



Delivering Better Care

Cornwall's adult social care workforce strategy

April 2024–March 2027

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Foreword

We are delighted to introduce the Adult Social Care Independent Sector Workforce Strategy for Cornwall.

The strategy sets out an ambitious vision for our future and a route map to its achievement, based on a solid foundation of collaboration and commitment. It has been developed with the support of academic colleagues from Manchester Metropolitan University through engagement with stakeholders from across the sector. It reflects their views on how to create an environment in which excellent, high-quality care can continue to be provided.

Our workforce is our greatest strength and at the heart of all we do, working hard to provide the care needed by service users. We recognise the significant pressures faced by those delivering adult care services in our county and the necessity to change the model of care to meet the current and future needs of the Cornish population. This will require a sustainable, confident, skilled workforce who feel valued and are well supported both in respect of their own career development aspirations, their mental and physical health, and pay, terms and conditions. Building digital capability and the ability to embrace new technologies is also essential.

This workforce strategy outlines a number of actions which, when implemented, will support our people to experience good work and deliver excellent social care, with the right people with the right skills in the right place who are recognised and valued for their contribution within the wider health and care sector.

We are committed to developing and supporting our care workers and to attracting and retaining a workforce that reflects the community we serve.

Ass on ni lowen dhe gomendya an Strateji Gweythlu Rannfylgh Anserghek Gwith Socyal Tevesik rag Kernow.

An strateji a ragworr gwel ughelhwanssek rag agan termyn a dheu ha mappa hyns dh'y gowlwrians, selys war fondyans soled a gesoberyans hag a omrians. Displegys veu gans skoodhyans kowethysi akademek dhyworth Pennskol a'n Worcita Manchester dre geskolm gans kevrenogyon dhyworth a-dreus an rannfylgh. Ev a dhastewyn aga gwel ow tochya an fordh dhe wruthyl kerghynnedh le may hyll pesya bos gwith kooth hag ughel y gwalita proviys ynno.

Agan gweythlu yw agan moyha nerth ha dhe gres a oll a wren, owth oberi yn tynn dhe brovia an gwith hwensys gans usyoryon a'n gonis. Ni a aswon an posow bras enebys gans an re a dhelirv gonisyow gwith tevesik y'gan konteth ha'n edhom dhe janjya an patron a with dhe gewera an edhommow a'n poblans a Gernow lemmyn hag y'n termyn a dheu. Hemma a wra erghi gweythlu konnyk, kyfyanssek ha sostenadow a omglew talvesys ha bos skoodhys yn ta ow tochya gorvynnow displegyans aga resegra, aga yagh ha brysel ha fysygel, ha gober, termys ha studhyow. Drehevel gallos besyel ha'n gallos dhe vyrla teknegethow nowydh yw essensek ynwedh.

An strateji gweythlu ma a linen niver a weythresow hag a wra, pan vons kowlwrys, skoodhya agan tus dhe brevi ober da ha delivra gwith socyal splann, gans an tus ewn gans an sleyneth ewn y'n le ewn neb yw aswonys ha talvesys rag aga hevro yn mysk an rannfylgh gwith ha yeghes ledanna.

Omres on dhe dhisplegya ha skoodhya agan oberoryon with ha dhe denna ha gwitha gweythlu a dhastewyn an kemeneth a wonedhyn.



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Acknowledgements

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Introduction

This document, drawn from the Creating an Adult Social Care Workforce Strategy for Cornwall report December 2023, sets out Cornwall's strategy for its independent sector, direct adult social care workforce 2024-2027. Adult social care offers vital services to older and vulnerable people. In England in 2021-22, over one million people were supported and annual funding reached £26.9bn. Much of the support was delivered by the independent (private and voluntary) sector and the majority of funding was spent on workforce. In 2022-23, posts numbered nearly 1.8m, larger than the NHS workforce.

