Adult Social Care sector

Cost Pressures representation for the financial year 2018/19

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EXECUTIVE SUMMARY

1. Care and Support West is the Care Association responsible for supporting and representing providers of adult social care services in Bath & North East Somerset, Bristol, North Somerset and South Gloucestershire.

2. We believe there is a perfect storm brewing in relation to the continued viability of the social care sector. In preparing this report, we have asked questions directly of providers and they have confirmed the detail of what is already suspected and known. The sector is continuing beyond the tipping point that CQC alluded to in their 'The state of health care and adult social care in England 2015/16' report. The indications are that unless something significant is done, we may soon be entering a period of free fall.

3. The NMW has risen quickly: from 1 April 18 it will have risen by **16.86%** over the last 20 months. Any providers paying the NMW will have had to apply this increase in full. Those who have been paying more than the NMW have also had to apply increases at or around this in order to maintain any advantage they can to recruit and retain the staff they need. Even this has not been sufficient to improve the recruitment situation.

4. Whilst providers are having to maintain pay differentials, many are now seeing these being eroded. If cost pressures increase still further there is a real danger that the ability of providers to implement a viable pay structure between front line staff, seniors and team leader / deputy manager / care coordinator type roles will be critically undermined.

5. Despite sleep ins clearly being working time and needing to be included in any NMW compliance calculations, local authorities have often failed to increase funding to compensate providers for what is a significant additional cost. We recognise that local authorities have provided additional funding for sleep ins for Supported Living services but they inexplicably do not seem to be recognising the need to do the same for Registered Care services that are delivering sleep ins.

6. Providers who deliver sleep ins have seen the associated cost burden increase by around 100% from the rates they have traditionally being paying sleep ins at. In real terms this equates to in excess of £12,000 **per sleep in** per year. This cannot continue, either legally or morally; if the sleep in issue is not addressed properly these providers will be driven from the market place.

7. Skills for Care report an average staff turnover rate for front line staff of 39.5% and 32% for the sector as a whole. A number of respondents identified staff turnover rates that were around (and at times above) this. The main reason given was that

more and more staff are turning their back on the care sector and are looking elsewhere for work with less responsibility and the opportunity to get their life back.

8. Providers reported staff vacancy rates in line with the national and regional picture. The main reasons they gave for their difficulties in recruiting staff were low rates of pay and the ability for people to earn the same or more for less responsibility in other areas of the economy. In addition, insufficient numbers of people are either willing or able to work the shift patterns, the long hours and the anti-social hours required of them.

9. Due to a supply shortage and a level of expectation and responsibility that is not reflected in current remuneration packages, the cost of securing Registered Managers and Registered Nurses is actually increasing more steeply than the increase in costs associated with rises in the NMW. Respondents reported increases in costs for these roles over the last two years that were well in excess of 20%.

10. Alongside current inflationary costs, respondents repeatedly cited increased costs associated with recruitment, employer's pension contributions (which increase again from 6 Apr 18) and insurance as well as being expected to pick up additional costs such as training and specialist equipment which historically were significantly subsidised.

11. Year on year increases in inflation have seen RPI rise by 5.88% over the last 20 months and by 3.75% in the period from 1 Apr – 30 Nov 17. Many of the costs cited here are running over and above this.

12. Occupancy rates for many are often below what are required for services to remain viable. For many providers this is the case for extended periods of time.

13. The need for adult social care is growing significantly as our population ages and people with complex needs are living longer. If we don't start funding adult social care services properly, there is not going to be an adult social care sector.

14. We appreciate that the current precarious situation is not of the local authorities making but of central governments. The 'putting a figure on it' section looks at some of the actual costs and what might be necessary to meet these in terms of additional funding.

15. **We would appreciate a response and repeat our request to meet in order to discuss the issues raised in this report further and to explore ways that we may be able to work cooperatively and add our voice to yours.**

INTRODUCTION

Method

16. This is the sixth year in a row that as the Care Association for this area that Care and Support West has submitted formal representation to the local authority in relation to the Cost Pressures experienced by providers. As we are already seeing providers exit the market and we know that for others the situation is becoming increasingly precarious, we decided to make this year's Cost Pressures report as consultative an exercise as possible. To this end we sent out a questionnaire to our membership (and at times beyond) so that we could include first hand reports from providers about what is actually going on for them. A copy of this questionnaire is included as appendix 1 to this report.

17. We begin this report with the most sobering and potentially indicative piece of feedback that we received as a result of this exercise.

'We have decided after 20 years to call it a day … a combination of a serious decline (in real terms) over a number of years now, in our ability to charge a rate that would enable us to recruit, retain and pay our staff a decent wage and be left with a reasonable profit at the end, has led to this decision.

It is pointless talking about the NLW when we all know that attempting to recruit staff at these rates is a futile exercise … we have tried to solve this recruitment and retention issue by offering £9.15 per hour with a modest enhancement for unsocial hours and quite simply have not been able to solve the issue.

All providers are fishing from a very small pond and only usually gain extra staff at the cost of another agency … overall it is now far easier with much less hassle for people to work in retail instead where training requirements are lower and surety of hours and salary are more consistent.

The costs of advertising for staff and the subsequent use of agencies to fulfil our obligations has been very expensive. High turnover of staff has resulted in an increased burden on our office staff to find, train and induct replacements. The shortage of frontline staff has placed an intolerable strain on both our office staff and our loyal frontline staff, and burnout and disillusionment has further contributed to the problem of retention.

Despite forensic cost cutting in our own organisation over many years now, we have failed to make any profit at all in 3 out of the last 4 years. Our opinion is that there was an opportunity to at least help to address these issues when the central government gave local authorities the power to raise more money via the council tax increase however, the local authority decided not to pass all of this on. Even if they had, it was much too little, much too late. The austerity measures imposed (and passed on to

ourselves) have finally come home to roost, leaving many providers in the industry in a vulnerable state.

It could take a long time to turn the tanker around as we feel that until frontline staff a paid a decent wage with decent terms and conditions the problems in the sector will not be solved.

We are proud to say that due to the diligence and super hard work of some of our key staff, we have at least been able to maintain "good" in all levels of CQC'.

18. This was not the only response we received that gave us cause for concern. The response rate to our questionnaire was circa 30%. Approximately a third of respondents indicated that given the financial situation, they were having to seriously consider whether they will be able to continue. These providers were not confined to any particular client group or service type. Their one common factor was a heavy reliance on local authority placements and rates. The indications for us are that what this process has uncovered may well just be the tip of the iceberg.

19. These are very difficult times. To obtain a more in depth understanding of what is actually going on for providers of adult social care services, we suggest that this report is read in conjunction with its sister report entitled 'The Issues we Face'. This was released in November 2017 and both reports have been developed in consultation with providers. The Issues We Face provides a wider analysis of what it is actually like to be a provider and why the market place is going the way it is. As such it provides a useful accompaniment to this report and some useful context.

PROVIDER RESPONSES TO OUR QUESTIONNAIRE

The basic rates providers pay their frontline staff

20. **Reason for the question:**

We wanted to know whether historically:

a) providers have been paying their frontline staff at or around the National Minimum Wage and have been increasing their pay rates year on year in order to keep pace with this, or
b) Providers have been paying their frontline staff significantly more than the NMW and have been able to maintain this pay advantage over time or whether they are seeing it being eroded, or
c) Providers have been paying their frontline staff significantly more than the NMW and have seen this be significantly eroded over time.

