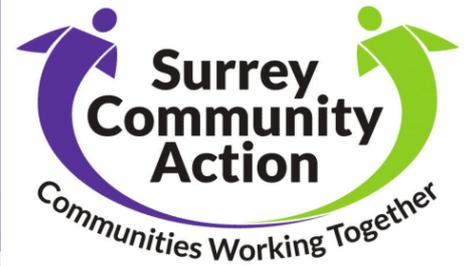




Surrey Heartlands

HEALTH AND CARE PARTNERSHIP



Surrey's Voluntary Sector Health and Care Workforce

Exploring the size and scope of Surrey's voluntary sector health and care workforce, its challenges and opportunities for integrating with the wider health and care workforce.

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Quotes from individual respondents are shared anonymously as requested, but their honesty and candour are much appreciated.

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Introduction

This report is the result of research undertaken by Surrey Community Action, commissioned by Surrey Heartlands Health and Care Partnership, to identify the size and shape of Surrey's voluntary sector health and care workforce. By voluntary sector, it means any of a range of organisations running not-for-profit business models and providing a social or charitable benefit to clients, beneficiaries and service users. Collectively, this embraces diverse structures such as companies limited by guarantee, registered charities, charitable incorporated organisations, and volunteer led community groups. There are many acronyms used to group this diverse range of organisations, but across Surrey historic use has been made of Voluntary, Community and Faith Sector, or VCFS, and this is the term that will be used throughout.

The research underlying this report includes a refresh of work undertaken by Surrey Community Action in 2016, in which the size and shape of the wider VCFS was surveyed assessing its size and shape, along with the challenges it faced and the opportunities it saw.

Surrey Community Action carried out this work under two of its strategic objectives:

"[To] advocate on behalf of the VCFS in Surrey, ensuring that statutory bodies, private sector organisations and other stakeholders understand the value of the VCFS and how it can support partners to meet their objectives"

and to be a:

"Focal point for knowledge and understanding of the VCFS in Surrey, being able to collate, analyse, personalise and disseminate the information necessary for VCFS organisations to thrive in a challenging environment"

To meet these objectives, this research aims to paint a clear picture of Surrey's VCFS health and care organisations and their workforces today and into the future, to help work towards a "one lanyard" environment in which the skills and expertise from across sectors is recognised and respected and in which all health and care workers are given the same opportunities and support to improve the health and wellbeing of the people of Surrey.

Methodology

The primary elements of the methodology were:

- Desktop research on the VCFS nationally, regionally and in Surrey.
- An online survey of not-for-profit organisations across Surrey.
- Desktop review of national and local literature to identify comparator data.
- Face to face and telephone interviews conducted with VCFS organisations, as well as partners and stakeholders, across a range of sizes, locations and purposes.

The primary research, conducted via a Survey Monkey online survey, was distributed via Surrey Community Action and partner networks, so the total number of recipients is unknown but is estimated to be at least 1,200 out of the estimated 6,000 voluntary sector organisations active across Surrey. 37 responses were received. Individual questions were optional, and so responses per questions ranged from 37 to 10.

The relatively small response rate is disappointing, but can be attributed to:

- “Consultation fatigue” due to the sheer number of current consultations the VCFS is being asked to participate in, as many structures are currently reassessing their relationship with the VCFS.
- The survey asks for some commercially sensitive data, which although anonymised, might have been uncomfortable for some organisations to share.

The online survey was backed up by telephone and face to face meetings with over 50 VCFS organisations involved in health and care work.

National and regional data was sourced from several places including:

- The NCVO Almanac (<https://data.ncvo.org.uk/>)
- The Charity Commission for England and Wales (<https://www.gov.uk/government/organisations/charity-commission>)
- The Labour Force Survey from the Office for National Statistics (<https://www.ons.gov.uk/employmentandlabourmarket>)

Data on Carers was provided by Action for Carers Surrey (<https://www.actionforcarers.org.uk/>)

Data on Personal Assistants was provided by Surrey Independent Living Council (<https://www.surreyilc.org.uk>)

Data on people with disabilities was provided by the Surrey Coalition of Disabled People (<https://surreycoalition.org.uk/>)

Definitions and Scope

This report uses the term “Voluntary, Community and Faith Sector” (VCFS) to describe the group of organisations and structures that sits alongside the private and public sectors, often meeting needs that have not been met because the private sector has not seen them as profitable, and the public sector has either neglected these needs or more often not been able to afford to meet them.

The VCFS is variously known as the Voluntary, Community and Social Enterprise (VCSE) sector, the not-for-profit sector, the voluntary sector, or the Third Sector.

VCFS organisations tend to be characterised by:

- Formal (institutionalised to some extent)
- Independent (separate from the state)
- Not-for-profit
- Self-governing
- Meaningful degree of voluntary participation
- Acting for public benefit

Many definitions of the VCFS exclude:

- Sacramental religious bodies or places of worship
- Independent schools
- Government-controlled bodies
- Housing associations

Carers and Personal Assistants are not considered to be part of the voluntary sector but form a meaningful part of the health and care workforce that are often not considered elsewhere, so they will be discussed in this report.

Typically, VCFS involvement in health and care tends to be one or more of the following:

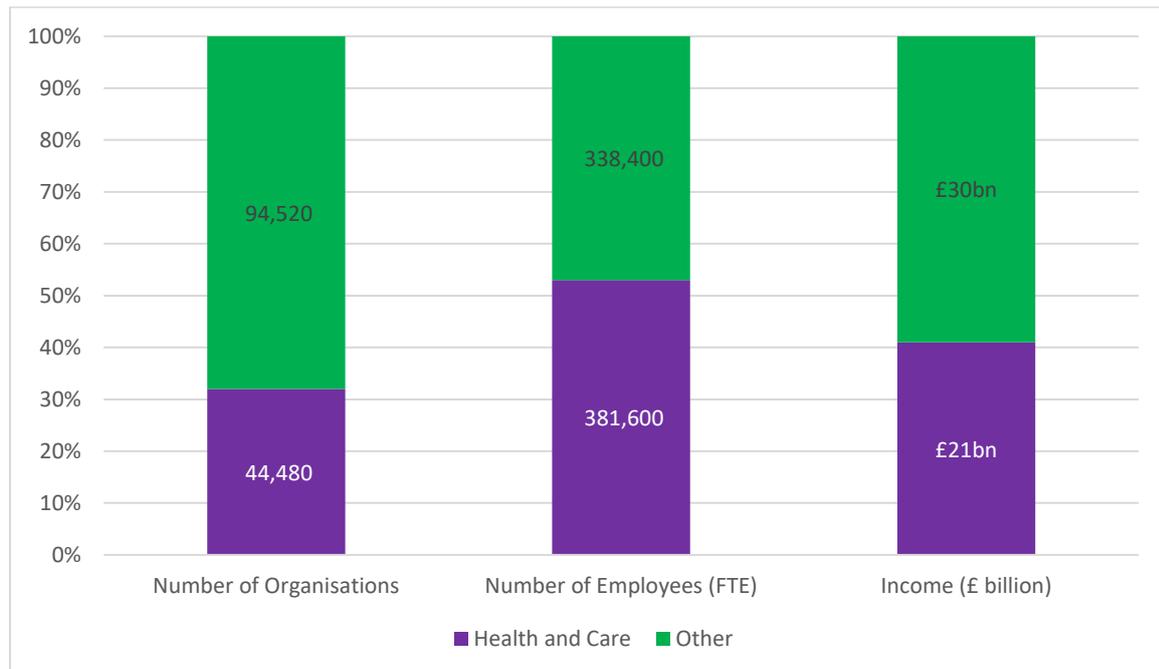
- **Health** - Including hospitals, public health, health and wellness education, rehabilitation services
- **Social Services** – Including family support, services for the elderly, shelters, refugee assistants, income support and maintenance
- **Research** – Including medical research, science and technology, social sciences and policy
- **Development** – Including economic, social and community development within communities

This is not an exhaustive, and many VCFS organisation will provide one or more of the above services and more besides.