In 2021, the sector had a Gross Value Added to the economy of £25.6bn. Adult social care is, therefore, an important sector both socially and economically and is set to grow ever more important as the population ages and demand for adult social care services increases. Its workforce matters are, however, well documented. Adult social care workers are mainly employed in the independent sector and experience low pay, insecure work and are typically low qualified. Resulting recruitment and retention difficulties create challenges of work intensification and in delivering high quality care.

Similarly, adult social care makes a vital social and economic contribution in Cornwall. In social terms, the sector supports a large number of older or vulnerable people. Cornwall has a super-ageing population, meaning larger growth in demand for adult social care than for England more generally, and a reducing working age population with higher-than-average levels of disability. In economic terms, in 2022-23, the sector contributed £606 million GVA to Cornwall's economy, an increase of 5.9% on 2021-2 and is one of the largest employers in the county.

It experiences, however, similar workforce challenges to the rest of England, with the addition of some regionally specific challenges, including a high cost of living, expensive accommodation, lack of reliable public transport and hard to reach rural areas, and poor digital connectivity. These factors make recruitment into a low-paid sector difficult, especially against a backdrop of significant competition from other sectors and in particular seasonal demand in tourism and hospitality. Yet significant growth is required.

Forecasts demonstrate that, to match the growing demand for adult social care in Cornwall, the independent sector workforce will need to grow in the region of 30-35% by 2035.

An effective strategy for the frontline care workforce is clearly needed. Cornwall's strategy aligns to Southwest ADASS's recent adult social care workforce priorities that seek to build:

- **A well-trained and developed workforce**
- **A healthy and supported workforce**
- **A sustainable and recognised workforce**

The underlying premise of this strategy is the need to create good work in the sector. This includes the offer of fair pay, secure employment, training, qualifications and career progression opportunities, worker recognition and involvement in decision making. Parity with the NHS for similar roles is essential, as are place-based solutions to the particular labour market challenges that Cornwall experiences. Good work will both attract workers to and retain them in the adult social care sector, but the scale of the task in achieving this should not be under-estimated.

A number of key strategic priorities have been identified in the drive to create good work. First, recruitment, to address current labour shortages and required workforce growth. Second, training, qualifications and career progression to ensure a skilled workforce. This will also require efforts to professionalise the workforce and develop digital skills. Next, improving retention rates and addressing pay levels, terms and conditions and contracted hours to establish a fairly paid and rewarded and secure workforce. Promoting health and well-being and equality, diversity and inclusion are central to building an effective workforce, as is workforce planning and integration. Importantly, changes to commissioning and funding mechanisms will be required to underpin the creation of good work. Actions to address these are laid out in what follows.

Recruitment

Recruitment strategies will focus on increasing labour supply, establishing an optimal level of international recruitment and ensuring cross-local authority strategic collaboration.

Increasing labour supply

In Cornwall, vacancy rates are high, which is problematic given the required growth in labour supply and an ageing workforce that means a large proportion of the social care workforce could retire in the next 10 years. It will be particularly important to attract young people into the sector and engagement with the education sector and improving the image of adult social care are central to this. It will also be important to identify other sources of labour. These could include: unemployed and non-working disabled people, care leavers, men, refugees, and return to care for those who have left the sector. Volunteers, including retired people, are a resource to mobilise for companionship which could address the significant problem of loneliness. Attracting many of these groups will have the 'double bottom line' of increasing labour supply and reducing, for example, unemployment. Engagement is needed with providers to address reluctance on the part of some to employ young people and/or non-traditional sources of labour.

Supply of registered managers is also a concern, with a high proportion potentially due to retire in the next 10 years. Development programmes to support promotion into these roles are needed.

The **Accelerating Reform Fund**, despite having a primary emphasis on unpaid carers, could support some of the required programmes.

A key priority for this workforce strategy will be locally managed engagement with the primary, secondary and tertiary education sectors to facilitate programmes in schools that builds understanding of the value of and opportunities in care work. This work will also co-ordinate awareness raising and reputation building programmes in education providers and, more widely, and support providers to establish partnerships with schools and colleges to offer structured pathways from education into employment. Local partnerships, such as **Proud to Care**, are suggested to also work with a range of organisations to develop programmes that offer pathways into employment for non-traditional sources of labour. Finally, they will co-ordinate development of training programmes that offer development pathways into Registered Manager roles.