Responses and Analysis

21. Almost all respondents reported increasing their baseline pay rate for frontline staff over recent years. The reasons for this were that either:
    a) They needed to in order to continue to pay the NMW or
    b) They are trying to retain some element of advantage over it. *Either way, their staffing bills have been going up.*

22. As a group, providers of residential and nursing services for older people were paying closest to the NMW, either at it or just above. This finding is consistent with information we have compiled from the National Minimum Data Sets (appendix 4) and an analysis of baseline rates of pay taken from regional and national jobsites and individual provider websites (appendix 5). There were also some providers of both residential and supported living services to people with learning disabilities who were paying their frontline staff at or close to the NMW. These tended to be smaller providers who are delivering services to people who are deemed to have less complex needs.

23. More specialist providers of services for people with learning disabilities (supporting people with more complex and challenging needs) tended to be paying rates that are higher than the NMW although they are seeing the amount that historically they were able to pay over and above the NMW, decreasing significantly.

24. The pay rates in Domiciliary Care for front line staff tend to be higher than for other service types. Even with this additional pay incentive, the nature of the work means that Domiciliary Care providers are finding it even more difficult to recruit and retain the staff they need than the rest of the sector.

25. From 1 Apr 18, the new NMW will be £7.83 an hour, and it will represent an increase of £1.13 or **16.86%** on the pre Apr 16 figure of £6.70 an hour. As providers are either having to or trying to keep pace with NMW increases (to be legally compliant and / or try to recruit and retain staff), it is not unrealistic to suggest that many of them will be looking at a 16.86% increase in their key cost over the last 20 months.

26. We accept it can be argued that this amount is tempered by the fact that only a proportion of a provider's costs are spent on staffing. However, even with this taken into account, it needs to be recognised that this is still a substantial increase. It is no wonder that providers are starting to leave the market place with indications that, without serious change, many more will be forced to follow.

Proportions of provider expenditure spent on staffing and non- staffing costs

27. **Reason for the question:**

Cost pressures on staffing and non-staffing costs are potentially different. Knowing the proportion that providers spend on these two key areas helps develop a more accurate picture of where the actual cost pressures lie and the relative impact of these.

Responses and Analysis

28. There were a few outliers but in the main providers were reporting that staffing costs represented 65 – 70% of their expenditure. Given that staffing costs are increasing at a disproportionally higher rate than non-staffing costs, our expectation is that this percentage is going to rise still further.

29. If we take the midpoint of this (67.5%) and apply it to the 16.68% rise in staffing costs, then providers paying the NMW (of which there are many) are looking at an increase in staffing costs of **11.26%** over the last 20 months. Many other providers who are trying to do all they can to keep ahead of the NMW are actually looking at something very similar.

30. **We would ask the local authorities**: Since 1st April 2016, how do the cumulative annual uplifts awarded by the local authority compare with this?

Maintaining pay differentials (differences) between job roles

31. **Reason for the question:**

We wanted to know if providers have been able to maintain the pay difference between staff with different levels of responsibility or whether these pay differences are becoming squeezed. If so, we wanted to know by how much?

Responses and Analysis

32. Providers have been maintaining pay differentials between job roles because they have to. If they don't, they cease to have a viable pay structure to reflect the levels of responsibility and accountability associated with different roles.

33. Whilst providers are maintaining these, for some the difference between what they are paying staff for different levels of responsibility is narrowing notably. This was a theme across responses and if representative of the sector as a whole, is indicating that the ability of the sector to implement viable pay structures is being eroded.

Sleep- ins

34. **Reason for the question:**

We wanted to establish whether local authorities are recognising sleep-ins as working time.

Responses and Analysis

35. Despite the requirement for sleep in hours to be included in NMW calculations, several providers reported not receiving any additional funding from the local authority to cover what they described as a huge additional cost. Some providers have received additional funding for this, so it is something of a mixed picture.

36. There seems to be a disparity between the provision of additional funding for sleep ins by some local authorities for Supported Living services but not for Registered Care. There doesn't appear to be any cogent reason for this. The need for employers to at least pay their staff the NMW is clearly a requirement, regardless of service setting.

37. Historically providers of both service types would have been receiving funding that enabled them to pay their staff in the region of £35 a night for a sleep in. One provider reported that historically they were paying a sleep in at under £25 a night, another that they were paying £30 a night.

38. From Apr 18, for a provider to be NMW compliant they will need to ensure payment for a 9 hour sleep in at a rate of 9 x £7.83 **(= £70.47**) is factored in to any NMW calculation. There are also the related on costs. If a local authority is taking the line that they are not paying anything additional for sleep ins as these NMW compliant rates are 'in the existing fee', we challenge that. Under rules set in 1999, when the minimum wage was introduced, anyone employed to work overnight was entitled to a flat-rate "on-call allowance" of £25 or £35. That is what is in the fee and that is what providers have been paying. If the local authority differs, we want to be provided with a full breakdown of their weekly rate in order to prove it. Otherwise the sector is saying and we are proceeding on the basis that it is not in the fee, and we are not alone in this view.

39. This is a very real issue and if it is not properly addressed it will destroy the element of the adult social care sector that is responsible for providing sleep- ins.

40. The Social Care Compliance Scheme (SCCS) was launched at the end of Oct 17 to look specifically at the back payment issue and gives social care providers up until Mar 19 to voluntarily identify how much they owe workers who were employed as sleep-in carers but were not paid the minimum wage. In the summer of 2017, some 200 disability charities warned that they face insolvency if they do not receive

additional money to both rectify the issue going forward and to address the back payment issue. Sleep in arrangements are common in the learning disabilities sector, and the Royal Mencap Society has estimated that the bill for the sector is in the region of £400m.

41. If providers continue to deliver sleep-ins, they are already looking at **an increase** in the region of over £35 a night per sleep in or over **£12,940 a year**. Where a provider has been paying sleep-ins at closer to £25 a night, this short fall will be around £45.47 a night or £16,596 per year. It also needs to be recognised that these are 'per sleep in figures'. Many providers are delivering multiple sleep ins.

42. All of these increases are real and none of them are sustainable without the accompanying additional funding.

Summary

43.

a. Sleep ins count as part of any NMW compliance calculation. The jury is no longer out on this and in reality, has not been for the last 2 years. Sleep ins are working time**.**

b. The need to be compliant with NMW requirements is the same across all types of services (and indeed all areas of the economy). Registered Care is not an exception.

c. Rates of £70.47 for a 9 hour sleep in are not 'in the existing fee'. What is in the existing fee are rates that have enabled providers to pay sleep ins in the region of £35 a night.

d. NMW compliance includes more variables and becomes more complicated to calculate when sleep ins are taken into account. The variables include: the number of normal waking hours a staff member does in any given time period (full or part time, working additional hours); the rates these are paid at (flat rate, enhanced rate); the number of sleep ins a staff member does in that same time period and the rates those are paid at. There is no simple equation; NMW compliance needs to be worked out on a case by case basis for every staff member doing sleep ins, for every time period that they do them.

e. The simplest and surest way to deal with this situation is for local authorities to pay for sleep ins at the NMW (plus a related on-cost), whether the service is Supported Living, Registered Care or Live in Care.

f. Whilst there may be some offset for a decreasing number of organisations that are paying their staff a day rate that is higher than the NMW, this is

becoming increasingly irrelevant as any pay advantage over and above the MNW for day time rates, if it exists at all has now been reduced to a matter of pence.

g. If the cost of a sleep in (minus the on costs) has gone up by over £35 a night, this puts it on a par with what staff have historically been paid for doing a waking night shift. There is little point a provider converting their sleep in shifts to waking nights because there is already a recruitment crisis and waking night shifts are amongst the most difficult to cover. By doing this, the provider is effectively making a rod for their own back. That said, any increase applied to a sleep in will need to be accompanied by a corresponding increase to a waking night in order to maintain a viable differential between these two roles.

