
- “I like living with people my own age”
- I want to understand how the location of where I live affects my access to transport, support networks and work so I can make informed choices.
- The right property and location are key for the house to become a home

## **10. Collective work across Devon**

10.1 We are developing new Housing with Support models (Supported Living, Extra Care Housing, Shared Lives) so that people of all ages can live in appropriate housing, with the right care and support, in the community.

10.2 We are forming strategic housing partnerships to share information and learning to increase the availability of appropriate housing in communities.

- 10.3 Developing needs assessment across the housing pathway to support work with Districts on responding to expected future demand
- 10.4 Stimulating housing developments with providers and District Councils to accommodate a broader range of needs – including young care leavers.
- 10.5 Providing accessible information about housing choices so that people can make informed decisions about where and how they live throughout their lives, including DCC Adult Social care webpages, information on Local Offer and the Accessible website.
- 10.6 In partnership with Mid Devon District Council, and engagement with Devon’s Autism Involvement Group, we developed housing standards for autistic people. This sets out reasonable adjustments that can be made to homes to support sensory different. Two pilots are underway.
- 10.7 In partnership with South Hams/West Devon Councils, we have developed a joint bid for the LGA Supporting Housing Improvement Programme to improve quality and monitoring of supported housing.
- 10.8 Across the Integrated Care System, we have committed to strategic pledges to improve community-based support so that people can lead lives of their choosing in homes, not hospitals.
- 10.9 Working across the council to coordinate input to the housing agenda and to our engagement with District Councils

## **11. Opportunity to influence change**

- 11.1 Champion the challenges identified within this paper within the Integrated Care System governance for strategic housing, including through the Housing Taskforce led by Stephen Walford and Judy Pearce.
- 11.2 Support closer engagement between County and District/City council partners on this shared agenda bringing our collective responsibilities and specialisms together to deliver for the people of Devon.
- 11.3 With the financial challenges we face, consider how Devon could better use existing estates and capital funding to expand housing for people with health and care needs and reduce collective costs – as part of a pan Devon approach.

Tandra Forster  
Director of Integrated Adults Social Care