



Nottinghamshire  
County Council



Nottingham  
City Council

# Joint Adult Social Care Workforce Strategy 2010-2015

## Workforce Data



Working to Deliver Excellent Social Care in  
Nottinghamshire County and Nottingham City

# JOINT ADULT SOCIAL CARE WORKFORCE STRATEGY 2010 – 2015

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## **A SEPARATE DOCUMENT CONTAINING THE STRATEGIC VISION WHICH INCLUDES:**

- Foreword
- Introduction
- Our Strategy
  - Vision
  - Aims
  - Outcomes
  - Values

**This document is available from:**  
[www.nottinghamshire.gov.uk/workforceplanning.htm](http://www.nottinghamshire.gov.uk/workforceplanning.htm)

# 1. Important National Strategies and the Local Social Care Workforce

This section sets out the national policies and strategies that act as 'drivers' for workforce planning and development and shows how these are being addressed locally.

## People Centred Strategies

### Personalisation

**Nationally** - 'Working to Put People First' (PPF) is a vision about putting choice and control into the hands of people who use adult social care, so that their services fit round them and work in partnership with the care they may receive from family and friends. 'Working to Put People First' recommends that the following six key themes should be integrated into the future of service provision throughout social care and health:

- leadership of local employers in workforce planning whether in the public, private or third sectors and of Directors of Adult Social Services (DASS) in their strategic workforce commissioning role,
- ensuring the right steps are taken to promote recruitment, retention, and career pathways to provide the many talents the workforce needs;
- workforce remodelling and commissioning to achieve service transformation; and
- workforce development so we have the right people with the right skills; all to be in conjunction with
- more joint and integrated working between social, health care and other sectors; and
- regulation for quality in services as well as public assurance.

**Locally** - We are 'Working to Put People First' by using the framework being promoted through the Integrated Local Area Workforce Strategy (InLAWS), which is currently being developed (at March 2010). It sets out the structure for DASS and their teams to transform the adult social care workforce by putting in place all the elements of workforce strategy across their local area. The outcomes of the framework require providers to:

- ensure user choice and control
- contribute to safety of both service users and the workforce
- engage and support family and other carers
- build the social care market in the local community
- integrate the social care workforce across sectors
- improve partnerships with health, housing, leisure, sport and employment
- make efficient and cost-effective use of resources
- raise workforce capacity, productivity, competence and standards
- create a workforce that can transform and innovate.

This informs our vision that **“People are entitled to have choice and control over services that support their independence and wellbeing; to be served by a skilled and socially inclusive workforce that promotes dignity and respect; within an accessible and affordable marketplace”**.

We will work with employers and service areas to ensure the workforce is organised and developed to deliver high quality personalised services.

## **Safeguarding Adults**

**Nationally** – The driver for the work on Safeguarding is the ‘No Secrets’ national policy that drives safeguarding adults across police, health and local authorities. It was originally introduced in 2000 and this led to the establishment of safeguarding boards. In 2009 it was reviewed following consultation which emphasised choice and control and the management of risk. The Independent Safeguarding Authority (ISA) has been set up to prevent unsuitable people from working with children and adults.

**Locally** – The national policy has helped shape the work of our separate safeguarding boards and the training provided. We are developing these policies and procedures by integrating our workforce strategies with the principles of Putting People First which support and reinforce positive safeguarding practice. This provides people using services with confidence in the consistency of safeguarding policies and procedures throughout the social care provision within Nottinghamshire.

## Dignity in Care and Dignity Champions

**Nationally** - This campaign was initiated to end tolerance of indignity in health and social care services and includes action to:

- **raise awareness** of dignity in care;
- **inspire** local people to take action;
- **share** good practice and give impetus to positive innovation
- **transform** services by supporting people and organisations in providing dignified services
- **reward** and recognise those people who make a difference and go that extra mile.

**Locally** - we are promoting the dignity of people who use services. We recognise it is of paramount importance to develop awareness among the workforce of delivering services that promote this. Within the training strategies this is embedded in induction and by extending our Champions scheme across all care providers and partners, we are encouraging workers, carers and citizens to adopt these values.

## Prevention Services and Early Intervention

**Nationally**- The Prevention Services agenda is informed by the rise in the number of people living longer and the concern that services will be unable to cope with the demand if existing trends in residential care continue without question. Research shows that people who are supported in their care through occupational therapy interventions are able to retain their independence for longer and maintain a better quality of life.

**Locally** - Our commissioning strategy for Prevention Services supports the promotion of independence and wellbeing by supporting the professionals and carers involved in reablement, occupational therapy, homecare, personal assistants and personal budgets to ensure the individual needs of the service user are delivered.

## The key workforce planning priorities for personalisation are to:

- transform the workforce to meet the needs of the service user with the skills required to deliver the new operating model.
- ensure that each workforce planning intervention focuses on and is built around the needs of the individual service user and carer
- ensure worker roles for those working in reablement, occupational therapy, homecare, directly with service users and delivering personal budgets are clarified and defined to match service user need
- define the competences and skills required
- deliver training and development.

## Older People

### Building a Society for All Ages

**Nationally** – This initiative aims to address the changes that will occur due to the ageing demographic profile of the population and the impact there will be throughout the country of a population where there are more pensioners than there are children under the age of 16.

**Locally** - Our workforce planning and development teams are engaging with Nottinghamshire Opportunity Age and The Age Employment Network (TAEN), to consider the opportunities available to and for the ageing population within the county in line with Public Service Agreement 17. These will include working towards achieving an employment rate in line with those of all other groups, as well as considering employment opportunities and voluntary schemes where older workers can contribute to the provision of high quality of services within social care.

### National Dementia Strategy

**Nationally** – The Living Well with Dementia initiative provides a strategic framework within which local services can:

- deliver quality improvements to dementia services and address health inequalities relating to dementia
- provide advice, guidance and support for health and social care commissioners and providers in the planning, development and monitoring of services
- provide a guide to the content of high quality services for dementia.

**Locally** - This workforce strategy supports our local commissioning strategy for adults over the age of 65, or who have early onset dementia, by working with providers of dementia care services to raise awareness of a range of current best practice interventions to improve standards of care. This will be supported through access to training and development programmes for carers and providers of care.

## End of Life Care Strategy

**Nationally** – This strategy aims to deliver increased choice to all adult patients in England about where they live and die, regardless of their condition.

**Locally** – Our vision for End of Life Care is informed by the need to respect people's dignity, and provide them with high quality care at the end of life. From the time that they start to need support people should be enabled to have the maximum level of independence, choice and control about their care.

### The key workforce planning priorities for services for older people are to:

- ensure that there is sufficient capacity within the workforce to deliver the social care provided
- define the competences and skills to deliver care to the older population in respect of age, dementia and delivering end of life care and support
- ensure that those commissioning services for older people have the appropriate knowledge and understanding
- consider the opportunities for the third age to contribute to the social care workforce.

## Learning Disabilities

### Valuing People Now

**Nationally** – This strategy promotes health, housing opportunities, work and education - supported by person-centred planning, advocacy and direct payments. 'Valuing People Now' aims to give people more choice and control in leading the sort of ordinary lives that most people take for granted, with the same opportunities and responsibilities, dignity and respect.

**Locally** – Our Commissioning Strategy for Learning Disability Services focuses on developing the skills to:

- manage the statutory services directed at learning disability teams
- develop community care commitments and person-centred packages of care
- develop employment opportunities for adults with learning disabilities
- develop carer support services
- improve service opportunities for Black and Minority Ethnic communities
- uphold and improve quality measures and safeguarding policies.