Staff vacancy rates

44. **Reason for the question:**

The responsibilities of local authorities as laid out in the Care and Support Statutory Guidance extend beyond ensuring that providers are compliant with National Minimum Wage requirements to encouraging and ensuring a workforce that effectively underpins the market. We know that staff recruitment is a real issue for the sector and seek a clear picture of what this issue actually looks like for individual providers and what they believe the reasons for it might be.

Responses and Analysis

45. The latest version (2017) of Skills for Care's report into the adult social care workforce in the South West estimates that the number of adult social care jobs in the region has increased by around 4.3% (by 7,000 jobs) between 2012 and 2016. Skills for Care estimate that 6.9% of the roles in adult social care are vacant across the region or an average of around 9,500 vacant positions at any one time.

46. Respondents across all service types reported having staff vacancies and difficulties recruiting staff. They reported it being more time consuming and more expensive to recruit staff and despite this increased effort and expense, there was no guarantee that recruitment initiatives would be successful. In fact, on many occasions providers reported that they are not. The reasons providers gave for their difficulties in recruiting staff are:
    a. Low pay rates and the ability for people to earn the same or more for less responsibility in other areas of the economy.
    b. Candidates not being willing or able to work the shift patterns, the long hours and the anti social hours required of them.
    c. The poor status of social care (seen by many as something of a last resort).

d. The values and motivations of candidates who do come forward are often unsuitable for the requirements of the services and their clients.

Staff retention and turnover

47. **Reason for the question:**

We wanted to establish how effective organisations and services are at keeping their staff once they have them.

Responses and Analysis

48. Monster.co.uk (Dec 18) estimate that the average staff turnover in the UK across all sectors is 15%.

49. The latest version (2017) of Skills for Care's report into the adult social care workforce in the South West estimates that the staff turnover rate of directly employed staff working in the adult social care sector in the South West was 32%. This equates to approximately 45,000 people leaving their role last year.

50. Skills for Care estimate that the turnover rates for the following key roles were:
    a. Registered Managers turnover = 21.2%
    b. Registered Nurse turnover = 33.1%
    c. Care Worker = **39.5%**

Skills for Care also estimate that the staff turnover rate is increasing steadily in the South West; between 2012/13 - 2016/17 they report an increase in staff turnover of 7.3% compared to a figure of 4.7% for the same time period across England as a whole.

51. Some employers are struggling to find and recruit suitable people to the sector. They also reported that a large proportion of staff turnover was a result of people leaving the sector soon after joining and that the sector is having difficulties in retaining the younger workers it will need to build the workforce of the future.

52. Although a few respondents reported being able to retain their staff, significantly more reported staff turnover figures over and above 30% and sometimes significantly so. Whilst some staff were leaving for positive reasons such as relocation or career progression, the main reason given for staff leaving was pay (or lack of it) for the level of responsibility and expectation and disruption to their lives.

53. Respondents reported that more and more staff are turning their back on the care sector and are looking elsewhere for work with less responsibility and the opportunity to get their life back. It wasn't just frontline staff; turnover rates for Registered Managers and Registered Nurses were well above what they need to be.

54. For nurses, there is a national shortage so to a significant degree they can dictate favourable terms. As part of this they prefer to work for the NHS as this has greater prestige and the pay and terms and conditions are better. There were indications that matching these is something that nursing home providers are increasingly having to do.

55. For Registered Managers it is felt that the overwhelming expectations and the stress and burnout associated with these are not worth the financial package available. This is contributing to the high turnover and vacancy rates. Once there are gaps that need to be filled and a shortage of supply, people are once again able to negotiate more favourable terms and conditions.

Inflationary and additional costs

56. **Reason for the question:**

Historically we have made the case that at the very least providers should receive an annual uplift that enables them to cover costs associated with inflation. As part of this we have argued that this should be applied across the board as a minimum as staff are also subject to inflationary costs in their own lives. To not be able to provide them with a matching pay rise each year results in many of them drifting further and further into the ranks of the working poor.

57. We have also made the case that inflationary indices such as RPI and CPI are aggregated baskets of goods and services. The reality is that providers sometimes find themselves spending disproportionately more on items that drive these indices up rather than those that hold them down. Historically examples have included disproportionately high spending on fuel, electricity and food.

58. In addition, providers have costs which are not included in these indices and which at times run above the rate of inflation. Historically examples have included training, insurance and investing in systems to meet CQC requirements. We therefore wanted to have a more detailed breakdown of what a providers cost pressures are that either exceed the baseline rate of inflation and / or sit outside the standard measures for these.

Responses and Analysis

59. As already identified, staff wages have been a key increased cost for providers. This is across all pay grades and some providers reported a disproportionally high increase in the amounts they are having to pay for both Registered Managers and Registered Nurses. These senior positions are critical and willing workers are in short supply. It is a seller's market and the cost of filling these positions has actually been dramatically higher than any cost increase associated with the NMW.

60. One provider reported a 28% increase in the cost of a Registered Manager over the last 2 years. Another provider reported a 22% increase in the price they have had to pay for a nurse. They reported increasing their pay rate for nurses by £2 an hour without any recruitment success. Not only did they have to pay higher hourly rates, the provider reported that, to secure the nurses they required, they needed to pay significant fees to a recruitment agency (£8500) and at times relocation packages in the order of £3000 - £5000 a nurse.

61. Although providers don't like using agency staff (unless they need someone to cover a short term situation that it isn't worth their while recruiting to), we had a number of reports from providers saying that they have increasingly had to turn to agencies for staffing owing to their inability to deliver on their commitments with their own staff. One provider reported an increase in agency spend between the current year and last year of **256%**. This increasing need to turn to agencies for staff was reported for both nurses and frontline staff.

62. Some providers reported having to raise their staffing profile to ensure safe care as they were caring for increasingly dependent people. This was reported in both residential services for older people and for people with learning disabilities and despite repeatedly asking, providers were often (almost always) having to do this without additional funding.

63. A number of respondents reported a dramatic increase in their cost of recruitment. They reported that the requirement now is for them to be constantly having to recruit. They also reported situations where they manage to attract staff but the staff don't stay. When this happens, there are costs associated with management time, DBS checks and training which are effectively lost. The higher the staff turnover, the higher these costs are. Skills for Care cite a Chartered Institute of Personnel and Development (CIPD) study which estimates that the cost of recruiting and training a new member of staff can be between £2,000 and £5,000.

64. Despite the introduction of a statutory requirement for employers to contribute to the pensions of all the staff they employ who are over 22 and earn over £10,000 a year (unless the staff member actively opts out of the scheme), providers were expected to 'absorb' the initial 1% employers pension contribution without any additional funding. The employer contribution requirement will rise to 2% from 6th April 2018 and then to 3% from 6th April 2019. The most up to date information we could find is that by April 2015 around 75% of eligible employees were saving into a workplace pension. That is consistent with what providers have told us. As things stand, staff are not generally opting out.

65. If this is applied to 75% of the workforce and then only applied to 55% (estimate) of total staff expenditure rather than the 67.5% which represents the average

proportion of expenditure on staffing costs (as not all staff costs represent qualifying earnings for the purpose of pension calculations), there is a 0.825% increase on total expenditure. When the employer's contribution rises to 3% from 6th April 2019, then the increase will be closer to 1.24% of total expenditure.

66. We received feedback from providers that their insurance costs, already significant, have continued to rise. One figure quoted was a 25% increase last time their insurance was up for renewal. The reason given was that providers are increasingly being expected to insure themselves for higher levels of liability.

