Written evidence submitted by The Local Government Association (WBR0010)

1. **About the Local Government Association (LGA)**

1.1.   The Local Government Association (LGA) is the national voice of local government. We are a politically led, cross party membership organisation, representing councils from England and Wales.

1.2.   Our role is to support, promote and improve local government, and raise national awareness of the work of councils. Our ultimate ambition is to support councils to deliver local solutions to national problems.

2. **Summary**

2.1.   The workforce crisis was one of the biggest issues facing the health and care system before the emergence of COVID-19. This has been exacerbated by the pandemic with staff working long hours under stressful conditions with limited mental health support.

2.2.   The NHS People Plan shows how we can work to create better public sector workplaces. The proposals in the NHS People Plan on staff wellbeing, inclusivity, leadership and overseas recruitment need to be extended to and funded for social care. We want to work with Government on the promised equivalent workforce plan for social care.

2.3.   We have been working to help address many of the challenges arising from the pandemic. For example, the launch of the health check survey in the autumn, which provides a snapshot of the adult social care workforce, will have a focus on wellbeing and will explore the effects of COVID-19 on social work teams across England. We will be urging Government to consider the results as part of the reform of social care and to ask that social workers across the health and private sector take part in the review.

2.4.   There are many factors which combine to make the adult social care workforce feel undervalued. Feeling that you are undervalued affects your resilience and increases the potential for burnout. It is important that any strategy to address these challenges investigates all the key factors in workforce such as pay, recognition and development opportunities, as well as the drivers of pressure and stress in a carer's day to day role.

2.5.   The response to COVID-19 has demonstrated the urgent need for immediate support for the dedicated and hard-working social care workforce who continued to care for the most vulnerable in our society often at great personal sacrifice. We also need to see proposals for long-term reform of adult social care, and we look forward to the Government setting out its thinking at the earliest opportunity.

3. **What has the impact of the COVID-19 pandemic been on resilience, levels of workforce stress, and burnout across the NHS and social care sectors?**

3.1.   The workforce crisis was one of the biggest issues facing the health and care system before the emergence of COVID-19. Social care was operating with

120,000 vacancies across the sector[i] while at the same time demand for social care – if measured by the number of people approaching local authorities for help – has risen. In recent times, staffing ratios have increased year on year, with care workers caring for more people and reducing the time spent on home care visits. The social care sector operated with a vacancy rate of 7.8 per cent[ii] – a similar number to the NHS, and much higher than the UK average of 2.8 per cent.

3.2. During the pandemic, this understaffing was exacerbated by the numbers of staff who were absent from work to self-isolate and/or to quarantine. The remaining workforce was often required to work more hours to cover for absent colleagues, often cancelling annual leave, meaning there was insufficient time for personal recovery while working in heightened states of anxiety. Even the most resilient of workers reported feeling overwhelmed by the anxiety and guilt about putting themselves and their families potentially in danger and about the compromises that had to be made in the care that they were able to provide because of inadequate resources[iii]. Many also reported a feeling of helplessness and hopelessness. All of this has had a significant impact on the wellbeing and mental health of the workforce.

3.3. A YouGov and IPPR survey showed that 1 in 2 health and social care workers in the UK feel that their mental health has declined during the COVID-19 pandemic[iv], yet many care workers remain ineligible for bespoke therapy. In these cases, there is a real worry that staff will suffer from burnout, where coping methods are worn away until the individuals will reach physical, emotional and mental exhaustion. This may prompt workers to rely on more harmful coping strategies, such as over-eating, alcoholism, gambling or domestic abuse. These can have devastating effects on families and communities.

3.4. The levels of support offered and received across health and care settings varied hugely. This has been heavily influenced by local values and pre-pandemic investment in both mental health provision and staff health and wellbeing. In addition, the dispersed nature of the social care workforce means it is less likely to have the investment in and proximity to trained and professional support – two-thirds of the 1.5 million social care workers work for around 25,000 different employers in the public, private and voluntary sectors making it more difficult to co-ordinate and fund meaningful support.[v]

3.5. The NHS People Plan shows how we can work to create better public sector workplaces. Health and social care have been working more closely together than ever before and it is welcome that the NHS People Plan recognises this and intends to strengthen this partnership further.

3.6. It is vital that councils are given a central role in coordinating the health and care system, now and in the future. Social care needs to be given parity of esteem with the NHS and any plans to improve pay and rewards to help drive recruitment should focus equally on both. The proposals in the NHS People Plan on staff wellbeing, inclusivity, leadership and overseas recruitment need to be extended to, and funded for, social care. The LGA wants to work with Government on the promised equivalent workforce plan for social care. We are also ready to work with Government on future proposals to reform social care and we believe this should be guided and underpinned by seven key principles that the LGA launched in July 2020[vi].