The workforce strategy aims to ensure that the principles of 'Valuing People Now' are embedded within the services that deliver the wider health and social care transformational agenda.

## Autism - A Better Future

**Nationally** – At March 2010, this consultation on a future strategy for adults with autistic spectrum conditions has five key themes: social inclusion; health; choice and control; awareness raising and training; access to training and employment.

**Locally** - Our commissioning strategy for adults with Aspergers syndrome sets out a strong requirement for the delivery of a specialised service from a highly trained workforce.

### **The key workforce planning priorities for services for learning disabilities are to:**

- continually develop the skills, knowledge and understanding of the multi-agency teams involved in providing the specialist care
- continually review the assessment tools required and the training and development costs that support this
- develop staff to support carers in the management of personal budgets
- ensure staff are able, where possible, to integrate people with Aspergers syndrome into the Ready4Work programme
- develop community care services in line with new initiatives and new ways of working
- develop information, communication and support services for carers
- increase employment opportunities for people with learning disabilities.

## Physical Disabilities

### Implementation of Section 21 of the Disability Discrimination Act 1995

**Nationally** – This gives the NHS a range of new duties with regard to the provision of services to disabled people, requiring them to work across the NHS and in partnership to remove barriers. The absence of trained assistants was amongst the key barriers identified by NHS research.

**Locally** – Our commissioning strategy focuses on adults aged between 18 and 65 years with a physical impairment, sensory impairment or HIV/AIDS who require a joined up service consisting of case service areas, professionals and carers equipped to deal with the needs of the individual. This emphasises the need for the workforce to develop links with health that will enhance traditional social care roles.

### The key workforce planning priorities for services for physical disabilities are to:

- ensure that our workforce understands and works to the social care model of disability
- ensure our workforce has the skills to promote the opportunities for people with disabilities to apply for and receive a personal budget
- promote the opportunities and initiatives set up across Nottinghamshire to fulfil our vision that they will become a growing resource with the social care workforce
- increase employment opportunities for people with physical disabilities.

## Mental Health

### New Horizons: A shared vision for mental health

**Nationally** - This initiative brings together an alliance of local government, voluntary sector and professionals, as well as local communities and individuals to work towards a society that values mental wellbeing as much as physical health.

**Locally** - Our workforce strategy supports the commissioning strategy for adults with mental health needs by encouraging closer working to ensure a joined up service provision between health and social care. The strategy focuses on the intended outcomes from the local commissioning strategy and seeks to ensure that the workforce is continually developed.

### The key workforce planning priorities for services for mental health are to:

- ensure the workforce understands the framework of the Adult Social Care legislation which regulates the service provision between health and social care
- provide a joined up service between the provision of health and social care
- define the competences and skills to deliver an excellent service of personalised care.

## 2. Analysis of Data and Implementation of Strategic Outcomes

The successful implementation of this strategy relies on well informed, effective implementation planning based on the workforce planning and development cycle shown in fig 2.1 (at the end of this section). Plans will be developed by Nottinghamshire County and Nottingham City to meet their own workforce needs. They will work together with other stakeholder groups and service areas to identify core activities and projects that will enable the achievement of the high level outcomes specified for this strategy.

Each annual implementation plan will identify targets and detailed outcomes for all activities and projects. Progress will then be measured against these plans at a local level, with an overview report to the Workforce Strategy Board on a quarterly basis.

Success will be evidenced by achievement against the following outcomes and their work-streams which will have measurable targets set against them on an annual basis as part of the review of one year and the implementation plan for the next.

Central to, and running throughout, all of these outcomes is the Personalisation Agenda. This strategy seeks to drive the transformation of person centred processes through all workforce planning interventions and puts this at the heart of the following strategic outcomes.

### **Strategic Outcome One – A skilled social care workforce**

The analysis of the demographic profile of Nottinghamshire and the work undertaken by workforce planning officers with care providers within the region indicates that turnover and vacancy rates are improving. This could be improved further through improving the career development structure underpinned by accessible learning opportunities.

The most adverse statistic is contained in the number of inductions and qualifications that are recorded on NMDS-SC. Induction is a requirement for all employees, and NVQs at levels 2 and 4 are a requirement for all individuals working in care at these levels.

#### **Work-streams to achieve a skilled social care workforce:**

- promoting and providing access to a recognised induction programme
- promoting and providing access to a recognised pathway of NVQs in social care
- promoting and providing access to management and leadership qualifications
- maintaining a qualified and competent workforce through Continuing Professional Development opportunities
- ensuring service user and carer feedback is used to inform the development of learning opportunities
- developing relationships with schools, colleges and universities to ensure course content remains fit for purpose
- ensuring the targeted use of Workforce Development Funds to develop the independent sector workforce and raise standards of care for service users
- continued focus on supporting the social worker role and the development of a health check for employers of social workers.

## **Strategic Outcome Two – Increased capacity in the social care workforce**

The statistics tell us that there will be an increase in the number of people living longer and, proportionately, the number of people of working age will decline. This, coupled with rising numbers of people with dementia and increased life expectancy for people with learning disabilities, emphasises the need to increase capacity in the social care workforce. There are opportunities for working with the older population and people with disabilities as a way of increasing the capacity in the workforce and improving quality of life for the people concerned.

As the number of people under the age of 20 entering and working in social care is proportionally low, more must be done to promote social care as a career of choice and to raise its profile at career entry level.

### **Work-streams to achieve increased capacity:**

- work closely with careers officers, job centres, schools and colleges to promote social care as a career of choice
- develop and widely promote information on career pathways within social care to reach a range of different targeted groups
- develop and widely promote the Care Ambassadors scheme
- develop and widely promote Apprenticeships within ASCH and the Independent Sector
- work in partnership with Higher Education Institutions (HEIs) to ensure that future social workers have the necessary skills, competencies and experience to meet future service demands.

## **Strategic Outcome Three – Quality standards and best practice frameworks**

To improve standards, it is important that employers develop their employment practices to provide a safe and quality driven working environment that supports and motivates employees. This will improve turnover and vacancy rates, quality of care provided and general perception of the care sector.

### **Work streams to achieve higher standards of quality and care:**

- inform the providers of care in all sectors about the CQC 'Essential Standards for Safety and Quality' and associated regulations and quality frameworks.
- inform and work closely with the providers of care and service areas about the benefits of workforce planning
- provide information, guidance and learning interventions relating to record keeping, continuing professional development, employment legislation, health and safety legislation and personalisation.

- identify areas where toolkits, templates and self-assessment checklists will be of benefit to improving quality in service provision
- develop a database tool for collating and accessing information in relation to workforce planning data for each provider and service area.

## **Strategic Outcome Four – New ways of working**

Putting People First is the main driver for new ways of working as it puts people who use services at the centre of new processes and procedures.

More people in Nottinghamshire are living longer and we are seeing an increase in the numbers of people under 65 with dementia, giving rise to an increased need for nursing care and experience within social care provision. The impact of this will be addressed through closer working with health to develop new ways of working and the training pathways to support them.

### **Work-streams to achieve new ways of working:**

- work with health to identify and develop roles across boundaries from social care to health and qualifications needed to underpin this
- encourage providers and service areas to consider new types of working models and new worker roles to increase efficiency and raise standards of service delivered
- identify needs of care providers and service areas in relation to their workforce and consider how these can be met efficiently and effectively through signposting and sharing of information
- raise awareness of career opportunities in local communities.