International recruitment

While international recruitment has had less uptake in Cornwall than in England, and vacancy rates have not then reduced to the same extent, overseas recruits nevertheless constitute 7.5% of the workforce. Given the political volatility that surrounds international recruitment, together with well-documented ethical concerns, it will be used as only a short-term solution to building required workforce levels.

Cross-local authority working

Accommodation shortages and transport difficulties are critical issues in recruitment in Cornwall. Responses to accommodation shortages could include key worker housing schemes and provision of houses of multiple occupancy. Responses to transport difficulties could include NHS type salary sacrifice schemes to fund purchase of vehicles or, for home care workers, provision of pool cars. Where electric, these will also support Cornwall's carbon-neutral strategy. Cross-local authority strategies are required and stakeholders will work with the departments responsible for housing and transport with the aim to develop strategies to alleviate accommodation and transport difficulties for the adult social care workforce.



Training, qualifications and career progression

As a starting point, robust induction, focused on socialisation rather than the more technical Care Certificate, is critical to ensuring new workers have the required skills and confidence and reducing the number of those who leave in the first six months of employment. Completion of the Care Certificate, proportions of the workforce holding Level 2 and 3 qualifications and uptake of apprenticeships are all low, and growth here is needed. There is also an increasing need for specialist training provision in, for example, working with dementia. Career progression is lacking and implementing the recently announced DHSC's career pathways¹ and drawing on associated funding, is vital. Importantly, this will establish not only adult social care pathways, but also integrated pathways across health and social care, for example, children's social care, nursing and AHPs.

There are various funding concerns. First, over funding distribution mechanisms; second, over funding sources as European Social Fund monies

disappear amidst lack of clarity over access to Shared Prosperity Fund monies; and third, over the extent to which transfer of apprenticeship levy monies to smaller providers will continue to be possible. Additionally, to support greater uptake of training and qualifications, fee levels must be high enough to allow care workers to be paid for their time when doing training. Fair Cost of Care, together with commissioners' activities in respect of other parts of the market, offer the opportunity to address this.

Local partnerships, such as **Proud to Care**, are suggested to lead on promoting access to and uptake of training priorities as outlined above. These partnerships will seek to co-ordinate cross-local authority working to address issues around fee levels and funding.

Professionalisation

Professionalisation, based on mandatory registration and regulation of care workers, offers a mechanism to increase the status of care work and address recruitment and retention challenges. The DHSC's anticipated career pathways offer an important starting point, but to be effective must be accompanied by improved pay and other terms and conditions. A co-ordinated package that creates parity with the NHS is needed. This will require national policy change. While registration must be actioned at national level, at least one local authority has its own care charter requiring training and development, alongside particular levels of terms and conditions of employment as a means to improve job quality and address workforce shortages. Local partnerships will

facilitate exploration of establishing a similar charter, although it is important to note that this will only be effective if it offers a comprehensive package of measures, not simply an emphasis on training, qualifications and career progression. Lobbying by Cornwall may well help to effect national policy change in order to support this aspiration.

Completion of the Care Certificate, proportions of the workforce holding Level 2 and 3 qualifications and uptake of apprenticeships are all low, and growth here is needed.

¹ Care workforce pathway for adult social care: overview - GOV.UK (www.gov.uk)

Digital skills

Digital skills provision is currently somewhat uncoordinated, and training is needed for both registered managers and care workers in use of technologies. The DHSC's digital leadership qualification will also be an important development, as is support for its digital skills passport when launched in 2024. Various curricula, for example, the Care Certificate and Level 2-3 qualifications require review to ensure they adequately address digital matters. There are numerous national initiatives to drive uptake of digital technologies in the sector, including

digital care records, digital skills passports, digital rostering, and technology-enabled care. In Cornwall, a technology-enabled care strategy is in development and consideration of its workforce implications will be needed.

A co-ordinated digital skills training offer is currently lacking. Building digital support networks will also offer important peer support. Stakeholders will support with implementation of digital skills passports and digital leadership qualifications and the building of digital support networks.