The National Picture

The National Council for Voluntary Organisations (NCVO) publishes an annual almanac that highlights some key national VCFS statistics. These are worth understanding to help frame the size and shape of Surrey's VCFS.

Nationally, health and care work as defined above is carried out by 32% of 139,000 VCFS organisations, employs 53% of 720,000 employees, and represents 41% of £51bn VCFS income.



These figures are widely accepted to be an underestimate for the following reasons:

- There is excellent data from the Charity Commission and other sources on the number, size and shape of registered not-for-profit organisations such as charities, charitable incorporated organisations, etc, but there is far less data on the number of unincorporated organisations who do not have to register with the Charity Commission or Companies House, including small neighbourhood groups with income less than £5,000 per year. Best estimates from national and international research indicates between 3 and 4 unregistered organisations per registered.
- With an increased recognition of the importance of the wider determinants of health, many organisations who would not identify as providing health and care services, probably are in fact.

Volunteering is an important component of the VCFS, using volunteers to support the direct delivery of their work, and provide their governance and oversight. Twenty million people have volunteered (carried out unpaid work) in the last year, with 20% doing so regularly.

Volunteer motivation varies enormously, but almost half do so to improve things or help people. 20% do so as a social activity and around 6% do so as part of their career development.

Trustees are also volunteers but hold a special status. These are the people who share ultimate responsibility for governing a charity and directing how it is managed and run. They may be called trustees, the board, the management committee, governors, directors or something else. Whatever they are called, they make decisions that will impact on people's lives. Charities typically have between 9 and 12 trustees representing a range of skills and experience that the organisation needs to deliver its services.

The role of trustee has seen increased scrutiny in recent years which has strengthened the governance within the VCFS but has led to a slight decrease in the number of people volunteering as trustees.

The Broader VCFS in Surrey

There are around 3,468 *registered* not for profit organisations in Surrey. This includes national and international organisations with a postcode in Surrey, but not necessarily delivering services in Surrey (for example, the World Wide Fund for Nature in Woking), but excludes “informal” organisations as described above.

Within the VCFS and Surrey County Council (SCC), the figure 6,000 is often used to describe the size of the VCFS in Surrey. This is likely to be an underestimate, but it is an accepted figure that will be used throughout his report.

The VCFS in Surrey employs around 18,000 people, in organisations spread across Surrey broadly in line with population distribution.

There are an estimated 425,000 unpaid workers, but there is no differentiation between those working one day per week or one hour per year.