67. We received feedback that providers are increasingly being required to meet the cost of specialist equipment that used to be funded / provided by the local authority. In addition, generally the cost of everything (food, fuel, utilities etc) is going up.

68. Historically in the contract between local authorities and providers, RPI / RPIX were agreed as the inflationary indices that would be used to calculate this element within the annual uplift formula.

69. The year on year increase in RPI was 2.13% from 1st April 2016 – 31st March 2017 and is currently running at 3.75% for the period from 1st April – 30th November 2017. Combined this equates to an inflationary rise of 5.88% over the last 20 months. Nowadays the government's preferred index is CPI (essentially because it is lower and makes then look better). CPI has been running at 1.12% (April 2016 / March 2017) and 2.85% (April – November 2017) which together equate to an inflationary increase of 3.97% over the last 20 months. This swapping of indices however is not reflective of a decrease in annual inflation as experienced by providers (or indeed the population as a whole). We would therefore argue that at least until the full implications have been looked at and worked through, we remain with the RPI / RPIX indices.

70. We do not believe a month should be picked in relation to annual inflationary costs (traditionally September) just because it is custom and practice. Funding for Social Care should not be a lottery or based on figures within an arbitrary set of dates. A more accurate and fairer way to assess the impact of inflation on a provider's costs would be to take an average of the rise in the inflationary index over either a full year period or from April – November of the current year.

Occupancy rates (for accommodation based services)

71. **Reason for the question**:

The rates providers receive only work if their services are running at close to full occupancy. Having a clear and accurate understanding of actual occupancy rates for

different service types is therefore a critical part of the consideration when looking at whether providers are able to remain financially viable and therefore in business.

Responses and Analysis

72. In both last year's Cost Pressures report and in our more recent 'The Issues we Face' report, Care and Support West have already made a series of recommendations in terms of what we believe needs to be done in order for what is becoming an increasingly critical situation to be satisfactorily addressed. We will summarise some of our key recommendations here.

Recommendations from last year's Cost Pressures report

73.

a. Local authorities need to be taking full advantage of the opportunity to raise additional money for Social Care through the Council Tax precept. For this to have any beneficial impact, it will need to find its way directly to providers as enhanced rates.

b. To avoid discrimination, division and a policy which would adversely affect the ability of providers to attract the younger staff they desperately need, commissioners need to be paying rates that enable providers to pay all their staff (certainly those over 21) the same for doing the same job on the condition that providers then commit to passing these payments on to staff in practice.

c. To enable the sector to function, there will need to be a commitment from commissioners to retaining pay differentials both between and within pay grades and to pay a premium to organisations supporting people with more complex needs.

d. The ability for providers to be NMW compliant when sleep ins are taken into account has changed dramatically over a short space of time. Where services require a sleep in, we would urge commissioners to fund providers so that they are able to pay their staff (certainly those over 21) the full NMW for sleep ins, again on the condition that they commit to passing this on to staff in practice. There is also a need to pay providers in such a way that they are able to maintain the differential between sleep ins and waking nights.

Recommendations from 'The Issues we Face' report

74.

a. The need for social care services is going to become even greater as society ages and people with complex needs live longer. The sector's ability to recruit and retain the staff it needs is critical to it being able to deliver the services that are required of it …it needs to be recognised that being a competent care or

support worker is not a 'minimum wage job' and that being a Registered Manager is an increasingly difficult and professional role.

b. The impact that working anti-social hours and supporting people with increasingly complex needs has on staff at all levels needs to be recognised and a premium paid for this.

c. If a payment model is to remain viable in the longer term it needs to include:
   i. Basic rates of pay for front line care and support staff that are sufficiently above the NMW to enable the sector recruit the staff it needs, as a starting point, we suggest the 'actual' Living Wage as advocated by the Living Wage Foundation (currently £8.75 an hour outside London). Paying staff an actual living wage seems to us to send out the right message.
   ii. A premium for working anti-social hours.
   iii. Additional premium where staff are required to work split shifts or to lone work.
   iv. Additional premium where staff are required to support or care for people with complex needs.
   v. Additional premium to reward experience / length of service.
   vi. Further incentivising premiums for staff to take on greater levels of responsibility i.e. Senior Carers, Senior Support Workers, Team Leaders, Deputy Managers.

d. The financial remuneration, career progression opportunities and benefits package offered by the NHS are significantly better than that which can be offered by nursing homes … Nursing homes need to be able to pay their nurses at levels that will increasingly attract them into the sector.

COSTINGS and RECOMMENDATIONS

75. The absolute minimum increase in order to absorb current inflationary costs is going to relate to a £0.33 or 4.4% increase in costs associated with the NMW from £7.50 to £7.83 associated with around 67.5% of a provider's total costs and a 3.75% increase in RPI (inflationary costs) related to around 32.5% of a provider's costs that are not associated with staffing.

This equates to ((4.4 x 67.5) + (3.75 x 32.5))/100 = **4.19%**
There are no additional costs associated with this figure.

76. If providers were expected to absorb the initial 1% employer's pension contribution (which they were), you are looking at an additional 0.825% increase when the contribution rises to 2% (for all providers) from 1st April 2018. This equates to **5.015%**. Uplifts of this order are not going to change the sector's predicament in

any way. For the reasons that we have tried to highlight in both this and our 'The Issues we Face' report, they are going to do no more than delay the inevitable.

77. The NMW compliance and sleep ins issue needs to be considered separately and in addition to any basic uplift provided. Organisations providing sleep ins (in whatever service setting) need to be receiving funding from the local authority equivalent to £70.47 for each 9 hour sleep in plus any related on costs. We (and as highlighted in this report) the sector generally rejects the suggestion that local authorities have been paying sleep ins at these rates historically.

78. We would not expect this to be included in a percentage uplift as it is not applicable to all. Instead we would expect that negotiations take place individually with effected providers in which:
    a. The difference between the new rate and the historic rate being paid is identified
    b. The number of sleep ins being provided per night (and the number of hours per sleep in) is taken into account
    c. An agreement is reached in relation to how many service users the sleep in rate needs to be divided between.

79. As previously stated the NMW will have risen from £6.70 an hour (prior to its rise to £7.20 from 1st April 2016) to £7.83 an hour from 1st April 2018. This will represent an increase of £1.13 or **16.86%** over the last 20 months. The year on year increase in RPI was 2.13% from 1st April 2016 – 31st March 2017 and is currently running at 3.75% for the period from 1st April – 30th November 2017. Combined this equates to an inflationary rise of **5.88%** over the last 20 months. This equates to ((16.86 x 67.5) + (5.88 x 32.5)) / 100 = **13.29%**

80. When the additional 0.825% increase when the employer's pension contribution rises to 2% (for all providers) from 1st April 2018 you are looking at **14.115**%. It is expected that any percentage uplift awarded by the local authority last year (2016/17) would be subtracted from this, but we believe that the workings we have provided indicate that paying the difference would solely maintain the status quo. Given all the additional costs, we wouldn't attempt to describe this as a 'sector saving' increase but it would help.