## **Funding Streams**

Funding to support workforce development activity has been established within the authorities' budgetary planning. This will provide the personnel to drive through the implementation plans, plus a sum of money to deliver training interventions for qualified social workers and the wider social care workforce within the independent sector and the local authorities. In addition, there is a commitment for 2010-2011 to fund the Nottinghamshire Partnership for Social Care Workforce Development to provide training courses aimed totally at the independent sector.

Where certain initiatives bring their own funding, such as dementia, stroke, safeguarding etc., some additional money will be available for workforce development to move these projects forward.

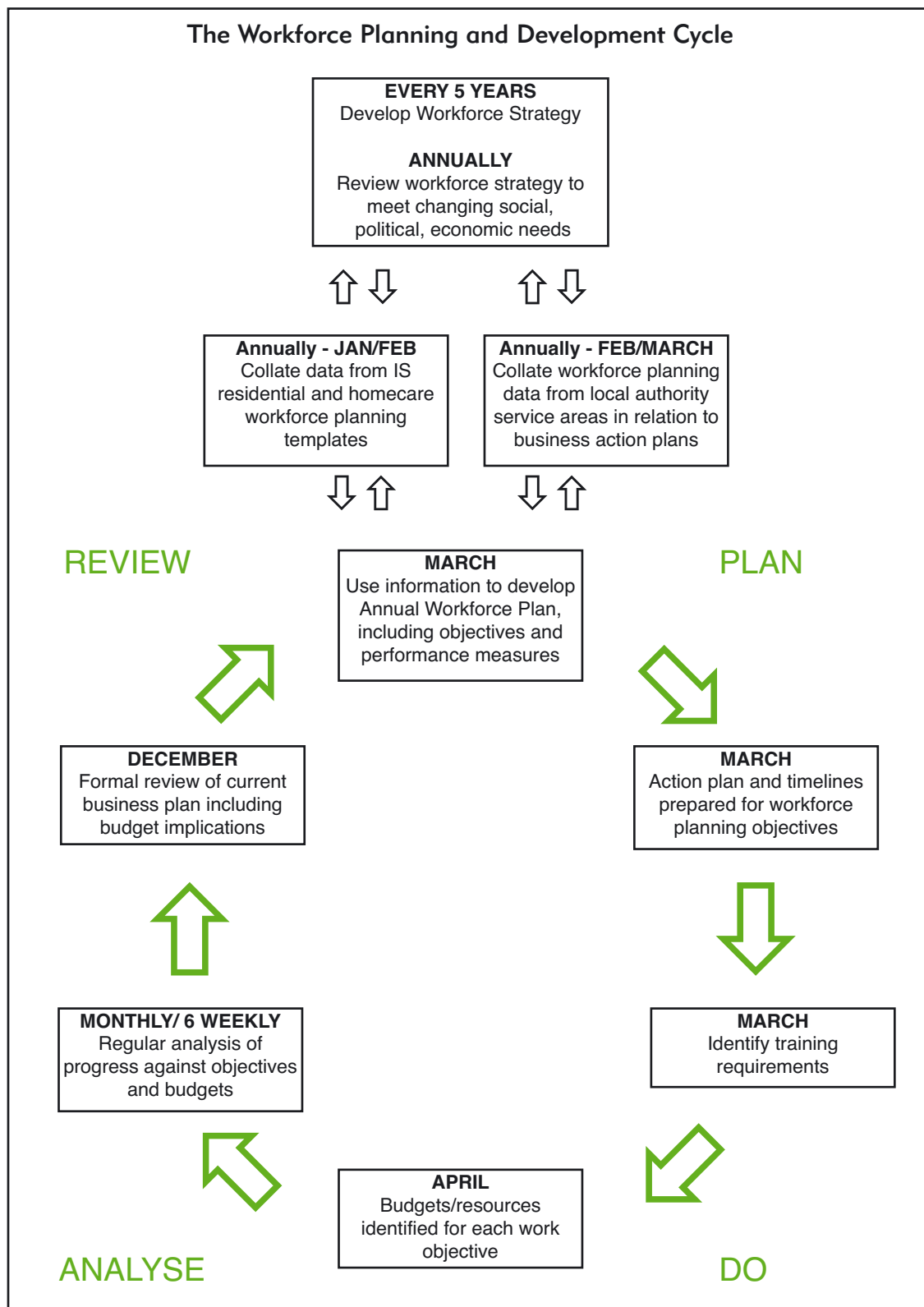


Fig. 2.1

This process relies on responsive action from:

**Independent sector care providers** developing their businesses to comply with the trends identified in this strategy and completing workforce plans to meet the above schedule.

**Internal service areas** considering and planning the development of their workforce in line with their agreed business objectives.

### 3. Informing the Implementation of the Workforce Strategy

The areas highlighted in this section will be pursued within our implementation plans as they have been identified as ways in which aspects of the strategy can be achieved.

#### Partnership Working

Increasing integration of health and social care will require continued partnership working between care providers, users of services, carers, Care Quality Commission and the local authorities.

For the workforce this will mean new job roles and working across traditional boundaries. If we are to respond effectively to the changing demographics and the personalisation agenda, it is essential that capacity is increased. Our workforce must be multi-skilled and appropriately supported. This requires clarity about job roles and associated skills, followed by effective recruitment and retention.

#### Learning and Continuing Professional Development

All training will meet the Care Quality Commission's (CQC's) 'Essential Standards for Safety and Quality' and be developed against a career framework that allows options for development. This will be achieved through a mixed menu of formal training, e-learning, practical experience, placement learning, mentoring etc. The development of the Qualification Credit Framework (QCF) will provide flexibility to work towards baseline recognised qualifications and develop practical specialisms that can be used to bridge boundaries between social care and health.

Training needs will be identified through working closely with care providers. Evidence from workforce planning officers in the form of workforce plans and from quality development officers in the form of quality audit reports, together with trends identified from analysis of local monitoring intelligence will be compared with the requirements of the essential standards. From this data, development opportunities will be designed and delivered through the local authority training departments and where appropriate commissioned independently through the Nottinghamshire Partnership for Social Care Workforce Development (NPSCWD). NPSCWD works independently to identify and deliver training directly to the independent social care workforce.

#### Planning for training will:

- consider the skills, behaviours and attitudes that are needed in all job roles across all sectors/organisations
- take account of the experience and the learning and development needs of carers, to share and enhance the skills that they possess
- take account of regulatory feedback and monitoring to target resources appropriately

Current partnerships with colleges and universities will be developed to ensure that courses reflect the vision of the workforce strategy for 2015 and encourage and grow equality and diversity within the workforce.

## **Career Pathways and Worker Roles**

The list of job roles collected via NMDS-SC can be found in Section 6 of this document – Analysis of Current Demographic Profile in Nottinghamshire. Additional roles of ‘Broker’ and ‘Personal Assistant’ are being developed. A generic care worker role that crosses the boundaries of health and social care is being piloted, along with mapping of career development pathways to move from social care and health into specialist areas. There will be significant development in these areas during the lifetime of this strategy, with the potential that further roles will be developed.

## **Implications of the Regulation of Social Care Services on the Workforce**

The Care Quality Commission sets the quality standards against which local authorities and providers of care are assessed. It expects local authorities to deliver a social care workforce that “has the capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners”.

From October 2010 all providers of social care will have to be registered with the Care Quality Commission under the new essential standards of quality and safety, which set out the outcomes people should expect to experience if the provider is complying with the regulations of registration. Each of these outcomes will help to inform the skills framework required by the workforce and this strategy will aim to ensure the delivery of relevant and suitable development opportunities within the region.