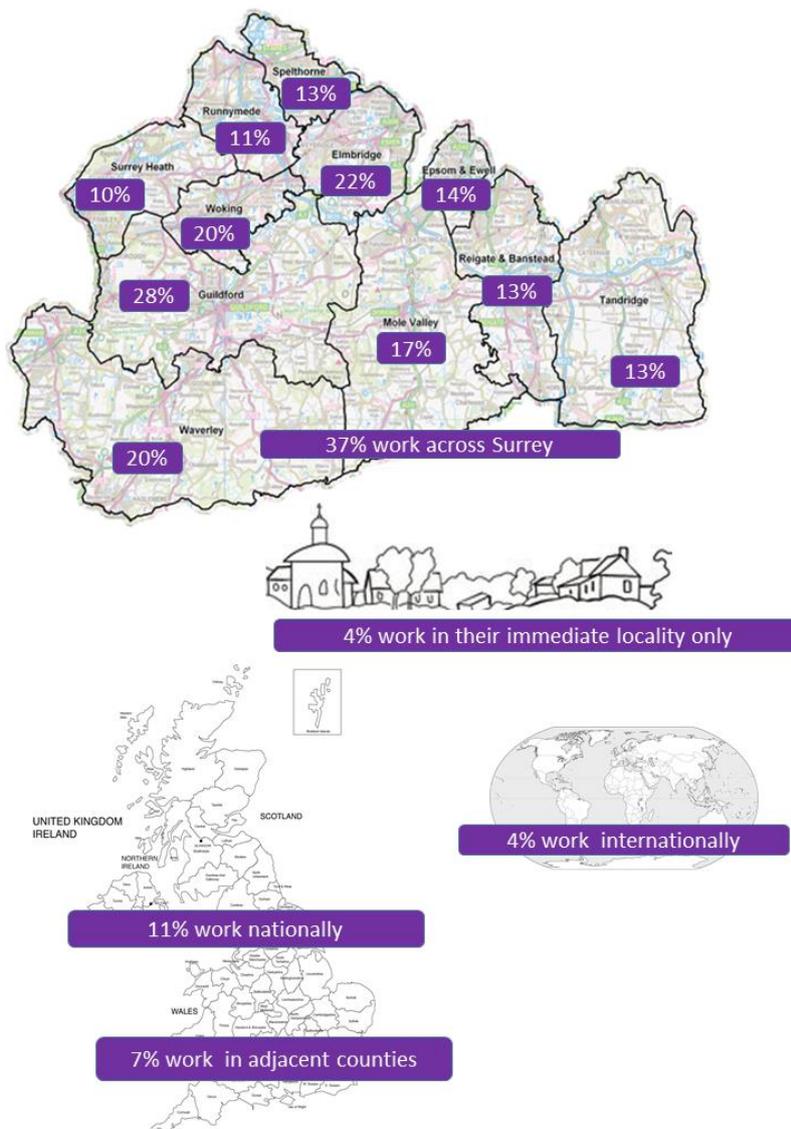


Figure 1 - Location of VCFS organisations in Surrey

The Health and Care Not-For-Profit Sector in Surrey

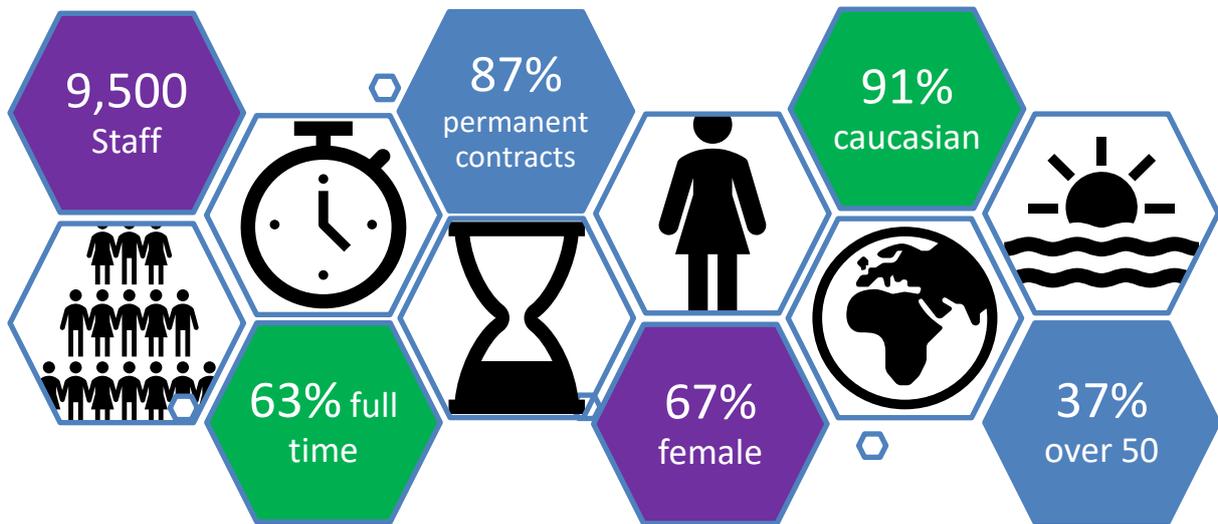


Figure 2 - VCFS Health and Care Workforce Statistics

There are approximately 2,000 VCFS organisations carrying out health and care work in Surrey, employing around 9,500 paid staff.

The VCFS tends to employ more part time staff than other sectors, with 37% being part time workers. There tend to be fewer bank or agency staff used in VCFS organisations, with 87% of employees being on permanent contracts. Around 67% of the workforce is female, 91% Caucasian and 37% over 50 years old.

The most commonly expressed motivations for working in the VCFS are:

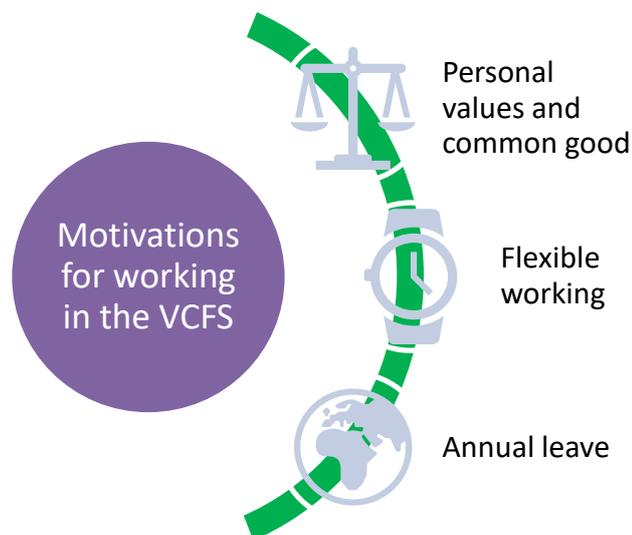


Figure 3 - VCFS staff motivation

Unpaid Staff

Many VCFS organisations use unpaid staff (volunteers, trainees, placements etc). Almost all organisations ensure that volunteers are not out of pocket, often paying travel costs, but sometimes offering food, free DBS checks and discounts on services.

Many younger volunteers use volunteering to develop their careers, so many VCFS organisations will offer career advice and support and will often have a policy of offering volunteers interviews for all vacant positions they have.

VCFS organisations must carefully avoid blurring the line between paid employment and volunteering, ensuring that volunteers provide value that employees simply can't match, and ensuring that they are not using volunteering as a form of cheap labour.

Some local organisations are completely volunteer run and employ no staff. Some national services like coastguard and search and rescue services rely heavily on volunteers. In the Crown and Magistrates Courts, Witness Service volunteers give support and information to people attending court. There are well established volunteer roles in the public sector, such as school governors, magistrates and representatives on Youth Offending Panels.

Many health and care VCFS organisations will rely on volunteers, apart from trustees, in areas such as counselling, fundraising and administration.

To ensure there is no ambiguity between paid and unpaid roles, VCFS organisations are advised to ensure:

- Anything that could be seen as a payment for work (eg travel expenses) is reimbursed based on receipted expenditure, rather than a fixed amount periodically.
- Most training offered should be linked to the role that the person is carrying out, rather than a general perk or enticement to volunteer, although general careers advice and training is often offered to some volunteers.
- The volunteer relationship is articulated in terms of expectation rather than obligation, avoiding language that suggests employment (eg a volunteer agreement rather than contract, or a role description rather than job description).

The average VCFS health and care organisation has 5 unfilled unpaid roles, and over half report difficulty in finding suitable volunteers. Having said that, less than 20% report difficulty in retaining volunteers once they arrive.

It is worth noting that the average age of health and care related volunteers is rising faster than the average age of beneficiaries of their support.

Salaries

The VCFS spends 72% of its turnover on salaries. While some VCFS health and care organisations follow NHS or Local Authority pay scales, there is no easy way to compare job descriptions and salary ranges across organisations and sectors, however salaries are estimated to be 30% less than the private sector for equivalent roles and organisation sizes.

There is a massive variation of salary by level and function, for example reported salary ranges from trainee roles in Surrey's VCFS health and care workforce ranged from £11,000 per annum to £27,000.

There is also a massive salary range for senior management and CEO roles, as would be expected given the turnover range from under £5,000 to over £5million. Senior manager salaries range from £20,000 to £50,000 and CEO salaries range from £33,000 to £118,000 across Surrey's health and care workforce.

The gender pay gap in Surrey's VCFS is estimated to be 8% versus 17.9% across the private and public sectors¹ and 20% of VCFS organisations have a pay gap in favour of female employees.