Retention

Similar to elsewhere in England, Cornwall experiences high labour turnover rates. Turnover has many causes which are addressed in other parts of this strategy e.g. low pay and poor training and qualification opportunities. Workplace culture, that is the extent to which workers feel valued, their voice is heard and that their contribution is appreciated, is also an important driver of retention. It is also the case that the costs of turnover often go unrecognised and

that, for example, reducing turnover could facilitate higher pay rates and investment in training. Workforce planning to develop this understanding, and wider workforce demand and supply matters, is important. To improve these elements of retention, local partners will co-ordinate delivery of provider/registered manager programmes on developing a strong workplace culture, understanding costs/benefits of reducing turnover and workforce planning.

Pay, terms and conditions and contracted hours

Cornwall's current pay rates are competitive in the social care sector. However, increases to both the National Living Wage and Real Living Wage will require substantial increases to current rates and are likely to reduce/remove this competitive edge. Care worker/senior care worker pay differentials have significantly reduced and salary progression opportunities have worsened. This is an important matter to address to ensure an adequate supply of senior care workers.

Establishing pay scales and offering salary/pay progression akin to those available via Agenda for Change is a priority. Creating parity with the NHS is essential to building a skilled and stable adult social care workforce in Cornwall, irrespective of the government in power. Investment in pay is required as part of the government's reform agenda for social care and the benefits of this will include a more diverse workforce (particularly the recruitment of more men into the sector), reduced turnover and improved care quality.

Terms and conditions of employment such as sick pay and pension provision are also typically at statutory minimum levels. Parity with NHS terms and conditions is again required to address workforce shortages. Additionally, around 20% of the home care workforce in Cornwall is on zero hours contracts. While a more favourable position than for England, it nevertheless creates insecurity for a substantial section of the workforce. Cornwall's 2024 recommissioning of home care will encourage providers to consider different employment patterns including offering shift work; it does not address the fundamental need for a cohesive reform agenda that addresses the availability of capacity across the sector.

These issues are significant national policy questions and need to form a key part of the discussion around the next steps to reform the adult social care system. However, in the meantime local commissioning needs to ensure that it paying fees which are fair locally as well as seeking to influence the national policy agenda around fair pay and recognition for care workers.

Health and well-being

The adult social care workforce is under significant pressure, key factors being post pandemic burnout and the work intensification created by high vacancy rates and turnover. These are reflected in higher-than-average sickness absence rates. While many of the actions in this strategy will serve to improve this situation, direct forms of support are also required. Counselling is available for free, but perhaps not well known

about. For many, there is limited access to occupational health services. Innovative working practices are also needed. **Proud to Care** will run a communications campaign, to raise awareness of counselling support and co-ordinate programmes to demonstrate to providers how innovative working practices can reduce workforce stress. The local authority will explore options to offer occupational health services.

Equality, diversity and inclusion

The adult social care workforce is female dominated and has an ageing profile. The recruitment actions offer some ways to address this and pay and career pathways are also important factors. While the workforce in Cornwall is not particularly diverse in terms of ethnicity and nationality, it is broadly reflective of its wider population. Neurodiversity and disability

are increasingly prominent in the workforce. At local authority level, Cornwall is part of a pilot to improve workforce equality, diversity and inclusion, but this does not yet include the independent sector. Cornwall will roll out this assessment and action planning process to the independent sector.



Workforce strategy, planning and integration

There is currently no national workforce strategy or workforce planning. Cornwall's Integrated Care System (ICS) will consider producing an integrated health and social care workforce plan that supports its adult social care workforce strategy. This should again support working towards parity between the NHS and adult social care. Not all the data needed for workforce planning is currently available. For example, the implications of care delivery changes for staffing demand have not been worked through. Neither have the implications for increased use of digital technologies and technology enabled care or adoption of shift working for staffing ratios. All are needed for detailed workforce modelling and the Integrated Care Partnership (ICP) will prioritise producing this data.