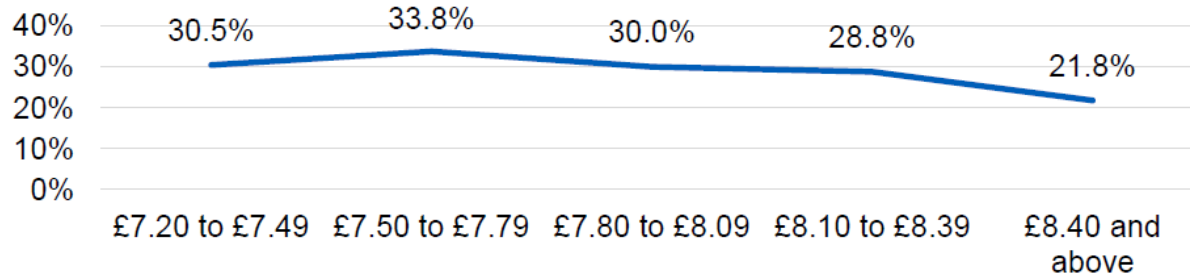
Properly addressing the staffing issue

81. In their 2017 'The adult social care sector and workforce in the South West' report, Skills for Care highlighted that the data is showing that those who are paid more are less likely to leave their role.

The figures they provide show that the staff turnover rate starts to drop off quite significantly once people are paid £8.40 an hour although it is still significantly higher

than the 15% that represents the average staff turnover rates across all sectors. In addition, two providers have told us that they have advertised for staff at over £9.00 an hour and that this has made no tangible difference.

Chart 22. Care worker turnover rate by average hourly pay bands, South West
Source. NMDS-SC unweighted data between March 2016 and March 2017



82. One of the conclusions from the Bournemouth University '*Pathways to recruitment*' 2015 study was that 'improving pay to reflect the complex demands of care roles would help recruitment as well as raise the status of the sector.'

83. Care work is not a minimum wage job. That needs to be properly understood and addressed because if it's not, the sector will continue to haemorrhage staff. If only the NMW is paid, even from the limited pool of people who are willing to try social care, many are going to try it and decide against it, unless they've got no choice, and then they are often the type of people the sector needs. Conceptually it needs to be understood that providing high quality care and support to vulnerable and often complex people is not the same as flipping burgers, stacking shelves or serving coffee. If we are going to have a viable adult social care sector going forward, significantly raising the rates that are paid to staff to better reflect the expectations and responsibilities being placed upon them, will have to be part of the solution.

84. We recognise that it would vary from service to service, but the indications are that to force any significant turnaround in the ability of the sector to recruit and retain the staff it needs, the nature of the work needs to be given proper financial recognition. Our thoughts are that a starting level 'mid point' of around £11.00 an hour would help generate the shift required. This would require an increase of 46.67% on the current NMW. Even if we went with this year's RPI, this would equate to ((46.67 x 67.5) + (3,75 x 32.5)) / 100 = **32.72**%. That is probably more in keeping with a 'sector sustaining' increase.

85. In Domiciliary Care, a 32.72% increase would bring the hourly rate paid to providers to around £25 an hour. This compares to a rate of £36 an hour which was the type of fee local authorities used to charge when they provided these services 'in house' more than 10 years ago. We recognise that this is aspirational and don't expect an uplift of this level this time around. However, we do believe

for the sector to be able to survive in the long term, rates are going to have to go back to far closer to what they used to be when local authorities delivered services in house. The longer this takes to achieve, the greater the damage that will be inflicted to the sector in the interim.

We would appreciate a response and are requesting to meet in order to discuss the issues raised in this report further and to explore ways that we may be able to work cooperatively and add our voice to yours.

Appendix 1: Questionnaire relating to Cost Pressures for providers of adult social care services

Date:	
Type of service:	
Organisation (optional)**:**	
Service name (optional)**:**	

Commitment to your confidentiality and not sharing your information

All information obtained via this survey will be treated confidentially. We are looking to establish and report on a general picture (with an evidence base to do this from) rather than the specific circumstances of any individual organisation or service.

If you are not able to answer a particular question then don't worry. Please just try and provide us with as much information as you can. It is more useful to us to have the questionnaire returned with some gaps rather than not returned at all.

1) *Details of pay rates for front line staff since 1st April 2012*

Reason for the question: We are trying establish whether historically:

d) providers have paid their front line staff at or around the National Minimum Wage and have had to increase their pay rates year on year to keep pace with the NMW, or
e) whether providers have paid front line staff more than the NMW and whether they have been able to maintain this pay advantage over time or they are seeing it being eroded.

Year from	National Minimum / Living Wage (per hour)	Your basic rate of pay for front line workers (per hour)
April 2018	**£8.05** (25 and over)*	
April 2017	**£7.50** (25 and over)	
April 2016	**£7.20** (25 and over)	
April 2015	**£6.70** (21 and over)	
April 2014	**£6.50** (21 and over)	
April 2013	**£6.31** (21 and over)	
April 2012	**£6.19** (21 and over)	

*This rate has not yet been confirmed but £8.05 is the figure that the Office for Budgetary Responsibility predict if the Low Pay Commission follow a straight path to the 2020 target of £9.00 an hour.

We would also welcome any brief summary or comments on the increase in the NMW and your ability to keep pace with these.

2) Sleep ins and the National Minimum Wage

You only need to answer this question if you are providing sleep ins.

Reason for the question: We are trying to establish whether local authorities are recognising sleep ins as working time.

In relation to the four local authorities in our area, please tell us the rate they currently pay you for a sleep in and how long (how many hours) a sleep in is. (Usually either 8 or 9 hours).

Local Authority	Service type	Rate the LA currently pays you for a sleep in	SI = hours per night
B&NES	Registered Care		
	Supported Living		
Bristol	Registered Care		
	Supported Living		
North Somerset	Registered Care		
	Supported Living		
South Glos	Registered Care		
	Supported Living		

We would also welcome any additional comments on the rates you receive from local authorities for sleep ins and the impact this has had on your ability to meet NMW wage requirements. For example. a statement identifying any additional cost you have had to incur for both the current financial year (2016/17) and the previous financial year (2015/16) in order to ensure overall NMW compliance when sleep ins are included would be helpful information.

3) Pay differentials (differences) between job roles

Reason for the question: Have you been able to maintain the pay difference between staff with different levels of responsibility since the increase in the NMW (to £7.20 an hour from April 2016) or, have your rates become squeezed? If so, by how much?

If the role titles are wrong for your service then change them. We are trying to get a sense of whether or not rates of pay have become squeezed for the first four 'levels of responsibility'.

	Hourly rates		
Role	**2015/16 rate**	**2016/17 rate**	**2017/18 rate**
Front line Carer / Support Worker			
Senior Carer / Support Worker			
Team Leader / Deputy Manager			
Unit / Service Manager			

We would also welcome any further comments on the impact of increases in the NMW and your ability to maintain pay differentials between staff with different levels of responsibility.

4) Staff vacancy rates

Reason for the question:
The responsibilities of local authorities extend beyond ensuring that providers are at least compliant with National Minimum Wage requirements to encouraging a workforce that effectively underpins the market.

We know however that staff recruitment is a real issue for the sector. We want to get a brief but clear picture of what that issue actually looks like for you and what you believe the reasons for it might be.

	Since 1st April 2017	
Role	**How many positions vacant**	**No of weeks vacant for**
Front line Carer / Support Worker		
Senior Carer / Support Worker		
Team Leader / Deputy Manager		
Unit / Service Manager		
Other (please specify)		

If you are struggling to recruit the staff you need, what do you believe are the 3 key reasons for this.

	Reason
1 2 3	

We would also welcome any further comments which would help us to be able to report on the extent of the staff recruitment problem and the reasons for it.

5) Staff retention and turnover

Reason for the question:
We are trying to establish how effective organisations and services are at keeping their staff once they have them. Staff turnover is the recognised measure of this and is calculated by dividing the number of people present at the beginning of a given time period by the number of people who have left during that time period.

Even if you don't have official staff turnover figures, some indication of how successful you feel you are at retaining the staff you recruit and the reasons staff give for leaving would be helpful.