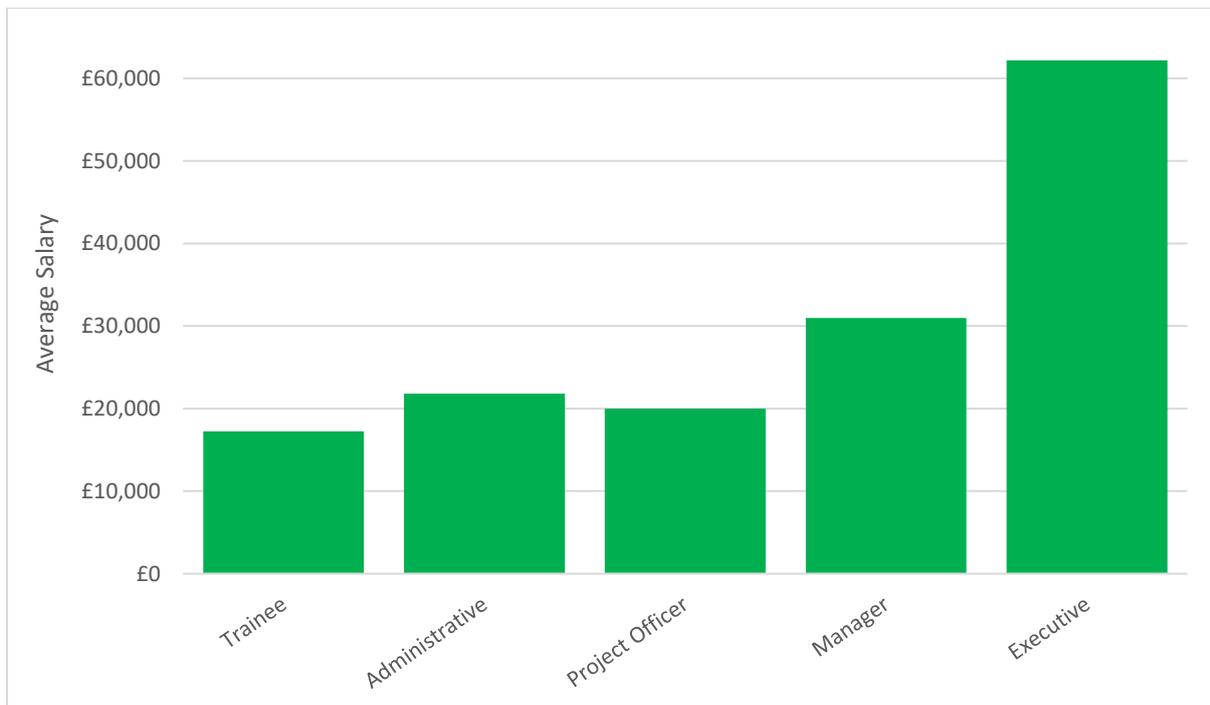


Figure 4 - Average salaries offered to VCFS health and care workforce, by level

¹ <https://www.theguardian.com/world/2019/mar/31/gender-pay-gap-widens-public-sector-women-men>

Benefits

Across the sector, and depending on the size of the organisation, the benefits package for paid staff tends to mirror private and public sector equivalents, summarised by:

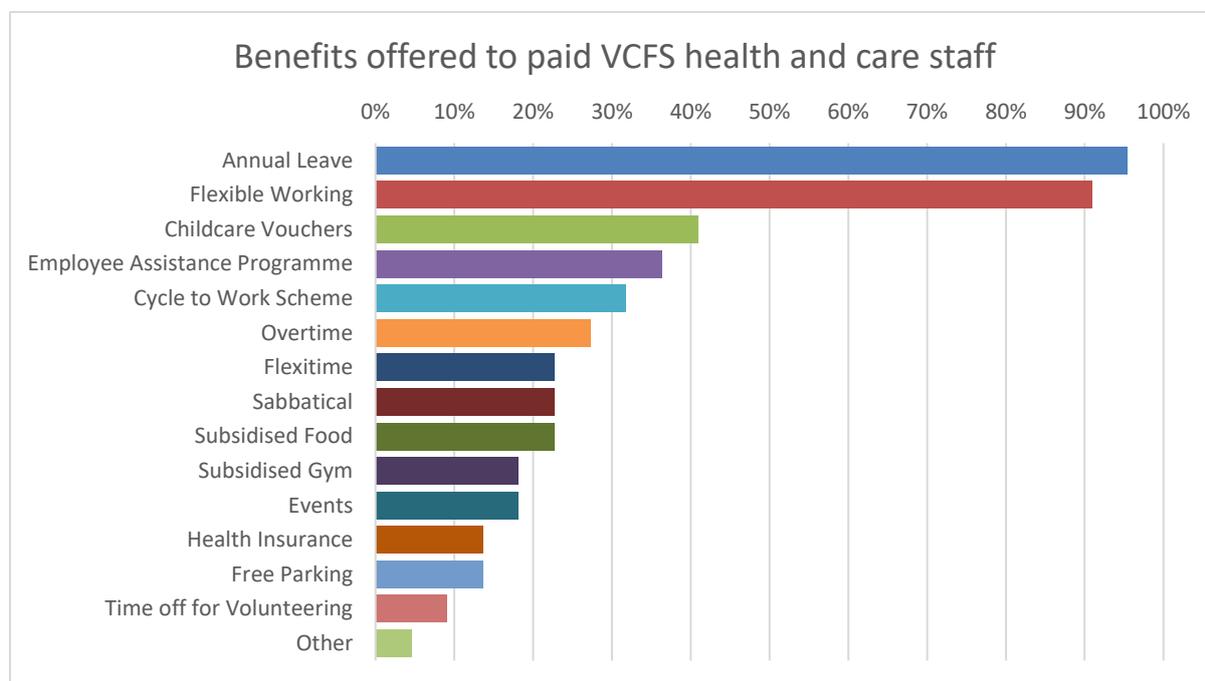


Figure 5 - Benefits offered to paid VCFS health and care staff

Most VCFS organisations who also use unpaid staff (volunteers, trainees, placements etc) ensure that volunteers are not out of pocket, often paying travel costs, but sometimes offering food, free DBS checks and discounts on services. Other benefits of volunteering offered by organisations include:

- Training
- Careers advice
- Subsidised food
- Access to employee assistance programmes
- Free DBS checks

As discussed above, VCFS organisations are careful to avoid confusion between paid and unpaid roles.

Staff Development

Professional development in the VCFS tends to be like that found in other sectors, being more dependent on the size of the organisation than anything else; larger organisations employing more staff are more likely to invest more in professional development.

The most common professional development offered includes:

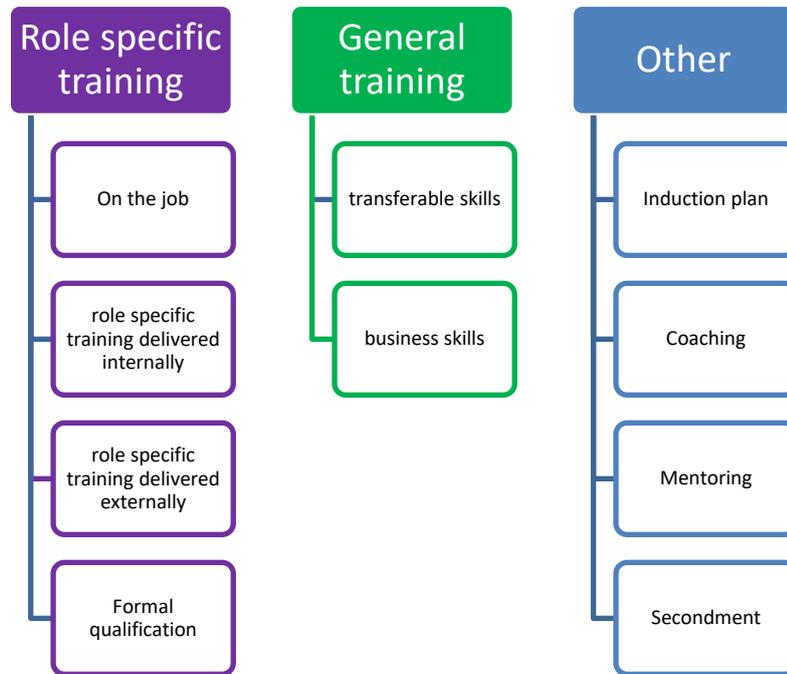


Figure 6 - Professional development offered to VCFS health and care staff

For unpaid staff, professional development also varies according to the size of organisation and nature of work. 60% of organisations offer a formal induction process, and 55% offer formal and informal training, again depending on the role, for example family support services will require more professional development than a routine administration role.