## **Social Work Task Force**

The Social Work Task Force report, published in November 2009, outlines a vision for how the role of the social worker can be radically enhanced to provide better outcomes for service users. The report calls for joint action and partnership working at a local, regional and national level, especially in the areas of education and ongoing learning for social workers.

#### 4. What the Previous Strategy Achieved

Objective: Supporting the development of Social Care provision for adult residents within Nottinghamshire County and Nottingham City	
1. Developing partnerships across all social care providers to support the social care workforce	<ul style="list-style-type: none"> <li>• Support by both local authorities for the work of the Nottinghamshire Partnership for Social Care Workforce Development through Local Links for Care, Annual conferences, Care Ambassadors, National Minimum Data Set – Social Care (NMDS-SC) and training to the independent sector.</li> <li>• Development of Workforce Strategy based on commissioning strategies</li> <li>• Putting People First transformation programme has been established based on engagement with the Independent Sector (IS).</li> <li>• Networking by Workforce Planning Officers with service providers and stakeholder organisations within the sector.</li> </ul>
2. Supporting the development of Self Directed Support and Individual Budgets within the social care sector whilst ensuring positive outcomes for service users and carers	<ul style="list-style-type: none"> <li>• Workforce Change and Planning underpins the PPF transformation programme and has informed; Communication and Engagement Strategy, including a Service User and Carer Lead; workforce development plan for Self Directed Support and the implementation of processes; Staff Engagement Strategy with Ambassadors in each service area.</li> <li>• Almost £1M of training grants have been made available to the independent sector</li> <li>• Awareness of the role of PA has been raised within regional job centres and at recruitment fairs.</li> </ul>
3. Developing the workforce to reflect the community	<ul style="list-style-type: none"> <li>• Workforce Plans used as an enabler within PVI sector address issues, underpinned by NMDS-SC</li> <li>• Development of Apprenticeships (8) and Traineeships (41) using Future Job Fund</li> <li>• PATRA trainees (9)</li> <li>• Men into social care course developed with first intake March 2010.</li> </ul>

<p>4. Developing a quality assurance framework to support the social care workforce</p>	<ul style="list-style-type: none"> <li>• Workforce Strategy and Delivery Plan has processes that engage procurement officers with workforce planners to inform quality framework</li> <li>• Visits to providers emphasise best practice with regard to employment policies including recruitment and retention and contract of employment and ways of disseminating best practice have been implemented</li> <li>• A special measures joint project between Workforce Planning and Quality Development Officers aimed at raising standards.</li> </ul>
<p>5. Facilitating increased choice and control for the individual purchase of services, supporting social inclusion and wellbeing</p>	<ul style="list-style-type: none"> <li>• Workforce Development plan for roll out of Self Directed Support includes Person Centred Planning training</li> <li>• Development of Service User and Carer plus IS engagement strategies that inform commissioning and PPF</li> <li>• Over the period of the workforce strategy (2008-Nov 2009) the number of people receiving a direct payment within Nottinghamshire County Council has risen from 1,435 to 1,950 and in Nottingham City the figure has gone up from 327 to 434.</li> <li>• Visits from workforce planning officers encourage person centred planning within the independent sector and recommendations for providers to develop services to meet individual needs.</li> <li>• Courses are commissioned through the Notts Partnership on Person-Centred planning and will have trained 216 delegates between April 09 and March 10.</li> </ul>
<p><b>Objective: Developing the skills of the future workforce</b></p>	
<p>6. Delivering a consistent, robust and co-ordinated approach to workforce development</p>	<ul style="list-style-type: none"> <li>• Implementation of Strategic Service Plan</li> <li>• Workforce Strategy and delivery plan (currently being reviewed)</li> <li>• Information is being collated from different sources to deliver a robust and co-ordinated approach to workforce development. The sources include information from CQC audits, NCC Quality Development Officer Audits and workforce plans received.</li> </ul>

<p>7. Supporting the development of skills and attainment of qualifications within the social care workforce</p>	<ul style="list-style-type: none"> <li>• Workforce Development Unit's business and delivery plan (courses open to independent sector)</li> <li>• Basic Skills Strategy for social care workers – embedded into recruitment processes and career pathways</li> <li>• Analysis of available qualitative data has resulted in a comprehensive schedule of learning events being run through Nottinghamshire Partnership, Local Links for Care events and individual workshops targeted at specific needs.</li> <li>• Specialist training fund made available to the PVI sector</li> </ul>
<p>8. Enabling the social care workforce to enhance wellbeing, choice and control, and managing risk</p>	<ul style="list-style-type: none"> <li>• A range of Safeguarding training events has been established throughout the region</li> <li>• Risk and Resilience embedded within planning frameworks</li> <li>• Health and Wellbeing training rolled out across City for staff and communities</li> <li>• The development of and encouragement to access IS workforce development grant</li> <li>• The development of a mentoring and champion scheme in 2010.</li> </ul>
<p>9. Promoting the continuous professional development of the social care workforce</p>	<ul style="list-style-type: none"> <li>• Induction Programme for Social Care workers integrated with progression onto NVQs. Open to independent sector</li> <li>• Development of newly qualified social work programme (ahead of recommendations from the Social Work Task Force)</li> <li>• Workforce Development Plan for PPF Programme – changing roles and functions</li> <li>• Grant funding used to support training in IS sector through NPSCWD. The training programme of courses run by the Nottinghamshire Partnership addresses mandatory and CPD courses.</li> <li>• The use of the mentoring scheme and best practice initiative will help to promote CPD amongst the social care workforce.</li> </ul>

<p>10. Developing a social care and health career framework that can be linked to partner organisations</p>	<ul style="list-style-type: none"> <li>• The mentoring scheme and best practice initiative will help link training and development to partner organisations</li> <li>• There is shared participation in workforce planning and development strategies at board level within social care.</li> </ul>
<p>11. Developing apprenticeship/trainee schemes for the social care workforce</p>	<ul style="list-style-type: none"> <li>• Apprenticeships run across the two authorities with 243 places currently filled within social care, countywide.</li> <li>• Discussion is taking place with health communities about a joint apprenticeship scheme making the link across health and social care</li> </ul>
<p><b>Objective: Developing resources to support the social care workforce</b></p>	
<p>12. Supporting the effective recruitment and retention of the social care workforce</p>	<ul style="list-style-type: none"> <li>• Care Ambassador scheme for City and IS supporting the new Diploma in Society, Health and Development</li> <li>• Practice placements in City which have a focus on local students and those with disabilities</li> <li>• The development of an exit interview pack</li> <li>• The development of a carer's pack to encourage retention of staff with caring responsibilities.</li> <li>• Initiatives have shown – through NMDS-SC - a reduction of just under 2% in turnover since Feb 2009 bringing the rate down from 14.6% to 12.8%.</li> </ul>
<p>13. Promoting the continued use and benefits of workforce intelligence and information systems</p>	<ul style="list-style-type: none"> <li>• Workforce planning workshop days</li> <li>• The benefits of workforce planning have been promoted and resulted in 85% of home care and 75% of care home workforce plans being received. Workforce planning review forms have now been sent out and are being returned</li> <li>• The number of care providers using NMDS-SC has gone up and the data shows that the number of workers details now recorded as a percentage of those declared has gone up by over 36%.</li> </ul>