	Staff turnover rates (as a %)	
Role	**1st April 2015 – 31st March 2016**	**1st April 2016 – 31st March 2017**
Front line Carer / Support Worker		
Registered Manager		
Registered Nurse (if applicable)		

Top 3 reasons staff give for leaving.

	Reason
1	
2	
3	

Any further comments:

6) *Inflationary and additional costs*

Reason for the question:
We have argued historically that providers should at the very least receive an annual uplift that enables them to cover costs associated with inflation. However, inflationary indices such as RPI and CPI are aggregated baskets of goods and services and providers can find themselves spending disproportionately more on items that drive these indices up rather than those that hold them down. Historically examples have included disproportionately high spending on fuel, electricity and food.

In addition, providers have costs which are not included in these indices and which at times run above the rate of inflation. Historically examples have included training, insurance and investing in systems to meet CQC requirements.

It is therefore useful to have a detailed breakdown of what your cost pressures are which either exceed the baseline rate of inflation and / or sit outside the standard measures for these, so that we can make the case to the local authorities.

If you do have costs that you believe are serving to push the cost of delivering your service over and above the rate of inflation then please enter these below:

Cost item	% increase in cost 1st April 2016 – 31st March 2017	% increase in cost since 1st April 2017

7) *Percentage of your budget spent on staff wages and on non wage costs*

Reason for the question:
Typically, organisations spend around 65 – 70% of their budget on staff wages and 30 – 35% on non staffing (or hotel) costs although these proportions are different for different types of services and for different organisations. Having a clear understanding of the proportion (percentage) of your budget that is spent on these non staffing costs helps us evidence base our representation in relation to this issue.

	% of budget spent on
Staffing costs (staff wages)	
Non staffing costs (hotel costs)	

8) *Occupancy rates (for accommodation based services)*

Reason for the question:
The rates you receive only 'work' if your service is running at close to full occupancy. Having a clear and accurate understanding of actual occupancy rates for different service types is therefore an important part of the discussion we need to be having with your local authorities.

	Average occupancy rates (%)	
Service	**April 16 – March 17**	**From April 17**

Additional comments and information
If there are any specific points relating to the questions above or further factors you feel we should be aware of when making representation on behalf of providers to local authorities then please include these below.

Thank you for taking the time to complete this Cost Pressures questionnaire. Please can you return it to mik.alban@careandsupportwest.com by Monday 20th Nov 2017.

Appendix 2: Summary of Care and Support West's Cost Pressures representation from previous years

We have included this appendix because this the sixth consecutive year that we have produced a cost pressures report and we have been informing the local authority of the issues time and time again.

Within that, we have repeatedly asked the local authority for dialogue and closer cooperation in relation to developing a more complete and joined up understanding in relation to cost pressures.

In addition, we have repeatedly recognised and acknowledged the local authorities plight and the utterly unrealistic and untenable position they are being placed in by central government. We have said that we are very willing to add our voice to yours.

Some local authorities have responded and we applaud them for that. There is no quick fix, this is a journey but they do at least engage with us to develop a more collective understanding and we work with them to evidence base our position.

Our frustration occurs when we believe that our requests for cooperation and dialogue in relation to the above are ignored and at the same time we see the viability of the adult social care market and its ability to meet the needs of the most vulnerable people in society being systematically undermined.

When things really start to unravel (and they will if something dramatic is not done to prevent it … the constituent parts are already in place) then our view is that if those in authority have repeatedly been provided with the information and have chosen to ignore the warnings then they need to be held accountable when their inaction results in the destruction of a market place that they have a statutory duty to maintain.

Once more for the record, here is a summary of the formal Cost Pressure representations that Care and Support West has sent to the local authority over each of the last five years. Any or all of these can be made available upon request.

Representation for 2013/14

In our 2013/14 Cost Pressures report, we made representation in relation to:

a) the inadequate baseline fees for older people's services (comparing them to the 'floor fees' cited by Laing and Buisson as relating to physically poor quality care homes whose physical environment is 'on the borderline of acceptability')
b) the inadequate mechanisms used by LAs to calculate the cost of residential LD and MH placements – we exposed a raft of inadequacies with the South West 'Fair' Pricing Tool.
c) The inadequacies of the annual uplift formula. We made comparisons between the cumulative uplifts awarded by the local authorities since April 2008 using this formula and the rise in RPI over the same time period.

d) we provided a clear breakdown of the additional costs that providers have been expected to just absorb, These included an increase of 8 days (over 2 years) statutory annual leave entitlement, a 2.5% rise in VAT, a 1% rise in employers NI contribution, the introduction of the 1% employer's pension contribution.
e) we identified some of the less quantifiable additional costs that providers are being expected to absorb. These included:

- additional mandatory training requirements
- the ever expanding focus on Health & Safety with new considerations becoming 'mandatory'
- the increase in the standards and professionalisation of the Care Sector and the costs associated with delivering this
- the removal of day opportunities in Learning Disability services and the increased requirement for providers to offer these.

f) Domiciliary Care – that the hourly rate is not a black hole and the high levels of staff turnover.

Representation for 2014/15

In our 2014/15 Cost Pressures representation we:

a) reiterated the fact that baseline fees for older people's services remain inadequate
b) reiterated the fact that mechanisms used by LAs to calculate the cost of residential LD and MH placements remain inadequate
c) reiterated the fact that cumulative uplifts awarded by the local authority continue to be well below the corresponding rise in RPI over the same time period
d) reminded the local authority of the additional costs that providers have just been expected to absorb and we identified a number of further costs for which this was happening including training and insurance costs.
e) highlighted the low opt out rates for pension schemes
f) provided specifics around difficulties in recruiting nurses
g) provided specifics around the inadequacies of Domiciliary Care funding
h) provided specifics around the inadequacies of staff pay rates.

Representation for 2015/16

In our 2015/16 Cost Pressures report, we made representation in relation to:

a) the responsibility of local authorities to pay the 'actual cost of care'
b) the requirement for local authorities to pay the National Minimum Wage for all hours worked including sleep ins and travel time
c) the need to ensure the effective recruitment and retention of staff
d) the increasing demands being placed on providers
e) the EAT ruling on the Bear Scotland v Fulton case that voluntary overtime pay should have been factored into employee's holiday pay
f) an overview (once more) of the Cost Pressure representations that Care and Support West have made historically in relation to baseline fees, annual uplifts awarded and additional costs that providers have been expected to absorb

We went through these issue by issue – we summarised the representation we have made for each issue and the local authorities response. Generally nothing.

g) the critical importance of maintaining adequate occupancy levels.

Representation for 2016/17

In our 2016/17 Cost Pressures representation, we:

a) flagged up the demise of Southern Cross, that Bupa was in the process of selling its Domiciliary Care division and the precarious nature of Dom Care provision as a whole.
b) stated that this was the most critical annual cost pressures representation that Care and Support West has ever submitted. (We would say that this has now been superseded)
c) described the impact of the new NMW … on sleep ins, on travel time, on increased on costs and on the ability of providers to remain afloat as a 'game changer'.
d) highlighted the increasingly critical situation in terms of recruitment and retention
e) highlighted the chronic shortage of nurses
f) highlighted the potential need to pay holiday on overtime hours worked
g) highlighted a range of specific issues facing the Domiciliary Care sector
h) (again) included an appendix with a blow by blow summary of cost pressure concerns we have raised in previous representations.
i) included quotes from both Building Partnership in Care and the Care and Support Statutory guidance spelling out exactly what the local authorities responsibilities are in relation to
j) made a further call to work with local authorities so that we can add our voice to theirs
k) warned that collapse is avoidable, but it is going to cost.
l) requested to meet at the earliest opportunity.