Recruitment and Retention

Across Surrey's health and care organisations, recruitment and retention seem somewhat easier than in the NHS:

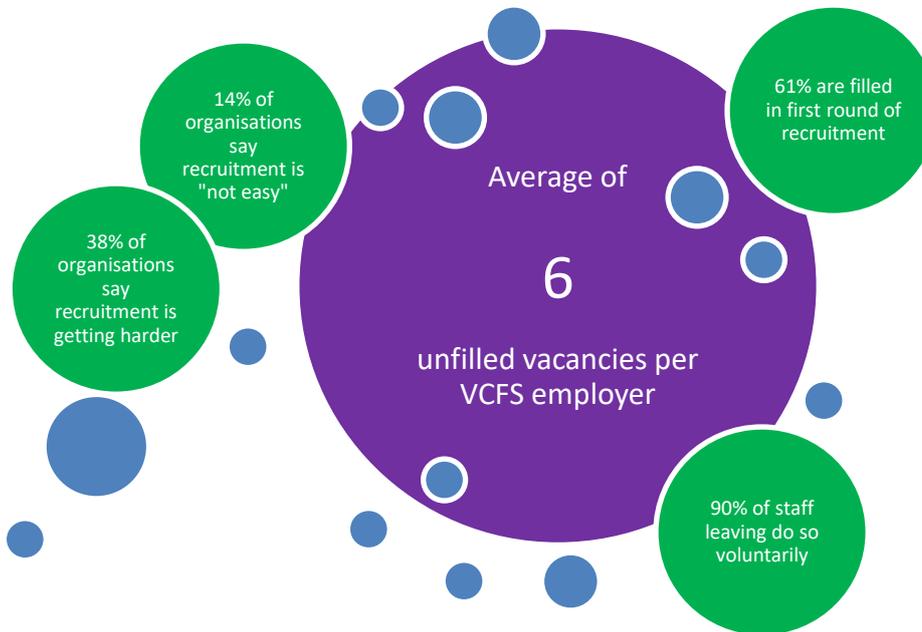


Figure 7 - VCFS health and care recruitment

We don't have data on the vacancy rates within the VCFS, but anecdotally, it compares well to the 9% vacancy rate across NHS Trusts².

In other research, 43% of organisations in Surrey still say they struggle to recruit staff. Reasons for this vary but include:

- Being unable to afford the right staff
- Shortage of staff with the right skills
- The specialist nature of some posts
- Proximity to London absorbing potential candidates
- High cost of living in the area
- Low unemployment in Surrey

However, once staff are recruited, retention rates seem more positive with 92% reporting that they can retain good staff. Recent and current economic uncertainty, including Brexit, may be causing fewer people to move on, but this is offset by the relatively high number of VCFS jobs advertised in London and the South East.

² <https://www.kingsfund.org.uk/publications/health-care-workforce-england>

Anecdotal evidence suggests that a significant number of VCFS employees, especially in health and care, came from NHS jobs, citing work pressure as a major reason for doing so.

As mentioned earlier, many people work in the voluntary sector because it is in line with their personal values, or because of lived experience with the issue the VCFS organisation seeks to tackle. In such cases, staff are more likely to remain even if their employee experience is not as good as they would like.

Since a vast majority of employers have enough management and leadership staff, it is reasonable to assume that much of the sectors recruitment challenge lies in the recruitment of specialist delivery staff.

The picture for trustee recruitment is like that of staff recruitment, with slightly more VCFS organisations saying that they can recruit good trustees than can't. However, given the critical nature of governance and the increased focus on it, the 48% who find it hard to find skilled trustees may be more vulnerable to future problems.

The picture for volunteer recruitment is also mixed, with the average Surrey health and care VCFS organisation having 5 unfilled unpaid roles available. Over half struggle to recruit good volunteers (although most can keep them once recruited) and provide effective support to them. Reasons for the difficulty in recruiting volunteers could be that older volunteers are fewer in number as more have to work longer or take on care responsibilities that prevent them from volunteering.

However, in contrast to this, the proportion of younger people (16-25) volunteering has seen a steady increase since 2010, possibly due to a higher profile for volunteering, especially as a way to build a CV for employment or education. The nature of volunteering is changing though, with a shift away from regular, scheduled volunteering to more *ad hoc* micro volunteering (such as fundraising via the "ice bucket challenge" or attending a community tidy-up day).

Challenges and Opportunities

A Note on Funding

Given the way the voluntary sector is funded, all research on VCFS challenges will highlight access to funding as the number one challenge. This report seeks to look at the workforce specific challenges the sector faces, but access to appropriate funding sits behind all of them.

There are concerns within the sector that the increased recognition of the role of the VCFS in the UK Civil Society Strategy³ and NHS Long Term Plan⁴ is a double-edged sword.

On the one hand, recognition of the vital role the VCFS plays is welcomed, and initiatives such as Social Prescribing can be built on the good practice developed within the sector over decades. The opportunity to be represented at a strategic level across the health and care systems is also recognised and appreciated, even if overdue.

On the other hand, expecting the VCFS to take on more responsibility at a time when demand is already increasing, and resources are already stretched is concerning. Again, to illustrate using Social Prescribing and a Surrey based charity providing services to tackle social isolation:

“We can take on a few extra people [through social prescribing] but too many, and we need bigger premises, more staff, more equipment, and we can't afford that! Social Prescribing needs to come with more resources attached”

In 2016, 7% of VCFS organisations in Surrey felt they were likely to close in the next three years, mostly over fears of funding cuts. Not all closures are unexpected or unwelcome: some could be the result of a change of structure, mergers or planned closure following completion of a specific, time-limited set of activities (often campaigning groups).

If 7% of VCFS health and care organisations closed, we might lose 140 organisations and 665 staff, but more importantly, their beneficiaries would lose support they might rely on.

Finally, the VCFS has always been able to leverage funding from multiple sources such as public donations, grant making trusts, sale and hire of services etc. Funding from local authorities, contracts and health is relatively minor across the sector, but is still important. Research carried out by Surrey Community Action looked at what happens if local authority funding is cut. On average, if a VCFS service is lost, Surrey loses match funding of an average of £274,000⁵.

Clearly, we cannot remove the financial element from discussion about the challenges faced by, and opportunities available to, Surrey's VCFS health and care workforce, but the following sections will assume that solutions exist to the funding challenges.

This rest of this section uses direct comments made by some of Surrey's VCFS health and care organisations to illustrate some of the challenges they see in coming years. They are taken from the primary research underlying this report, and from Surrey Community Action's

³ <https://www.gov.uk/government/publications/civil-society-strategy-building-a-future-that-works-for-everyone>

⁴ <https://www.longtermplan.nhs.uk/>

⁵ <http://www.surreyca.org.uk/wp-content/uploads/2013/05/SCC-and-VCFS-Funding-Report-April-2017.pdf>

Beyond Tomorrow report⁶. It also tries to identify possible ways that the challenges can be met in partnership with other health and care organisations.

Recruitment

“Recruiting staff is hard!”

This is by no means a challenge unique to the VCFS, but smaller VCFS organisations may lack the skills and experience to recruit directly, the budget to advertise their posts in the best places, and the systems and processes to back it up.

There may be an opportunity for professional health organisations with recruitment skills to train and support VCFS organisations either as trustees, volunteers or as part of a corporate social responsibility⁷ or social value initiative⁸.