Workforce planning will also support capacity optimisation, promoting, for example, place-

based strategies that create provider alliances for more efficient care delivery and developing skills so that workers can operate flexibly across different services. Integrated planning will also serve to support developments such as delegated health care. The ICP will drive these initiatives.

The need for increased funding has already been flagged. The ICP will be asked to explore an interim solution to funding challenges by driving greater budgetary integration, offering cross institutional leadership and investment in improvements for the adult social care workforce. The Integrated Care Board (ICB) also offers an opportunity for improved within/cross-sector communication and **Proud to Care**, the VCSE and providers will have representation on it. This offers a voice to social care and supports improved communications with independent providers to help them to understand their role in the ICS.

Commissioning and funding

Under-funding of the adult social care sector is widely acknowledged and implicated in issues already discussed such as low pay, poor uptake of training and use of zero hours contracts. While additional funding is regularly made available, it is fragmented and short-term in nature, making it difficult for providers to plan. Under-funding also underpins practices such as payment of fees to providers that do not fully cover the costs of care and the commissioning of care on a package-by package basis that creates income instability for providers.

While constrained by funding settlements and meeting statutory need within available resources, commissioners nevertheless have some capacity to influence terms and conditions in the sector. The 2024 re-commissioning of home care provides such an opportunity. Contracts will require particular pay levels, training days, shift working and so on and thus enhance job quality. Commissioning is also currently highly fragmented across a large number of small providers. Re-commissioning across fewer, larger providers to create improved career structures will be explored. To enable the effectiveness of this workforce strategy, Cornwall will on an ongoing basis review funding levels and commissioning practices.

Contracts will require particular pay levels, training days, shift working and so on and thus enhance job quality.

Delivering the strategy

Cornwall has created an ambitious adult social care workforce strategy. Central to its achievement will be collaboration, both within the local authority and more widely. Within the local authority, **Proud to Care and other delivery partners** will require support from the ICB/ICP and other departments in Cornwall Council including those responsible for commissioning, housing and transport. Independent sector providers are also fundamental to the achievement of this strategy, and a strong communication and consultation programme will be launched to gain their commitment. SW ADASS will be an important partner, given the recent launch of its own strategy and streams of work that can support Cornwall in achieving its aims. Finally, partnerships with other local authorities will provide learning around workforce innovation. An implementation and evaluation plan follows that lays out strategic priorities and associated themes outcomes and measures.



Strategy implementation and evaluation framework

Strategic priorities are detailed in the following implementation and evaluation framework, where they are for action by local partners including **Proud to Care** (Table 1) or the local authority/ICS (Table 2). The framework draws on priorities from Cornwall's social value measures², which use a selection of National Themes, Outcomes and Measures (TOMs)³ that are aligned to the Gyllyn Warbarth strategic themes 2020 – 2050. Where appropriate, targets are specified for three times points, 2025, 2028 and 2033. The adult social care sector is a highly dynamic context and TOMs will require regular review.

Outcomes	Gyllyn Warbarth Priority	Why?	Measures
An adequate supply of skilled care workers: recruitment	Work	So no-one is unwillingly out of work	<p>Building labour supply</p> <p>Overall evaluation measures are vacancy levels, proportions of the workforce that are female, and average workforce age, all drawn from the ASC-WDS.</p> <p>Each programme will establish its own measures of success, though possible measures are suggested here. This overall evaluation measure/ programme level measure approach is adopted where appropriate throughout this framework.</p> <p>Outreach programmes across primary, secondary and tertiary education sectors to improve image of care work, including use of Skills for Care's Care Ambassadors</p> <p>Measures: numbers of programmes run; survey feedback to establish whether perceptions of care work are changing</p> <p>Support providers to establish partnerships with education establishments to support work placements and employment opportunities and tackle provider reluctance to employ young people.</p> <p>Measures: numbers of partnerships established; number of placements/jobs created</p> <p>Programmes to target recruitment of particular sections of the population including:</p> <ul style="list-style-type: none"> • Unemployed and non-working disabled people, partner with DWP • Care leavers, working with the Care Leavers Covenant • Men, running targeted training programmes • Refugees, working with VCSE groups • Return to care programmes, working with SW ADASS • Volunteers accessing £3m fund and working with NHS Care and Volunteer Responders programme <p>Measures: number of programmes run, and numbers involved; where possible, numbers converted to employment</p>
			<p>International recruitment</p> <p>Engagement with international recruitment should be short-term only given policy volatility and ethical concerns.</p> <p>Measure: 7.5% (2022-23): not to exceed 7.5% by 2028</p>
			<p>Registered managers</p> <p>Development programmes to build the required supply of registered managers.</p> <p>Measures: programmes run; number of managers promoted</p>