<p>14. Promoting work-life balance best practice to support the health and wellbeing of the social care workforce</p>	<ul style="list-style-type: none"> <li>• The carer’s support pack has been established and is available online</li> <li>• Different types of contracts are being used within the independent and internal sectors recorded on NMDS as at Dec. ’09. Of the workers details recorded: <ul style="list-style-type: none"> <li>o Full-time contract – 42%</li> <li>o Part-time contract - 36%</li> <li>o Neither of these – 4%</li> <li>o Not recorded – 18%</li> </ul> </li> </ul>
<p>15. Promoting human resources policies and procedures in line with best practice</p>	<ul style="list-style-type: none"> <li>• Training on human resources policies and procedures have been accessed through the Nottinghamshire Partnership</li> <li>• Workforce planning officers provide information on best practice during visits to care providers and signposts care providers to relevant HR and best practice websites.</li> </ul>
<p>16. Communicating and sharing good practice by recognising achievements</p>	<ul style="list-style-type: none"> <li>• Adult Social Care and Health (ASCH) held an award event to celebrate achievements across department</li> <li>• Regional Case Studies – NMDS-SC; Young Persons Care Event; Profiles</li> <li>• Development of Care Ambassador resources used in region</li> <li>• A mentoring and champion scheme will communicate and share good practice through recognising achievements.</li> </ul>
<p><b>Objective: Developing leadership and management</b></p>	
<p>17. Developing managers to obtain the appropriate knowledge and skills to effectively lead the social care workforce</p>	<ul style="list-style-type: none"> <li>• Local Links for Care briefings</li> <li>• Achievements of National Occupational Standards (NOS)/National Minimum Standards (NMS) for registered managers</li> <li>• Management training is being set up through Nottinghamshire Partnership</li> <li>• Business planning and marketing workshops Jan 2010 through contact with Business Link</li> <li>• Best practice communication and mentoring will also help develop managers to adopt and replicate best practice.</li> </ul>

<p>18. Promoting equality and diversity practices to reflect community's needs and the services provided to customers</p>	<ul style="list-style-type: none"> <li>• Nottingham City Achieved Level 4 in the Local Government Equalities Scheme.</li> <li>• NCC have achieved a reduction in the rate of non-disclosure rate of details for equality and diversity details of employees</li> <li>• The recruitment of a PATRA trainee has had positive outcomes</li> <li>• Men into Social Care course is aimed at addressing the male to female ratio imbalance and encouraging men into social care.</li> </ul>
<p>19. Developing and promoting a consistent, co-ordinated and effective approach to workforce planning</p>	<ul style="list-style-type: none"> <li>• The adoption of a workforce cycle of 5-year strategy, annual workforce plan, linking into the planning cycles, setting objectives for the workforce planning and ensuring the financial resources are in place to support this</li> <li>• Linking this to the workforce planning data from the IS and internal providers and that from the service areas and teams with the authority.</li> </ul>
<p>20. Supporting the role of commissioners to ensure capacity, quality, safety and cost effectiveness</p>	<ul style="list-style-type: none"> <li>• Working with Purchasing and Market Management (QDOs) to ensure quality auditing recommendations are implemented and supported through workforce planning</li> <li>• Providing support to raise standards in skills and services through the workforce development grant.</li> </ul>
<p><b>Objective: Developing integrated social care and health workforce strategies and plans in relevant areas of joint commissioning</b></p>	
<p>21. Identifying areas of joint service activities to be used as a pilot scheme</p>	<ul style="list-style-type: none"> <li>• The project of working with health to introduce an apprenticeship scheme to cover both health and social care.</li> <li>• Working with health and social care Community Workforce Planning and Development at board level</li> <li>• Joint working with Purchasing and Marketing Management to raise the standards of care amongst care providers.</li> </ul>

## 5. National Demographics and Workforce Analysis

The current social care workforce in England comprises over 1,300,000 people working in care homes, people's own homes, day care, hospitals and in the wider community. The workforce is highly diverse, caring for and supporting an equally diverse population.

The State of the Adult Social Care Workforce in England 2008 report indicates that, if the choices available to services users are going to be maximised with regard to direct payments and a highly personalised support/care package, the total workforce would need to increase by 80% from its present 1.39 million to 2.5 million by 2025 to cope with the predicted future demand. In the drive to achieve this tension exists between reductions in funding for the public sector and the increase in demands and expectations across the regional social care sector.

This report bases its statistics on data obtained from the National Minimum Data Set-Social Care (NMDS-SC) and uses this to model future workforce needs scenarios. NMDS-SC data shows that the existing social care workforce is significantly larger than the previous estimate of 16,286 with 1.39 million paid workers in the adult social care sector.

Andrea Rowe, Chief Executive of Skills for Care, believes that the anticipated massive increase in the workforce makes it imperative that frameworks are in place to offer the best training possible to hundreds of thousands of new workers coming in to the sector. In supporting this prediction she emphasised the importance of initiatives such as the New Types of Worker programmes encouraging innovation, the National Occupational Standards and the forthcoming Sector Skills Agreement that would continue to drive up standards regardless of the workforce size.

### **Economic Climate**

The downturn in the national economy has reduced the income available to local authorities and resulted in significant cuts to services in some areas. This has led to an increased drive towards efficient use of funds - encouraging innovation in working practices; including sharing knowledge, services and collaboration between partners, and streamlining organisational structures. Through the 'Working to Put People First' initiative it is anticipated that a 3% efficiency saving will be achieved through prevention and early intervention.

The rise in unemployment across the country has seen rises in the number of young people staying on in education and of adults re-entering a training environment to increase or improve their skills. This provides an opportunity for workforce planners to raise awareness of careers in social care. Nationally this is being promoted through Skills for Care initiatives such as Care Ambassadors, apprenticeships, work placements and qualifications in social care.

## Changing Context – Mixed Economy

The economy within which social care is being provided is becoming increasingly diverse with funding coming from a range of different sources. The development of personal budgets means that service users have choice and control of how they access social care. This will put a high demand on the variety of social care services that will need to be developed and made available. This strategy recognises that this will have a considerable and growing impact on the skills of the workforce.

## Changing Context - National Strategies and Policies

Over the last five years the Department of Health has published a range of documents and White Papers aimed at transforming the social care sector, putting the service user at its centre and key to its delivery.

In July 2005, the Government announced a review of the social care workforce in England to be led jointly by the Department for Education and Skills (DfES) and the Department of Health (DH). The review was asked to bring forward recommendations in order to:

- increase the supply of all workers within the sector, such as domiciliary care workers, residential care workers, social workers and occupational therapists and look at measures to tackle recruitment and retention issues
- improve the quality of social care practice
- define the role of social workers (including training and skill requirements) and
- develop a vision for the social care workforce in 2020 and a socio-economic case for improvements and investment in the workforce.

Findings were reported in *Options for Excellence: Building the social care workforce for the future*. This was then superseded by *Putting People First – working to make it happen: adult social care workforce strategy – interim statement* and more recently by *Adult Social Care workforce strategy* in April 09. The strategy also complements *Working Together: Public services on your side* which set out principles of public service reform and *A High Quality Workforce*, which followed *High Quality Care for All*.

These documents have been translated into individual strategies, promoted by local authorities, for adoption by service providers, including:

- Working to Put People First
- Building a Society for All Ages
- Valuing People Now
- National Dementia Strategy – Prepare to Care
- End of Life Care Strategy
- Safeguarding and Dignity
- Physical Disabilities
- Autism Strategy
- Care Quality Commission Outcomes
- Local Commissioning Strategies

## 6. Analysis of Current Demographic Profile in Nottinghamshire

The following data analysis has been taken from the Office for National Statistics (ONS) and the Skills for Care National Minimum Data Set – Social Care (NMDS-SC) report as at December 2009 for Nottinghamshire. It shows that Nottinghamshire now has 712 providers registered on the system as recorded in the weekly establishment list.