At a time of cuts, like now, a relationship between the VCFS and health and care bodies should allow us to advertise each other’s vacancies and direct skilled individuals (who may otherwise leave the health and care workforce) towards alternative employment in another sector.

Trustees

“It’s getting harder to find good trustees”

“Shared governance can help with trustee gap”

As articulated by the Small Charities Coalition⁹, trusteeship is one of the most important roles in the VCFS, giving direction to a charity and being ultimately responsible for its activities. The role can be challenging, and there are some legal obligations that fall on trustees. There has been extensive media coverage of some of the issues when charity governance goes wrong¹⁰, which makes it even more important to have skilled and knowledgeable trustees with relevant expertise.

There is therefore a clear opportunity for NHS and Local Authority partners to encourage staff onto Boards of VCFS organisations as part of their personal and professional development, something supported by NHS Employers¹¹ and the Department for Communities and Local Government.¹²

The above focuses on volunteering as a trustee, but all volunteering roles are of vital importance to many VCFS organisations and offer similar advantages to individuals, hosts and employers.

⁶ <https://www.surreyca.org.uk/state-sector-2016/>

⁷ <https://www.thegivingmachine.co.uk/corporate-social-responsibility-simple-guide/>

⁸ <https://www.nhsconfed.org/resources/2012/06/building-social-value-in-the-nhs>

⁹ <https://www.smallcharities.org.uk/why-become-a-trustee/>

¹⁰ <https://www.thirdsector.co.uk/public-trust-charities-at-lowest-level-2005-commission-figures-show/communications/article/1487493>

¹¹ <https://www.nhsemployers.org/-/media/Employers/Documents/Supporting-NHS-staff-who-are-volunteers-2016.pdf>

¹² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/7620/1525481.pdf

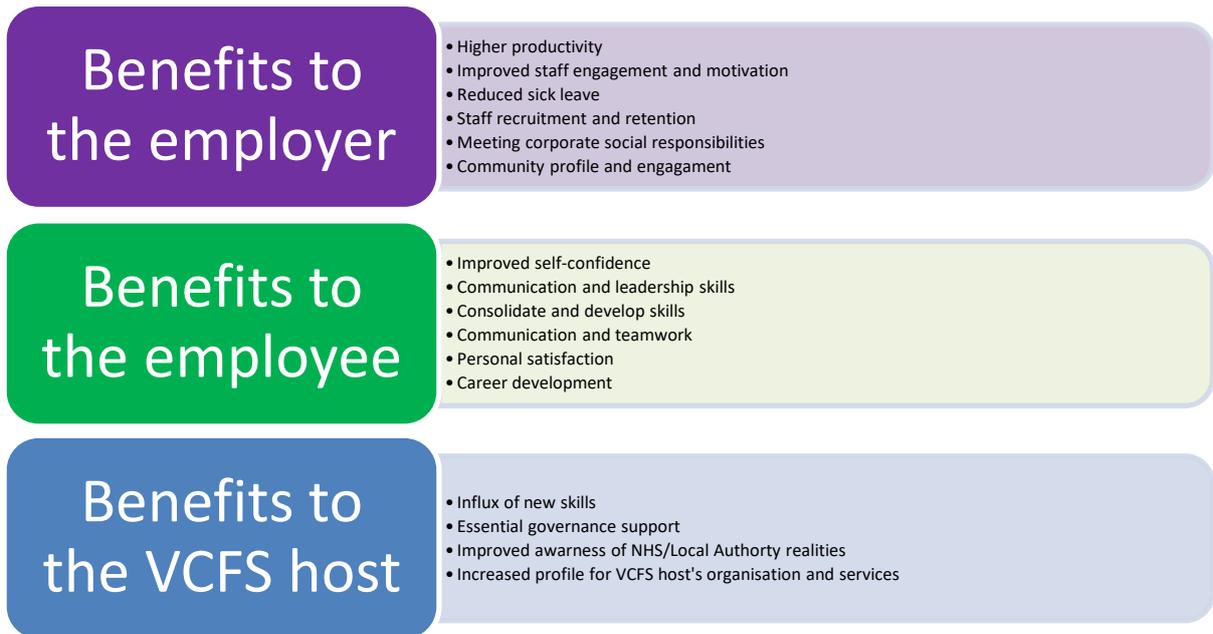


Figure 8 - Benefits of employer supported volunteering

Brexit

“Brexit is a big concern”

Brexit is a key concern for everyone, of course, and the impact of potential loss of EU structural funds is of grave concern to the VCFS. In terms of workforce, there are also significant concerns, shared with the NHS and Local Authorities.

According to the Institute for Public Policy Research (IPPR), around 3.8% of the VCFS workforce are EU Nationals¹³ (vs 7.5% in the workforce overall, and 5.5% in the NHS¹⁴).

According to NCVO¹⁵, over 80% of EU nationals currently working in the charity sector could be ineligible to work in the UK post-Brexit, with this figure rising to 87% in social and residential care jobs. Given the rapid changes in the political environment, these figures may change significantly over time so, it is important that organisations which employ EU nationals keep up to date with any changes to immigration policy and the rules for employing workers from outside the UK, something they may not have had to do previously and of which they may have no experience.

As the challenges of recruiting and retaining EU nationals are common across sectors, sharing briefings on such HR issues with VCFS partners would be useful and appreciated.

¹³ https://www.ippr.org/files/2018-04/1523968694_brexit-and-the-charity-workforce-april18.pdf

¹⁴ <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7783>

¹⁵ https://www.ncvo.org.uk/images/documents/policy_and_research/europe/NCVO-Brexit-factsheet.pdf

Staff Health and Wellbeing

“I’m worried about the health of our staff”

The VCFS is by no means unique in feeling under pressure. As all the other workforce challenges are addressed, we would hope to see an overall improvement in staff health and wellbeing. Until then, around 35% of VCFS health and care employers in Surrey are able to offer an Employee Assistance Programmes (EAPs) to their staff. There may be opportunities to open EAPs to other VCFS organisations, or even opening existing NHS or Local Authority schemes to VCFS partners at a reduced cost.

Staff Costs

“Staff costs are very high in Surrey – housing, transport, parking, everything!”

Surrey is a desirable place to live but is expensive. It is on average a very affluent county but is also one of extremes with areas of high affluence sitting cheek by jowl with very deprived communities. Accommodation, transport and high cost of living are challenges to all VCFS employers and employees, as it is across the sectors. In the absence of being able to offer salary increases, VCFS employers often seek way of reducing employee costs. Such measure may include season ticket loans, subsidised food, budgeting advice, and more.

It might be useful for VCFS and other employers to share the advice and support they give their staff to help them deal with the high cost of living, including references to support organisations such as the Money Advice Service¹⁶

Organisational Overheads

“Sharing resources such as offices and services might save costs”

Overheads for charities tend to be lower than in other sectors (for example many Local Authorities offer full exemption from business rates for charities) but are still a source of contention with donors who would like to see every penny they donate to a VCFS organisation going directly to their beneficiaries. Accommodation and back office services are some of the major overheads for VCFS organisations.

Efforts are already underway with Surrey County Council to explore whether some of their estate can be utilised for community and VCFS use. It would be worth exploring whether any NHS Estate could also be shared with appropriate VCFS organisations.