Representation for 2017/18

In our 2014/15 Cost Pressures report, we:

a) identified the duties of local authorities under the Care Act 2014 in relation to market shaping
b) provided a detailed analysis of the impact of increases in the National Minimum Wage to our sector
c) highlighted the increasingly level playing field created by the increases in the NMW and the impact of this on staff recruitment and retention
d) highlighted the need to recruit and retain a growing proportion of younger staff and the current difficulties in relation to this
e) highlighted that paying lower rates to people under 25 was utterly counter productive and not a differentiation that providers were generally making
f) highlighted the need to maintain viable pay structures with pay differentials (bands) both within and between roles
g) highlighted the additional costs of high staff turnover and flagged this up as wasted money
h) looked in detail at sleep ins and NMW compliance. This included worked through examples of various NMW compliance scenarios when sleep ins are taken into account

i) highlighted the knock on effect of the increase in sleep in costs on current waking night rates
j) made a series of recommendations
k) made a further offer of help.

Appendix 3: What the Care and Support Statutory Guidance says in relations to a) facilitating and maintaining a viable market place of sufficient quality and diversity and b) integration, cooperation and partnerships

The duties and responsibilities of local authorities in relation to market shaping are laid out in chapter 4 of the Care and Support Statutory Guidance (The Statutory Guidance to the Care Act 2014).

Whilst the focus by local authorities over recent years has been to provide increases that enable compliance with National Minimum Wage requirements (although for some reason not always in relation to sleep ins), the duties and responsibilities of local authorities extend significantly beyond this.

Quotes from the most recent version of the Care and Support Statutory Guidance (17th August 2017) are provided below. In summary however, it is true to say that the statutory duty of local authorities extend to ensuring that providers can attract, retain and develop staff in such a way that they are able to deliver high quality services and to allow them sufficient levels of return to ensure that there is a healthy and sustainable level of provision in the long term.

Maintaining a viable market place of sufficient quality and diversity

Quotes from the Statutory Guidance

"Local authorities **must** facilitate markets that offer a diverse range of high-quality and appropriate services. In doing so, they **must** have regard to ensuring the continuous improvement of those services and encouraging a workforce which effectively underpins the market through:

- standards
- skills
- qualifications and apprenticeships". (4.21)

"People working in the care sector play a central role in providing high quality services. Local authorities must consider how to help foster, enhance and appropriately incentivise this vital workforce to underpin effective, high quality services ..." (4.28)

"When commissioning services, local authorities should assure themselves and have evidence that service providers deliver services through staff remunerated so as to retain an effective workforce. Remuneration must be at least sufficient to comply with the national minimum wage legislation for hourly pay or equivalent salary. This will include appropriate remuneration for any time spent travelling between appointments. Guidance on these issues can be found on the HMRC website". (4.30)

"When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care …

This should support and promote the wellbeing of people who receive care and support, and allow for the service provider ability to meet statutory obligations to pay at least the national minimum wage and provide effective training and development of staff …

It should also allow retention of staff commensurate with delivering services to the agreed quality, and encourage innovation and improvement ...

Local authorities …… should understand that reasonable fee levels allow for a reasonable rate of return by independent providers that is sufficient to allow the overall pool of efficient providers to remain sustainable in the long term". (4.31)

"Local authorities must work to develop markets for care and support that - whilst recognising that individual providers may exit the market from time to time - ensure the overall provision of services remains healthy in terms of the sufficiency of adequate provision of high quality care and support needed to meet expected needs. This will ensure that there are a range of appropriate and high quality providers and services for people to choose from". (4.33)

"… Local authorities must not undertake any actions which may threaten the sustainability of the market as a whole, that is, the pool of providers able to deliver services of an appropriate quality – for example, by setting fee levels below an amount which is not sustainable for providers in the long-term". (4.35)

and in relation to 'integration, cooperation and partnerships'

"Co-operation between partners should be a general principle for all those concerned "(15.16.)

"The local authority must co-operate with each of its relevant partners, and the partners must also co-operate with the local authority … " (15.21)

"… there may be other persons or bodies with whom a local authority should co-operate if it considers this appropriate when exercising care and support functions, in particular independent or private sector organisations". (15,22)

"Where a local authority or partner requests co-operation from each other in relation to a particular individual case, the local authority or relevant partner must co-operate as requested, unless doing so would be incompatible with their own duties or have an adverse effect on the exercise of their functions". (15.26)

Appendix 4: National Minimum Data Sets (Social Care) – data re hourly rates

Positions highlighted in pink will be below the new NMW of £7.83 when it comes in from 1st April 2018. Positions highlighted in orange will be less than 10p an hour more.

Local Authority area: Bath and North East Somerset

Service type	Hourly rate – Frontline staff	Sample size
Older People – Residential	£7.50	19
Older People – Residential (Dementia)	£7.50	27
Older People – Nursing	£7.60	22
Older People – Nursing (Dementia)	£7.80	117
Older People – Domiciliary Care	£9.80	86
Domiciliary Care – Dementia	£9.80	170
Learning Disability – Residential	£7.60	39
Learning Disability – Supported Living	No data	

Local Authority area: Bristol

Service type	Hourly rate – Frontline staff	Sample size
Older People – Residential	£7.20	18
Older People – Residential (Dementia)	£7.16	28
Older People – Nursing	No data	
Older People – Nursing (Dementia)	£7.50	173
Older People – Domiciliary Care	£8.00	203
Domiciliary Care – Dementia	£8.00	336
Learning Disability – Residential	£7.86	175
Learning Disability – Supported Living	£7.99	25

Local Authority area: North Somerset

Service type	Hourly rate – Frontline staff	Sample size
Older People – Residential	£7.50	10
Older People – Residential (Dementia)	£7.50	120
Older People – Nursing	£7.85	71
Older People – Nursing (Dementia)	£7.50	382
Older People – Domiciliary Care	£8.07	277
Domiciliary Care – Dementia	£8.07	277
Learning Disability – Residential	£7.84	60
Learning Disability – Supported Living	No data	

Local Authority area: South Glos

Service type	Hourly rate – Frontline staff	Sample size
Older People – Residential	£7.86	14
Older People – Residential (Dementia)	£8.08	81
Older People – Nursing	No data	
Older People – Nursing (Dementia)	£7.80	24
Older People – Domiciliary Care	£8.40	197
Domiciliary Care – Dementia	£8.35	271
Learning Disability – Residential	£7.63	30
Learning Disability – Supported Living	£8.00	14

Appendix 5: Rates of pay as advertised on individual provider websites and national and regional job sites in October and November 2017

The following are rates of pay advertised for a range of care and support worker roles in the local area in the last 3 months broke down by role / service type. The ones highlighted in pink will be directly affected by the rise in the NMW to £7.83 from 1st April 2018. Rates highlighted in orange will be within 10p of the new NMW.

Residential services for older people

Area	Role	Range - lower end	Range - upper end
Bristol	Care Assistant	£7.50	£7.70
Bristol	Care Assistant - Nights	£7.50	£7.70
Weston Super Mare	Care Assistant	£7.50	
Bristol	Care Assistant	£7.75	£8.72
Bristol	Night Care Assistant	£7.75	£8.72
Bristol (BS9)	Care Assistant	£7.55	
Winscombe	Health Care Assistant	£8.00	
Bristol	Care Assistant (Nights)	£7.80	£9.00
Clevedon	Night Care Assistant	£8.00	
Weston Super Mare	Care Assistant	£7.50	£7.65
Bristol (BS36)	Care Assistant (Nights)	£8.00	
Bristol	Care Worker	£7.75	£8.75
Bristol	Night Care Worker	£7.75	£8.75
Bristol	Carer	£7.50	
Bristol	Care Worker	£7.80	
Bristol (BS9)	Care Assistant (Nights)	£8.70	
Bristol (BS6)	Care Assistants (Nights)	£9.19	
Bristol	Healthcare Assistants (Day)	£7.50	
Bristol	Healthcare Assistants (Nights)	£7.50	
Weston Super Mare	Care Assistant	£7.85	£8.25
Bristol	Support Worker	£7.63	£7.91
North Somerset	Support Worker	£7.50	£7.79
North Somerset	Support Worker (Dementia)	£8.33	
Bristol	Care and Support Worker (Bank)	£8.13	
Weston Super Mare	Night Care Assistant	£7.50	

The rates not highlighted in pink or orange tend to be for night staff.