### Current Workforce

Nottinghamshire is in the heart of England and covers an area of 2,085 square kilometres (805 square miles). Together the two local authority areas have a total population of 1,068,900 of whom 676,900 are of working age and 18,072 (2.67%) are recorded as being employed by care providers registered with NMDS-SC. (See fig 6.1)

Ref	Local Authority	Population	Working Population	Working in Social Care	% of Working Population
To map	Nottingham City	292,400	202,900	3,425	2.14
	Nottinghamshire			12,861	2.90
	Rushcliffe	109,800	67,000		
	Ashfield	116,500	72,100		
	Bassetlaw	112,200	67,000		
	Broxtowe	112,000	70,700		
	Gedling	112,100	68,200		
	Mansfield	100,600	61,500		
	Newark & Sherwood	113,300	67,500		
<b>Total</b>		1,068,900	676,900	16,286	2.67

Fig 6.1 ONS Crown Copyright Reserved [from Nomis on 15 December 2009]  
NMDS-SC data from December 2009.

Currently NMDS-SC does not record the high number of people working as carers in a voluntary capacity, caring for friends and family members. This, however is recorded by the 2001 Census showing that across Nottinghamshire County and Nottingham City this could be as high as 107,000 people. See fig 6.3 in this section on Voluntary Carers.

### Worker Roles

Existing worker roles within the care sector and the numbers employed in each can be seen from table 6.2. This table shows the currently established worker roles from administration to management and the different roles across independent and statutory sectors. It does not currently show or record the new and emerging roles such as that of Broker and Personal Assistant (PA). Neither does it capture the largest group of workers in the care sector, which comprises carers who work voluntarily.

WORKER ROLE	COUNTY	CITY	TOTALS
Senior Management	158	61	219
Middle Management	120	74	194
First Line Manager	339	74	413
Registered Manager	300	115	415
Supervisor	336	98	434
Social Worker	381	120	501
Senior Care Worker	1019	353	1372
Care Worker	6464	2417	8881
Community, Support and Outreach Work	872	178	1050
Employment Support	44	7	51
Advice, Guidance and Advocacy	35	11	46
Educational Support	12	10	22
Youth Offending Support	0	0	0
Counsellor	1	1	2
Occupational Therapist	74	8	82
Registered Nurse	689	113	802
Allied Health Professional (not Occupational Therapist)	20	2	22
Nursery Nurse	0	0	0
Childcare Worker or Childcare Assistant	11	8	19
Teacher (qualified)	10	7	17
Educational Assistant	4	1	5
Technician	25	6	31
Other job roles directly involved in providing care	187	41	228
Managers and staff care-related but not care providing	165	95	260
Administrative/office staff not care providing	701	168	869
Ancillary staff not care providing	1535	317	1852
Other job roles not directly involved in providing care	234	51	285
<b>Total</b>	<b>13736</b>	<b>4336</b>	<b>18072</b>

Fig 6.2 NMDS-SC as at December 2009

## Social Workers

From table 6.2 above it can be seen that although care workers make up the highest proportion of employees listed, social workers and community support and outreach workers also continue to make up a major part of the social care workforce. There will continue to be a focus on developing the social worker role especially within the context of the PPF agenda and the recommendations of the social work Task Force Report. Career pathways will be strengthened to enable social workers to progress where possible, complemented by an increased emphasis on Continuing Professional Development and support within the workplace.

The recruitment and retention of social workers is recognised as an important element of this strategy especially in ensuring that teams have the necessary capacity and skills mix to deal with caseload.

The role of the community care officer (CCO) is also vital. CCOs will need to be supported as the role develops within the context of Self Directed Support (SDS). Supporting CCOs to become social workers will also be important in ensuring future capacity issues for social workers are addressed in a planned way.

## **Registered Nurses**

The table shows that 802 registered nurses are working in the social care sector and this emphasises the need for the joined up approach to working and training and the need to work with the health sector in this respect. Failure to do so and share this information could lead to an issue over a lack of qualified nurses available to work within the social care sector.

## **Personal Assistants (PAs)**

Currently NMDS does not have the facility for recording the number of people in the region who are employed as Personal Assistants (PAs). The collection of this data is currently being piloted through NMDS-SC but other records show that 1,210 individuals are currently accessing a personal budget and a high proportion of these will be employing one or more PAs. A conservative estimate would therefore be that in excess of 1,000 individuals are already working as PAs. This consideration indicates that the provision of training for service users as employers and PAs, needs to feature in workforce planning and development provision over the period of this strategy.

## **Voluntary Carers**

The majority of people working in social care are currently working as carers in a voluntary capacity. Census information from 2001 shows that in Nottinghamshire, including Nottingham City, 10.3% (over 107,000 people) are unpaid carers of whom the majority are related to the service user. Fig. 6.3 shows the different relationships that are recorded.

The workforce relies on carers, those who care directly, who may or may not be paid, and unpaid carers who rely on support from their employers to carry out a carer's role and enable them to flourish in their working environment. A support pack for carers was developed in 2010 for those employed in the statutory sector and guidance is being prepared for the independent sector.

With the introduction of personal budgets it is likely that some of these roles will become formalised as service users start to employ their carers as PAs to perform the services that they require to meet their personal needs. This development presents a range of workforce planning issues, including the training of service users as micro-employers and the development of core competencies for PAs.