There has also been discussion around sharing back-office services such as HR, payroll and finance, but given the different regulatory frameworks different sectors work under, this may be very hard to achieve. There may be scope for more back-office service sharing within the VCFS though.

¹⁶ <https://www.moneyadviceservice.org.uk/en/articles/beginners-guide-to-managing-your-money>

Staff Development and Deployment

“Are there joint professional development activities?”

“We should support staff movement to where the demand is regardless of sector”

“We should support volunteer movement between organisations”

There are very clear common training needs for VCFS, NHS and Local Authority staff based on their role and the skills they need to deliver their role.

There is also a clear need to improve joint working between the VCFS and other sectors as we seek further integration. Joint training and professional development will help deliver integration and improve the standards of care across sectors.

Surrey County Council has already opened places on their Surrey Skills Academy¹⁷ social care courses to VCFS organisations, and VCFS partners have been invited onto the Surrey 500 leadership development programme¹⁸. These are prominent examples of joint professional development, but there is certainly scope for more.

For example, in 2017 discussion took place between the Surrey Charities Chief Executives Group and senior managers at Surrey County Council about shadowing and secondment opportunities between VCFS senior managers and their SCC equivalents to improve mutual understanding and respect. There may be value in looking at a similar programme across all levels of the VCFS, NHS and Local Authority structures as a way of developing staff, improving relationships between organisations, and moving towards integration.

Increased integration may also allow us to recognise where staff can, and should, be moved between organisations to put staff at the point of need regardless of who their employer might be. Clearly, this would need significant work to get around numerous HR related challenges.

Training is often highlighted as a significant need for the VCFS sector, but it has proven difficult to set up and maintain a viable VCFS focused training company in Surrey. As well as role specific specialist training, there is a current need for training in managing the changes that are coming thick and fast, and reflecting an awareness of the volatile not-for-profit operating environment and the need to react quickly to opportunities and threats.

¹⁷ <https://surreycoun.plateau.com/learning/user/portal.do?siteID=SSA&landingPage=login>

¹⁸ <http://www.surreyheartlands.uk/the-surrey-500/>

The top development needs for Surrey and barriers to access are summarised below.

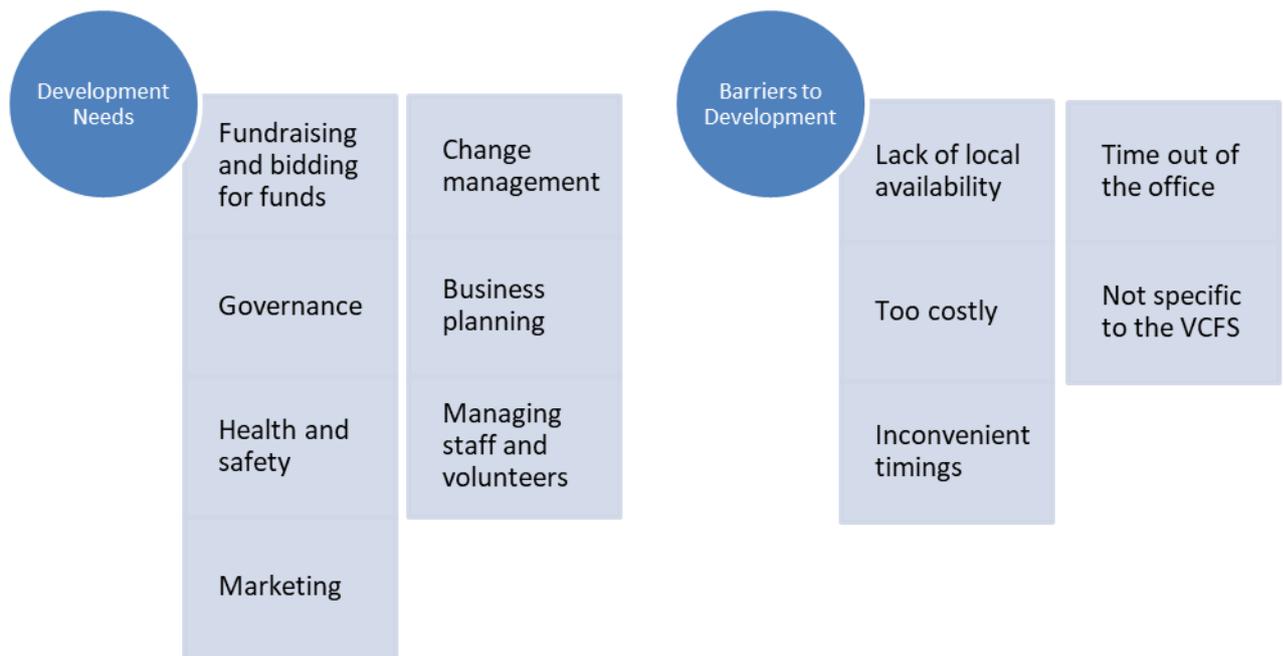


Figure 9 - Training needs and barriers

There is no coordinated training plan for Surrey’s VCFS, so training is organised on an organisation by organisation basis. Other organisations including local Centres for Voluntary Service (CVSs) offer training on a demand-led basis.

Personalisation and digitisation

“Personalisation is bringing new challenges. Are we ready?”
“Digitisation of services requires us to develop new skills”

The NHS is changing rapidly, especially around digitisation of services. Given that many VCFS organisations support individuals who access NHS services, it is vital that VCFS colleagues are equally up to date with what is happening in the NHS around digitisation and personalisation.

Model of Care work within the Integrated Care Partnerships allows us to focus on the individual, and there should be opportunities to discuss together the changes that are coming as new services develop.

Joint workshops have provided an excellent opportunity to understand the challenges and build solutions collectively.

Integration

“Carry on working together to improve relationships between organisations and sectors”

“Fix the problems in commissioning, making it work for all, including recognising cost”

There is a real, tangible and strong recognition in the Surrey Heartlands ICS that Surrey benefits from a strong and vibrant VCFS working with equally strong and vibrant NHS and Local Authority partners

There are a number of organisations across Surrey that offer advice, support, advocacy and representation on behalf of the VCFS, often referred to as “infrastructure” organisations. These organisations exist to help VCFS organisations in their mission to help others. The most important services for infrastructure organisations to provide are supporting access to information, advocate and lobbying on behalf of the VCFS and consulting to obtain and represent VCFS views with statutory and other partners. In common with the other important infrastructure services, they are all about providing services that some organisations, especially smaller ones, would be unable to fulfil themselves. Continuing to work effectively between NHS and VCFS Infrastructure organisations will help integration and help meet the challenge of communicating with the several thousand Surrey VCFS organisations.

Despite the positive outlook of integration to date, there are concerns in the VCFS about concern over their relationship with the statutory sector, for example:

“Charities are usually supplicants, aren’t they? So how can there be an equal relationship?”

“[Local authority] is centralised and isolated”

“We value our independence. We don’t want [local authority] involvement”

“There has been so much money wasted on bureaucracy and so many officers coming to meetings”

“Due to reduced budgets we are expected to deliver the same services at lower cost”

“The voluntary sector is being used to cover inadequacies in the public sector.”