3.7. It is important to acknowledge that the full extent of workforce challenges caused by COVID-19 will not be known until the situation has stabilised. But we

do know that a focus on staff wellbeing will be key as we move forward. Whilst resilience in the business sense is important to ensure adult social care providers can deliver the services so many people rely on, we also need to recognise that the adult social care workforce has been placed under immense pressure during the COVID-19 pandemic. We must now look at how we can make the workplace more supportive and ensure staff are not placed under undue stress and pressure. This is important for all care workers and there are particular issues for BAME workers, who represent around 21 per cent of all social care staff[vii], and who have been shown to be more vulnerable to COVID-19. Social care is a hands-on industry and social distancing is an immense challenge.

3.8.   Some positive steps are already being taken. For example, the LGA has already begun working on the elements of a strategic approach to the social care workforce. In June 2020, ADASS, Skills for Care and the LGA agreed to work collaboratively on five strategic workforce priorities areas. These are:

3.8.1.   Strategic workforce planning
3.8.2.   Growing and developing the workforce to meet future demand
3.8.3.   Enhancing the use of technology
3.8.4.   Enhancing the wellbeing of the workforce
3.8.5.   Building and enhancing social justice in the workforce.

3.9.   These strategic priorities, which are currently under development and discussion, do not stand alone from each other but are inter-related. Each will be informed by market intelligence, including the views of users of social care services.

3.10.   The LGA has also been working on the second refresh of the Employer Standards[viii] to promote good social work which can transform people's lives and protect them from harm whilst being the key connectors in communities. The launch of the health check survey in Autumn will have a focus on wellbeing and will explore the effects of COVID-19 on social work teams across England. We will be calling on the Government to consider the results as part of the reform of social care and to ask that social workers across the health and private sector take part in the review.

4.   What is the current scale of workforce burnout across NHS and social care? How does it manifest, how is it assessed, and what are its causes and contributing factors? To what extent are NHS and care staff able to balance their working and personal lives?

4.1.   Workforce burnout is a significant problem in the adult social care sector, and it has been exacerbated by the response to COVID-19. Staff are under huge amounts of pressure and work long hours, often with limited mental health support.

4.2.   A wide range of factors can impact on burnout and resilience in the adult social care sector. The first is pay. In principle there is no difference in size and complexity between basic care worker jobs and NHS jobs at the lower end of the Agenda for Change (AfC) scales. There is a strong argument in an integrated health and care system that pay for similar jobs should be comparable to avoid a flow of workers from the care sector to the NHS.

4.3.   Half of all care workers are paid below the real living wage and pay has increased more slowly than other sectors. As an example, most of the major

supermarkets offer a higher minimum hourly pay than the average social care hourly rate[ix]. In addition, it should be noted that other terms and conditions of employment are typically worse than many equivalent workers, for example, travel time of home care staff is unpaid and many in the commissioned sector work will work under unstable contracts meaning a lack of ability to take time off when sick.

4.4.   There is also an important gendered impact on this issue. The Mental Health Foundation reports that women generally are more likely than men to experience stress related to finances[x]. Women make up the majority of care workers and are over-represented in low paid and insecure work.

4.5.   Pay in isolation does not capture the full breadth of reward discrepancy between social care and NHS workforces. While those directly employed by local authorities will have access to a high-quality pension scheme this is rarely the case in the independent sector with the minimum provision being the best most care workers can expect. The same is also true of sick pay, with many only receiving the minimum statutory entitlement and during the pandemic there were instances of carers who were required to self-isolate not being paid. NHS workers also benefit from greater access to retail and other discounts than social care staff. This is starting to change following the COVID-19 pandemic and we would like to see this momentum continue.

4.6.   Investment in workforce development is also at a far higher level in the NHS than in social care. In our view Health Education England should take more responsibility for shared development programmes, and that Government should devolve more responsibility for funding to local levels as part of the general skills agenda.

4.7.   It is crucial that adult social care and support is recognised as a vital service in its own right. Too often health and social care are set on unequal footings, with the latter viewed (sometimes solely) in terms of the role it can play in supporting the former, and yet more people work in social care than in the NHS[xi]. This needs to change if we are to achieve genuine parity of esteem between the NHS and social care. For example, the social care sector is also 70 years old this year, but unlike the NHS its anniversary will pass largely unnoticed. This will contribute to social care staff feeling undervalued and could impact on staff morale. This ultimately will affect recruitment and turnover rates, which currently stand at around 30 per cent[xii].