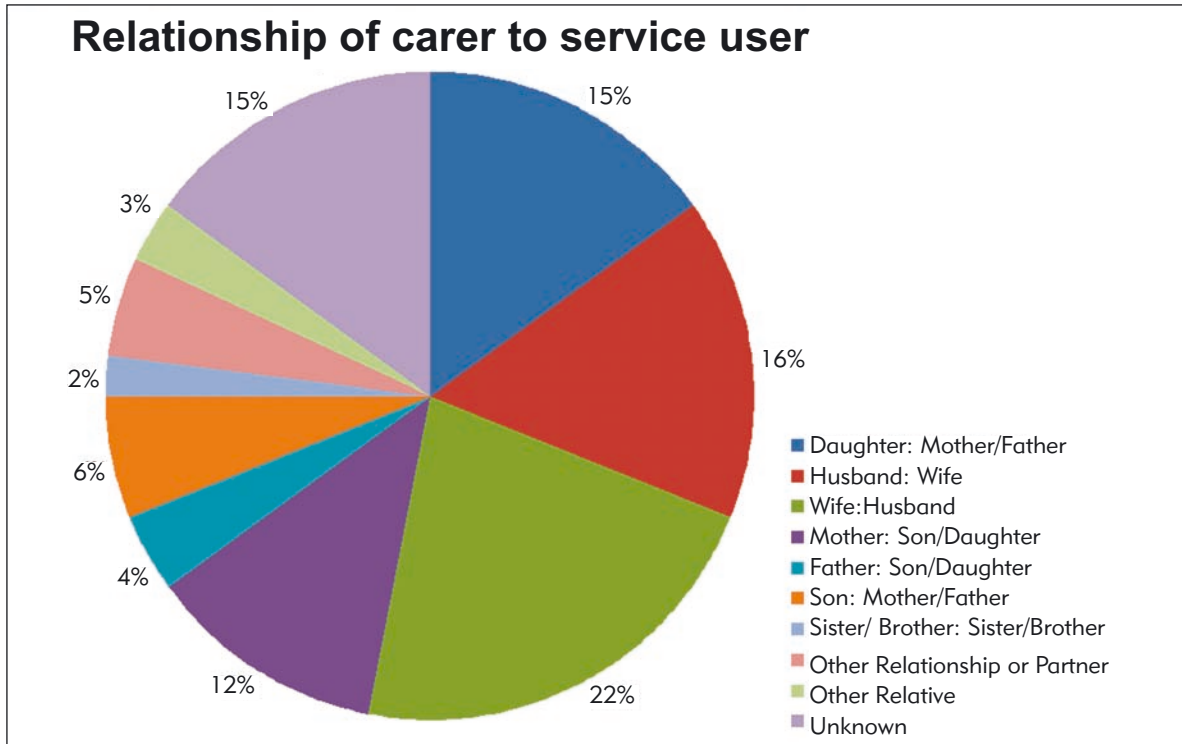


Fig 6.3 NCC service data December 2009

## Workforce Trends

Predictions from the Office for National Statistics show that the number of people in Nottingham City will rise by 5.9%, by 2020, although the Rowntree Foundation estimate that it could be as high as 8.9% as people live longer and the trend of migration continues. As a result of this ONS predictions show that the number of people who make up the working age population is expected to fall by 6.85%.

This has implications for the social care sector as the number of people in the older age group and therefore likely to require care is rising, whilst proportionately the working population is reducing. To cope with this rise Nottinghamshire County and Nottingham City must consider opportunities that will:

- encourage more people into social care as a career
- improve retention within social care
- encourage reablement opportunities
- support wellbeing and healthy living initiatives
- investigate new assistive technologies
- invest in extra support housing.

In all these initiatives the processes and procedures must be built up around the individual person.

## Diversity

The **gender** split amongst people of working age shows that men make up the largest proportion of the workforce across the region. We know however, that in Nottinghamshire, the social care sector has a predominately female workforce 76.4% compared to 13.9% male with 9.6% not recorded (NMDS-SC report December 2009). Traditionally women have entered into caring roles as an extension of their role within the family as for many it is a readily transferable skill. This factor, coupled with a weakly defined career development structure has, however, contributed to the low wages that are experienced throughout the care sector. To help address this, one of the initiatives that has been identified is the opportunity of promoting social care as a career of choice to men. The current economic climate has seen a rise in unemployment and the introduction of the 'Dare to Care' scheme to introduce men into social care, has had a very positive evaluation and work is now under way to extend this initiative. It is hoped that this will help to address the gender gap and may, in the longer term, help to address the low pay issue attached to careers in social care.

**Disabled workers** make up 19.2% of the workforce within Nottinghamshire County. This is taken from the ONS for March 2009, but does not include figures for Nottingham City. The statistics for disabled workers employed by the local authorities in the region, as recorded on NMDS-SC at December 2009, rely on this information being disclosed. The disclosed records available for both Nottinghamshire County and Nottingham City show 905 disabled workers employed in social care. Given the total workforce for both authorities is 15,514 this equates to 6.59%.

**Ethnic Diversity** of the social care workforce, recorded by NMDS-SC as at December 2009, shows that 73% of the social care workforce are white, 16.1% are BME with 10.9% of unknown background or not recorded. Within care homes, however the ethnic diversity often reflects that of the residents due to the fact that the workforce is recruited from the local area and whilst the majority are White British there is also a wide representation from other ethnic backgrounds. See fig 6.4.

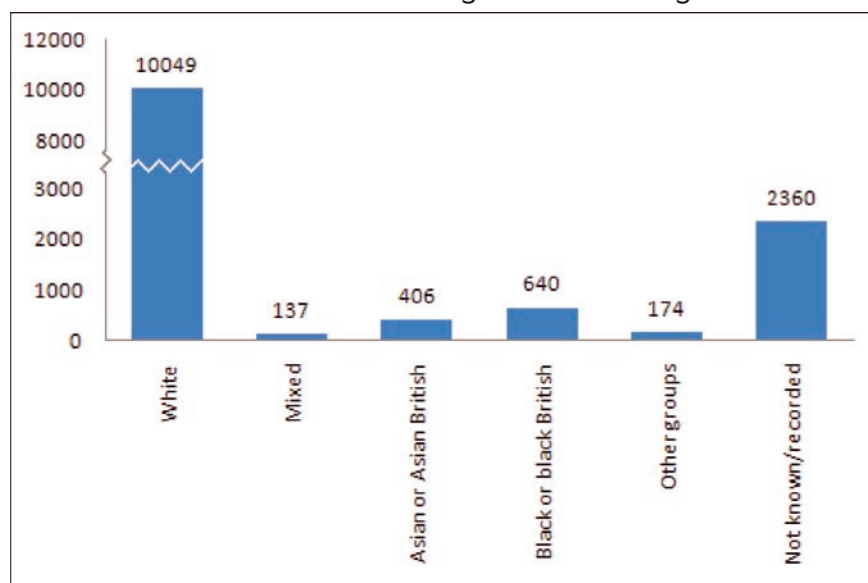


Fig 6.4 NMDS-SC local area profiles for Notts County & Nottm City 1st Feb 2010

## Age

The following graph, fig 6.5, shows the age profile of the social care workforce across the region. The highest proportion of the current social care workforce is in the 40-49 age group, closely followed by the 50-59 age group. This is a change from the statistics recorded in the previous strategy where the highest proportion of the social care workforce was in the 50-59 age group. This is a positive move as work has been undertaken to encourage more people across the age ranges in to social care as a career. From fig 6.5, however, it can be seen that there are very few people in the under 20 age group that are selecting social care as their initial career of choice.

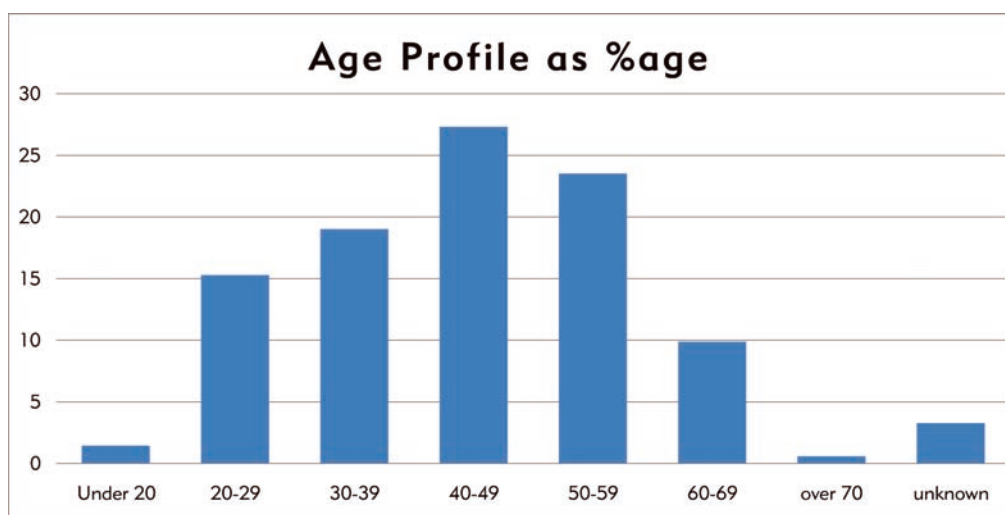


Fig 6.5 NMDS-SC local area profiles for Notts County & Nottm City December 2009

## Qualifications

National Vocational Qualifications (NVQs) are currently the recognised qualification levels for carers working in social care although the introduction of the Qualifications Credit Framework is now taking place. There is a requirement that 100% of people working as carers should be studying towards or have completed a recognised induction programme and recommendations that 50% of the care workers within any residential care home should be qualified to at least NVQ level 2 or working towards it. In addition 100% of managers should have either a Registered Manager's Award in Care or an NVQ level 4 in Leadership and Management.