In parallel, statutory bodies have commented on the breadth and diversity of charities, asking whether there is too much overlap and therefore potentially wasted resources, and how they can realistically know about and engage with all VCFS organisations in their area.

Overall, despite the challenges the relationships between the VCFS and the Councils can be thought of as largely positive, the picture with health bodies is much less so. In this case, it is abundantly clear that the level of understanding, partnership, and most other measures are way below those of the Councils.

Comments include

“The NHS is difficult, and SCC has seen so many changes”

“The NHS and social care are at breaking point”

“They [health bodies] just refer people to us but we don’t get any funding for it”

“Where is the voluntary sector representation on health and wellbeing boards?”

“There’s no silver bullet – it is more intractable than that”

Generally though, VCFS colleagues feel relationships between them and health and care structures are improving at all levels, other than with the private sector where many feel there is competition on an unequal commissioning playing field

The best way to reliably improve relationships between organisations is to build relationships between people. Integrated model of care workshops, Surrey 500, strategic involvement of the VCFS in boards and forums will also help immeasurably.

Carers and Personal Assistants

As previously mentioned, carers and personal assistants are not officially part of the VCFS, but neither are they regularly considered to be part of the public or private sectors. They do have distinct workforce needs that this report will introduce.

Carers

[From Action for Carers Surrey]

According to Action for Carers Surrey, 65% of carers balance a caring role with an occupation. Carers UK annual survey reported that 35% of carers had given up work to provide care, with a further 16% saying they had reduced their hours of work to support the person they care for.

As well as having an impact on the carers finance, for those balancing a caring role and an occupation, there is likely to be a detrimental impact on the wellbeing of the carer eg fatigue that will also impact their professional performance.

The Carers UK Employment for Carers programme¹⁹ supports employers to become “carer friendly”.

There are around 115,216 carers in Surrey (14,750 are under the age of 18). Of the carers of typical working age (aged 16-65), 28% spend 20 hours or more per week caring, and 18% of them spend 50 hours or more per week caring. In employment terms, those who spend a minimum of 50 hours a week caring are contributing 1.2 million hours per week, equivalent to more than 33k FTEs.

Challenges facing carers as a workforce include inflexible work patterns that may lead to long hours way beyond European Working Directives and the fact that carers are not remunerated (apart from Carers Allowance at £64.81 per week if eligibility criteria met). Additionally, carers have no employee benefits including sick pay and annual leave.

There are opportunities for carers and health structures to work together in a different way, respecting the Triangle of Care (Carer, Co Coordinator, Cared For).

Looking at carers who are also employees, and from “Employers for Carers” research:

- 18% had reduced their working hours.
- 1 in 6 carers said that they work the same hours, but their job is negatively affected by caring, for example because of tiredness, lateness, and stress.
- 12% of carers said they have had to take a less qualified job or have turned down a promotion to fit around their caring responsibilities.
- 1 in 10 carers (11%) said they had retired early to care.
- Only 4% of respondents of all ages said that caring has had no impact on their capacity to work.
- Only one quarter (25%) of carers who aren’t yet retired and had an assessment in the last year felt that their need to combine paid work and caring was sufficiently considered in their carer’s assessment.

¹⁹ <https://www.employersforcarers.org/>

- Carers who are not yet retired were also asked about their future plans and 53% said they are not able to save for their retirement.
- Some carers are saving or have saved less for their retirement with 17% saying they did this because their working hours were reduced.

Personal Assistants

[From Surrey Independent Living Council]

Personal Assistants (PAs) are usually employed by individuals, and are funded by themselves, the NHS or the local authority. The number of PAs in Surrey is hard to estimate, but Surrey Independent Living Council estimates there to be about 1,100 employees employing about 1,650 PAs, working from a couple of hours per week to full 24/7 live in packages, with some people employing just one PA and others having PA teams of up to five people. PA's are sometimes friends or family members of the employer, while others are recruited in much the same way as other care workers.

There are 130 PAs registered on PA Finder, but in January 2018 there were 339 vacancies.

Current direct PA payment rates are £8.02 per hour during the week and £12.02 per hour at weekends. In comparison, a fast food restaurant crew member may earn up to £9 per hour. NHS funded Personal Health Budget wage rates are £10.48 standard and £13.62 weekends. These are also linked to NHS wage rates so are uplifted each year in line with NHS increases. Some SCC packages are funded at over £8.02 an hour. Together, these make for an uneven marketplace and generates a level of resentment for many PA's and PA employers

Challenges facing PAs include:

- Lack of job security with difficulties in getting outstanding wages, holiday pay or redundancy paid.
- Limited number of hours in packages being agreed and spread of hours available e.g. 3 x1 hour time slots morning, afternoon and evening.
- One to One nature of most PA roles mean work can be high pressured and isolating with little in the way of support.
- Mileage to jobs with no mileage or petrol costs paid for work journeys done as part of the job.

Challenges facing employers include:

- PA Market is the worst it has ever been and there has been an accelerating decline in the number of PA's available and of people looking to work as PAs.
- There are already less European potential PAs, and this may worsen as Brexit develops.
- PA work is seen as being devalued with little or no-recognition of the different skills of PA's working in different settings. e.g. straightforward care, challenging behaviour, dementia care, autism etc.
- Geographical and economic make up of Surrey means there are limited concentrations of low-cost labour.
- Care Agencies also struggling to find suitable workers so often cannot meet demand, so it is suggested to people who need support that they recruit PAs themselves instead.
- There is an increasing number of PAs leaving their jobs, and there is a lessening of PA commitment to the role as it becomes easier to get other jobs.
- There has been an increase in prospective PAs not attending interviews even when they have confirmed they will be attending.

In terms of working together or workforce message SILC feel it is as simple as ensuring that the sizeable PA workforce is not being ignored or overlooked, and being included as an important factor in Surrey Heartlands workforce planning, particularly as the direction of travel for both Local Authority Social Care and the NHS is towards personalisation and a growth in Direct Payments and Personal Health Budgets

Next Steps

The report identifies several ways that the VCFS can be supported along with the workforces of other sectors. Some are already under development and delivery, and other merit further investigation.

- Help ensure that commissioning recognises how the VCFS works and is funded, especially around social prescribing
- Explore opportunities for professional health organisations with recruitment skills to train and support VCFS organisations either as trustees or volunteers
- Explore whether we can advertise each others' vacancies and direct skilled individuals towards alternative employment in another sector
- Actively encourage employer supported volunteering, especially trusteeships
- Share data on challenges and opportunities around Brexit and working with EU workforce
- Explore broadening access to Employee Assistance Programmes for smaller VCFS organisations
- Share advice and support given to employees disadvantaged by Surrey's high cost of living
- Explore opportunities for shared back office services and co-location of services
- Explore opportunities for community use of NHS and Local Authority estate
- Open up more shared training and professional development opportunities, especially placements, secondments, mentoring and coaching at all levels
- Support movement of skilled staff to where the need exists
- Continue to engage VCFS staff in Models of Care workshops and similar
- Continue to build healthy, respectful, equitable relationships between people, regardless of the lanyard they wear
- Factor the needs of Carers and Personal Assistants in workforce development and support

Surrey Community Action and other VCFS organisations would be keen to explore any or all these opportunities.

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