Domiciliary Care

Area	Role	Range - lower end	Range - upper end
North Somerset	Community Care Assistant	£8.40	
Weston Super Mare	Care Assistant	£8.57	
Bristol	Weekend Support Worker	£10.09	£12.33
Bristol	Care Assistant	£7.55	£8.45
Bristol (Lockleaze)	Support Worker	£7.70	£8.50
Bristol	Home Care Assistant	£8.00	£10.50
Bristol and WSM	Home Care Workers	£8.00	
Bristol	Personal Care Assistant	£9.00	£9.90
Bristol (BS9)	Care Assistant - Homecare	£7.90	£10.50
Bristol (BS9)	Care Assistant	£9.00	£11.00
Bristol	Care and Support Worker	£9.00	£11.00
Bath	Care Worker	£9.20	
Bristol (Brislington)	Care Assistant	£9.00	
Bristol (BS14)	Care Assistant - Waking Nights	£9.00	
Bristol (Fishponds)	Personal Care Assistant	£7.75	£10.60
Kingswood (Bristol)	Support Worker / Care Assistant	£7.92	£11.52
Bristol	Care Worker	£8.50	£10.53
Weston Super Mare	Care Assistant	£14.63	
Bristol	Care Assistant	£15.38	
Bristol	Care Assistant / Support Worker	£8.75	
Bristol	Care Assistant / Home Carer	£8.35	£9.15
Bristol (Lawrence Weston)	Care Worker	£8.40	£9.60
Bristol	Care / Support Workers	£8.00	£10.25
Bristol (North)	Community Care Workers	£10.00	
Bristol (Whitchurch)	Healthcare Assistant		£10.00
Weston Super Mare	Personal Care Assistant	£8.15	
North Somerset	Community Carer	£8.14	£8.64
Weston Super Mare	Carer / Home Care Assistant	£10.00	£13.00
Bristol	Care Assistant	£8.30	£10.30
Bristol	Support Worker / Carer	£8.00	£12.00
Bristol	Support Worker	£7.50	£10.50
Clevedon	Support Worker (Day time care)	£8.75	£9.75
Wells	Care Worker (Community)	£7.61	£9.03
Weston Super Mare	Home Care Workers	£9.00	
Bristol	Care at Home Worker	£8.52	

Rates for Dom Care workers do tend to be higher because of zero hour contracts and lack of surety of hours and anti social / inconvenient working patterns. Even with higher rates, because of these types of disadvantages, Domiciliary Care is having the greatest difficulty in recruiting and retaining the staff they need.

Residential services for people with learning disabilities / mental health support needs

Area	Role	Range - lower end	Range - upper end
Bristol	Support Worker	£7.50	£11.25
Bristol	Support Worker (Part time)	£7.50	£11.41
Bristol	Support Workers (Bank)	£7.60	£8.35
Bristol	Care Assistant	£7.65	£7.95
Bristol	Care Assistant (Night)	£7.65	£7.95
Bristol & North Somerset	Support Workers (Bank)	£7.88	£8.49
Bristol	Support Worker	£7.88	£8.49
Bristol (BS16)	Support Worker	£8.50	
Bath	Support Worker	£8.05	
All ex Avon areas	Support Worker	£7.60	£8.25
Bristol	Support Worker (Bank)	£8.10	£8.75
Westbury (Wiltshire)	Support Care Worker	£8.11	£8.51
Coleford	Male Support Worker	£7.65	£7.75
Trowbridge	Support Worker	£7.90	£8.00
Bristol (Winterbourne)	Support Worker / Carer	£8.39	
Bristol	Casual Carer / Support Workers	£9.26	
Bristol	Support Worker (Bank)	£7.70	
Bristol (Warmley Court)	Support Worker	£7.75	
Bristol	Waking Night Support Staff	£8.00	
Bristol (Henleaze)	Support Worker	£7.85	£8.16
Keynsham	Female Support Worker	£8.00	
Wiltshire	Support Workers		£8.05
Bristol	Support Worker	£8.00	

A lot of jobs for residential support workers are now at or above the NMW. We have highlighted another tier of advertised positions (in pale yellow) which will all be less than 30p an hour above the new NMW.

Supported Living services

Area	Role	Range - lower end	Range - upper end
Bristol	Support Worker	£7.50	£11.25
Bristol	Floating Support Worker	£9.20	
Bristol (BS8)	Keyworker (Supported Living)	£9.20	
Bristol (BS16)	Support Worker	£8.50	
Bristol	Outreach Worker	£8.82	£9.04
Bristol	Personal Assistant	£8.39	
Bristol	Support Worker	£7.50	£10.50
Clevedon	Support Worker (Day time care)	£8.75	£9.75
Bristol	Support Worker - SL	£8.00	
Bristol (BS10)	Support Worker	£7.70	£10.45
Bristol	Support Worker	£8.00	
Bristol	Outreach Support Worker	£8.00	£10.00
Bristol	Support Worker	£7.50	
Bristol	Support Worker / Carer	£8.00	£12.00
Bristol	Waking Night Support Staff	£8.00	
Bristol	Weekend Support Worker	£10.09	£12.33
Bristol	Care and Support Worker	£9.00	£11.00
Bristol	Support Worker	£8.25	£10.29
Coleford	Male Support Worker	£7.65	£7.75
Trowbridge	Support Worker	£7.90	£8.00
Bristol & North Somerset	Care Worker		£11.25
Wells	Care Worker (Community)	£7.61	£9.03
Bristol	Community Support Worker	£7.93	£8.33
Bristol	Support Worker - Waking Nights	£8.50	£10.64
Weston Super Mare	Care Assistant	£7.85	£8.25
North Somerset	Community Care Assistant	£8.40	

Senior Carer / Senior Support Worker roles

Area	Role	Range - lower end	Range - upper end
Bristol	Senior Support Worker	£8.00	
Bristol	Senior Care Worker	£8.65	
Bristol	Senior Support Worker	£8.50	
Bristol	Senior Support Worker	£8.85	£9.38
Bristol (BS9)	Senior Nursing Care Assistant	£9.21	
Bristol (Brislington)	Senior Care Assistant	£9.00	£9.50
Bristol (North and South)	Home Care - Field Supervisor	£8.40	
Bristol (BS36)	Senior Care Assistant	£9.00	
Bristol (Westbury on Trym)	Senior Support Worker (Nights)	£11.51	
Bristol	Senior Care Worker	£8.85	
Bristol	Senior Carer	£8.65	
Bristol	Senior Care Assistant	£9.90	
Portishead	Senior Carer	£8.72	
Weston Super Mare	Senior Carers (Day and Night)		£8.50

All the advertised positions highlighted in blue are for Senior Carer / Senior Support Worker type positions that will be less than £1.00 an hour more than the new NMW of £7.83 from 1st April 2018. The positions highlighted in pale yellow will be £1.02 more.