² Social Value in Council Procurements Guidance Document (March, 2023)

³ [The National TOMs - Social Value Portal](#)

Table 1 (continued)

Outcomes	Gyllyn Warbarth Priority	Why?	Measures			
An adequate supply of skilled care workers: recruitment	Work	So no-one is unwillingly out of work	Baseline vacancies: 11.1%	2025: 9% ⁴	2028: 7%	2033: 4.5% ⁵
			Baseline gender: 79%	2025: 76%	2028: 73%	2033: 70%
			Baseline age: 44.6 years	2025: 43	2028: 42	2033: 41 ⁶
Improved skills	Education	So everyone can fulfil their potential	Overall evaluation measures are Care Certificate completions, numbers holding Level 2 and 3 qualifications and apprenticeship starts, all drawn from the ASC-WDS.			
			Induction Develop induction programme and support providers with delivery. Measure: delivery and uptake of induction programme			
			Training Lead co-ordination of specialist training programmes and identify funding sources. Lead co-ordination to share training resources and experiences across providers. Registered manager programmes: detailed elsewhere in a number of sections of this framework. Measures: number of programmes run; numbers of delegates			
			Career pathways implementation⁷ Programme to support providers to engage with career pathways when launched in 2024 and to access funding. Measures: Care Certificate completions; numbers holding Level 2 and Level 3 qualifications; apprenticeship starts; amount of funding accessed			
			Baseline Care Certificate: c50%	2025: 60%	2028: 80%	2033: 100%
			Baseline Level 2: 18%	2025: 25%	2028: 50%	2033: 75%
			Baseline Level 3: 20%	2025: 25%	2028: 35%	2033: 50%
Baseline uptake of apprenticeships L2-3: 290	2025: 400	2028: 600	2033: 1,000			
An adequate supply of skilled care workers: retention	Work	So no-one is unwillingly out of work	The overall evaluation measure is turnover rates, drawn from the ASC-WDS Actions throughout the framework will impact retention. Plus, programmes for providers/registered managers on: developing a positive workplace culture; understanding the costs/benefits of reducing turnover; workforce planning. Measures: numbers of programmes run; numbers of delegates			
			Baseline turnover: 27.4%	2025: 23%	2028: 18%	2033: 10% ⁸
Improved staff wellbeing and mental health	Equality	So everyone can thrive in a diverse, inclusive and anti-racist Cornwall	The overall evaluation measure is sickness absence rates, drawn from the ASC-WDS Communications campaign to raise awareness of counselling support. Measures: uptake of counselling support Programmes to demonstrate to providers how innovative working practices can reduce workforce stress. Measures: numbers of programmes run; numbers of delegates			
			Baseline sickness absence: 6.3 days	2025: 5.7 days ⁹	2028: 4.5 days	2033: 4 days

⁴ Average vacancy rate for adult social care in England 2022-23

⁵ Average UK vacancy rate for all jobs

⁶ Average age of a UK employee

⁷ Figures may need review when the DHSC career pathways are published

⁸ Recommended turnover rate in England

⁹ UK average in 2022 (though this was a record high in recent years) [Sickness absence in the UK labour market 2022.pdf](#)

Table 1 (continued)

Outcomes	Gylln Warbarth Priority	Why?	Measures
An adequate supply of skilled care workers: digital skills	Work	So no-one is unwillingly out of work	Lead co-ordination of digital skills training programmes, including the digital leadership qualification, support implementation of digital skills passports and development of digital support networks Measures: numbers of programmes run; numbers of delegates; uptake of digital skills passports; support network established; number of members