4.8.   All of this combines to make the adult social care workforce feel undervalued, which ultimately affects resilience and burnout. It is important that any strategy to address this takes a holistic approach and looks at factors such as pay, recognition and development opportunities, as well as the drivers of pressure and stress in a carer's day to day role.

5. What further measures will be required to tackle and mitigate the causes of workforce stress and burnout, and what should be put in place to achieve parity for the social care workforce?

5.1.   The impact of the pandemic on staff wellbeing should not be underestimated. Efforts to support wellbeing should not just be viewed as a short-term response to COVID-19, but a sustained commitment to tackle long-term drivers of poor staff experience, health and wellbeing.

5.2.   Our ambition is to ensure social care employers and managers can support and enhance the mental health and wellbeing of their staff both now and in the future. We want to ensure that across the sector we have employers who are able to provide working environments that are fair, supportive, empowering, professional and safe, so that staff can enjoy coming to work and do a brilliant job for the people they care for. Our priority suggestions include:

5.2.1.   Ensuring the adult social care workforce receives improved pay and conditions. This should be supplemented by ensuring social care workers receive sick pay and terms and conditions equivalent to comparable NHS staff.

5.2.2.   More visible and credible workforce planning and support for the care sector, both in their normal work and in plans for a potential second wave of coronavirus. The NHS People Plan's aspiration to grow and train staff should be extended and funded for the social care sector. We would like to work with Government on the promised equivalent workforce plan for social care.

5.2.3.   There needs to be improved integrated working in health and social care. Government should establish a task force to adopt the lessons from the COVID-19 pandemic on creating multi-disciplinary teams able to work with a clear and common sense of purpose, relinquishing organisational identities as staff transferred to different settings to work with greater collaboration between primary care, secondary care and social care.

5.2.4.   Promotion of mental health awareness by encouraging staff who may be suffering from anxiety or depression to speak up is absolutely the right thing to do, but only if there are trained and available people to speak to. Access to mental health support services is uneven across the country and needs more investment and targeted promotion within the dispersed social care workforce.

5.2.5.   There needs to be a higher profile voice for the social care workforce. Throughout the pandemic, many members of the social care workforce felt ignored compared to NHS staff. Much of the Government's response to the pandemic was hospital-focussed responses to system-wide issues, and care home staff and patients did not receive the same priority in terms of access to services and necessary equipment, such as testing and PPE. This needs to be addressed moving forward, particularly in the event of a second wave.

5.2.6.   Ensuring that there is appropriate advice, support, resources and tools to support all parts of the workforce, extending the offer to fill any gaps in the current support and helping people to navigate the range of resources to help them find the right wellbeing support for them.

5.2.7.   Evaluating the impact of resources available to support wellbeing in order to inform strategies to evolve the offer as needs change over time.

5.2.8.   Sharing examples of a resilient workforce driving culture change.

5.3.   Building on all of this, the LGA has a further ambition to create a health and care system where everyone fights for equality of outcomes for all in the workforce to ensure that we have a social care sector that is capable of continuing to provide the broad range of vital services that so many individuals and families rely on in our communities. This can be delivered through:

5.3.1.   Working with other national organisations to better understand the impact of COVID-19 on BAME communities in order to support those people to be safe.

5.3.2. Safeguarding those in the workforce who are vulnerable, for example those at risk of modern slavery, by raising awareness and developing practices that mitigate risk.

5.3.3. Continuing to increase the diversity of the workforce by creating career opportunities that appeal to all parts of the community.

i https://www.kingsfund.org.uk/sites/default/files/2020-06/health-social-care-select-committee-inquiry-social-care-funding-workforce.pdf

ii https://www.kingsfund.org.uk/sites/default/files/2020-06/health-social-care-select-committee-inquiry-social-care-funding-workforce.pdf

iii https://www.ippr.org/news-and-media/press-releases/revealed-three-quarters-of-healthcare-workers-say-the-government-is-putting-their-health-at-risk

iv https://www.ippr.org/news-and-media/press-releases/revealed-three-quarters-of-healthcare-workers-say-the-government-is-putting-their-health-at-risk

v https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/State-of-Report-2019.pdf

vi https://local.gov.uk/adult-social-care-seven-principles-reform

vii https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2018.pdf

viii https://www.local.gov.uk/standards-employers-social-workers-england-0

ix https://www.kingsfund.org.uk/blog/2019/08/average-pay-for-care-workers

x https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic

xi https://www.skillsforcare.org.uk/Documents/About/sfcd/Economic-value-of-the-adult-social-care-sector-UK.pdf

xii https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

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