Across the region covered by the two authorities there are 16,286 social care workers recorded on NMDS-SC and of these 11,667 are frontline care workers. NMDS-SC shows the following statistics:

Qualifications in Social Care	Total Staff employed	Achieved	Percentage	Plus working towards
Induction	11,667	5,754	49%	809
NVQ2	11,667	2,370	20%	566
NVQ3 (optional)	11,667	924	8%	302
Management at NVQ4	527	257	49%	47

Fig. 6.6

## Leavers

Social care workforce exit information shows that 58.8% leavers were recorded as destination unknown fig 6.7. Other data shows 16.0% left social care to work in other sectors whilst 17.6% moved to other jobs within social care.

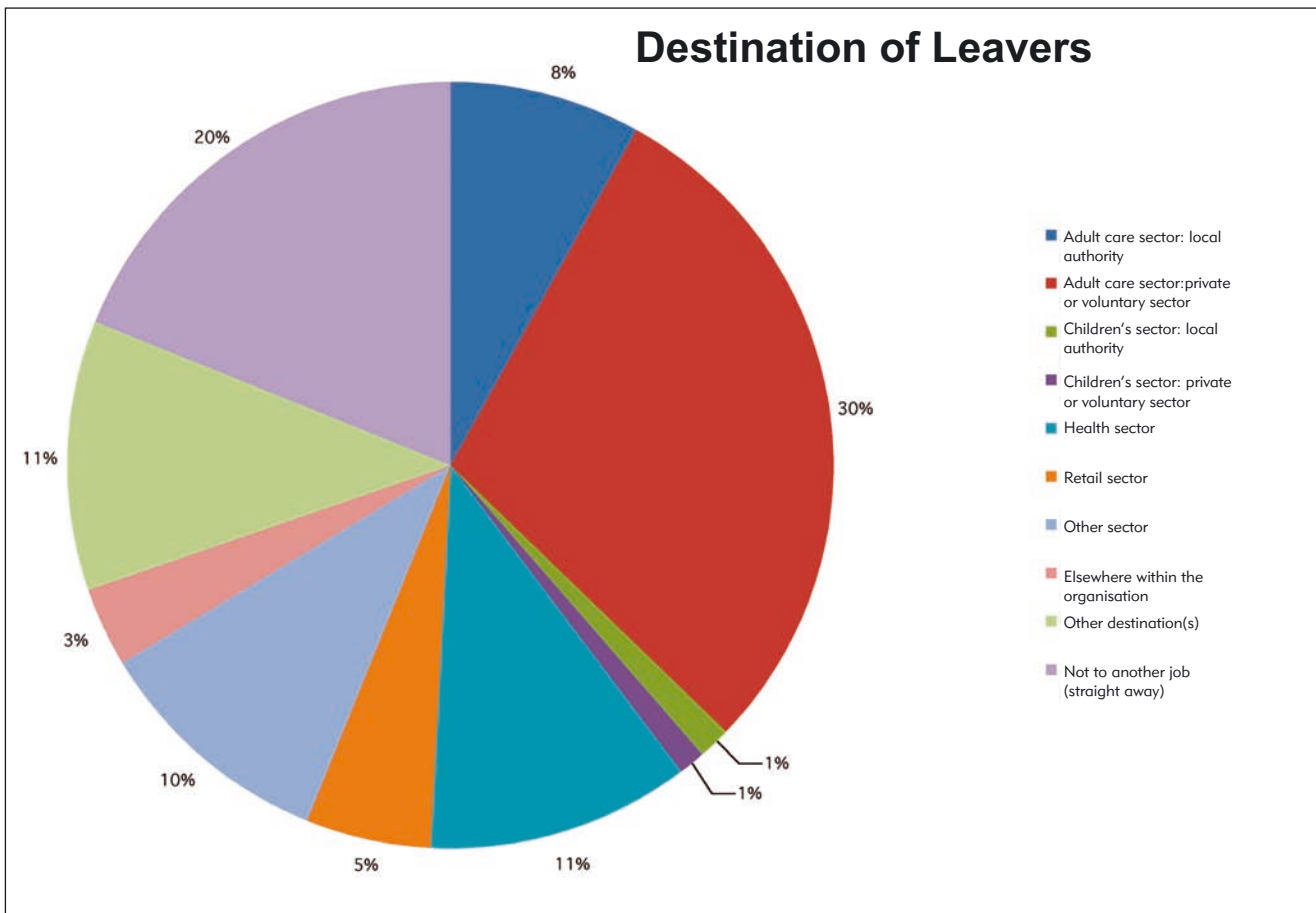


Fig 6.7 NMDS-SC local area profiles for Notts County and Nottm City December 2009

The above chart shows the destinations of the 41.2% of the total leavers for whom we have data. Work has been undertaken to help employers develop their policies on exit interviews and collating relevant data. Although a move to the health sector could be seen as positive in terms of career development, it could also mean that the care sector is losing employees, trained at their expense, to a sector that is able to provide better remuneration packages. It indicates that more work needs to be done on promoting career development opportunities within social care and other retention initiatives should be encouraged.

## Turnover and Vacancy Rate

At November 2009 there was a staff turnover rate of 16% for Nottinghamshire County and Nottingham City compared to 17% nationally. This is a 4% improvement on the previous turnover rate recorded at April 2008 of 20%, although the NMDS-SC was not used to calculate this previous figure.

The vacancy rate for the same period stands at 2.4 % for Nottinghamshire and Nottingham City, as against 3.4% nationally. This is an improvement of 0.5% on April 2008.

## Unemployment

Current levels of unemployment in the different areas are shown through the number of people claiming Job Seeker's Allowance.

Unemployment levels	Nottingham	Mansfield	Ashfield	Bassetlaw	Nottinghamshire
Claiming JSA	12,556	2,760	3,183	2,403	19,747
Claim %	6.2%	4.5%	4.5%	3.5%	4.6%

Fig 6.8 ONS Crown Copyright Reserved [from Nomis on 15 December 2009]

## 7. Worker Roles and New Types of Working

To meet the requirements for a high standard of social care and an effective and efficient workforce it is imperative to continue to assess the way in which social care is delivered and the type of worker role that could carry this out in a way that best meets the needs of the service user. New types of working include any change to the way social care services are provided, planned, commissioned or monitored, that aim to improve the lives of people using these services, but not currently widely recognised as a regular job role. This strategy embraces the opportunity to consider innovative ways of delivering social care to improve the experience of the individual.

New types of role currently being integrated into the social care workforce are Personal Assistants and Brokers.

Pilots are currently taking place to consider the role of a generic health worker and what that could look like to bridge the boundary between health and social care and provide a seamless service for the individual. This is especially pertinent as we move towards ensuring people can remain for longer in their own homes as part of the reablement process.

For further information contact:

## Workforce Planning Teams:



Nottinghamshire  
County Council



0115 977 2784



[workforce.planning@nottscc.gov.uk](mailto:workforce.planning@nottscc.gov.uk)



**Nottingham**

**City Council**



0115 915 6355



[workforce.planning@nottinghamcity.gov.uk](mailto:workforce.planning@nottinghamcity.gov.uk)