Table 2: Targets, outcomes and measures for the adult social care workforce strategy: Local authority/ Integrated Care System

Outcomes	Gylln Warbarth Priority	Why?	Measures
An adequate supply of skilled care workers	Work	So no-one is unwillingly out of work	Cross-local authority working The workforce strategy must be supported by strategies from other departments including: Housing: policies to support adult social care workers find accommodation where they want to live/work are urgently needed. These might include, for example, key worker housing schemes and provision of houses of multiple occupancy. Measure: detailed in the strategy but provision of housing support Transport: policies to support adult social care workers to travel to work and, for home care workers, to travel while at work. This should be integrated with Cornwall's carbon-neutral strategy and mirror the NHS's salary sacrifice scheme. Measure: detailed in the strategies but likely to include provision of a salary sacrifice scheme to purchase electric pool cars and bicycles and pool schemes for use of these at work
Improved skills	Education	So everyone can fulfil their potential	Cross-local authority working Funding for training: review of levy transfer and sources and distribution of funding; fee levels that support payment to staff undertaking training and backfill. Measure: clarity on funding sources and availability; fee levels cover FCoC
Pay, terms and conditions and contracted hours	Income	So no-one lives in poverty	Local authority commissioners Use re-commissioning/FCoC/lobbying exercises to influence fee levels, stability and employment practice. Overall evaluation measures are pay rates, terms and conditions and % use of zero hours contracts, drawn from the ASC-WDS Pay Rapidly changing hourly pay rates mean that it is difficult to set specific figures here. Rather, a narrative approach has been adopted that reflects the improvements required to absolute pay levels and pay progression.

Table 2 (continued)

Outcomes	Gylln Warbarth Priority	Why?	Measures			
Pay, terms and conditions and contracted hours	Income	So no-one lives in poverty	Baseline pay: £10.53ph	2025: % TBC agreed above RLW	2028: parity with NHS AfC scales	2033: parity with NHS AfC scales and linked to career progression
			Terms and conditions Terms and conditions: sick pay, pensions			
			Baseline: statutory minimum levels		2028: parity with NHS	
			Contracted hours Implementation of shift working and removal of zero hours contracts; measures have a particular focus on CWs ¹⁰			
			Baseline CW on ZHC: 18.7%	2025: 15%	2028: 10%	2033: 5%
Improved staff wellbeing and mental health	Equality	So everyone can thrive in a diverse, inclusive and anti-racist Cornwall	Local authority to explore options to offer occupational health services. Measure: decision taken on whether to offer occupational health services			
Workforce EDI	Equality	So everyone can thrive in a diverse, inclusive and anti-racist Cornwall	Local authority to roll out local authority level assessment and action planning process to the independent sector. Measure: roll out of EDI process			
An adequate supply of skilled care workers: H&SC workforce strategy, planning and integration	Work	So no-one is unwillingly out of work	Integrated Care Board/Partnership: integration Produce an integrated health and social care workforce plan, building in greater budgetary integration. Establish capacity optimisation strategies, including delegated healthcare. Invite ICB representation from all sectors. Measures: publication of workforce plan and capacity optimisation strategies; ICB membership is reflective of the health and social care sector			
			Integrated Care Board/Partnership: workforce planning Model workforce implications of changes in care delivery, changing demographics, and digital developments. Measures: workforce modelling data is available, and scenarios are produced			
			Integrated Care Board/Partnership: delegated healthcare Explore opportunities for delegated healthcare, partnering with other local authorities that have adopted this. Measures: to be determined as part of the exploration			
An adequate supply of skilled care workers: professionalisation	Work	So no-one is unwillingly out of work	Integrated Care Board/Partnership to evaluate the option of a care charter for Cornwall. Measure: decision taken on whether to have a care charter			

¹⁰ Will require review if a Labour government implements its proposals on banning zero hours contracts

If you would like this information in another format or language contact:

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