

# Adult Social Care Workforce Plan

2018 - 2020

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## Introduction

Nottinghamshire Adult Social Care faces increasing need and demand due to more people living longer and also living for more of their life with multiple complex long-term conditions at the same time national funding for Local Authorities continues to reduce significantly. Our population is predicted to continue to age and by 2030 the number of people aged 65-84 is expected to increase by over 30% and people aged 85+ by over 90%. Older people are more likely to experience disability and limiting long-term illnesses. By 2030 there is also an expected increase in people with learning disabilities which equates to a total of 17,000 people in Nottinghamshire. The increase is expected to be concentrated in the older age range, with 48% growth in people with learning disabilities aged over 65. The profile of our workforce is also steadily aging with any of our workforce are approaching the age 50 and or already age 60.

In 2016/17 over 10000 people received care and support services.

What does the demographic changes mean for the Council?

- Further increase in demand for care and support services
- Increase in the number of adult social care jobs required
- Potential increase in the number of self-funders presenting for assessments in response to phase 2 of the Care Act which is due to be implemented in April 2020
- Stretched capacity in the provider market unless current issues of recruitment and retention can be resolved
- Additional and different skills and knowledge requirements for workers in older adults services
- Increased need for brokerage and coordination
- Potential increase in the number of direct payments and demand for personal assistants

The new Council Plan '[Your Nottinghamshire Your Future](#)' sets out an ambitious vision for the future of Nottinghamshire in which the county is at the forefront of modern Britain. It outlines the priorities and programmes of activity that will support the Council's ambition to shape the environment in which we live, and create the right conditions for a strong local economy. The Plan aims for Nottinghamshire to stand out as:

- **A great place to bring up your family**
- **A great place to fulfil your ambition**
- **A great place to enjoy your later life**
- **A great place to start and grow your business**

The Departmental Strategy sets out the purpose as to provide and commission advice, support and services which improve health and wellbeing, and prevent ill health and loss of independence. <http://home.nottscc.gov.uk/working/policies-performance/policy/policy-library/ascph-departmental-strategy>

In order to provide an ethical and equitable way forward to the challenges facing social care, Nottinghamshire County Council has developed an Adult Social Care Strategy. The Council published an updated [Adult Social Care Strategy](#) in December 2017. It describes how social care support for adults is provided in Nottinghamshire in future.

The Adult Social Care Strategy, the Charter for the Future of Adult Social Care and the Health and Wellbeing Strategy provide the strategic context within which the department operates. The Adult Social Care Strategy is focused on:

- **Helping people to help themselves**
- **Helping people when they need it**
- **Maximising Independence and reviewing progress**

Ensuring that the right workforce, with the right skills and training is in place is fundamental to delivering all these objectives. The skills, knowledge and abilities of the Adult Social Care workforce need to align with the Council's continuous drive to be a modern, smart and flexible organisation as identified in the [Corporate Workforce Strategy 2016-2018](#) .

The report [The State of Adult Social Care sector Workforce in England 2017](#)<sup>1</sup> analyses the workforce across all sectors, including not for profit, private, public and people employed as personal assistants. The national profile reflects the workforce profile in Nottinghamshire; it is predominantly white, predominantly female and aging. Nationally, the Adult Social Care workforce remains one where females made up the majority of the workforce, with 82% females and 18% males. The average age of a worker is 43 years old and a fifth were over 55 years old. Skills for Care estimates that the staff turnover rate of directly employed staff working in the Adult Social Care sector was 27.8%. The staff vacancy rate across the whole of the care sector was 6.8% (up from 4.5% in 2012/13), rising to 11.4% for home care staff. During the same period, the Adult Social Care sector contributed an estimated £41.8bn to the English economy and estimated required growth is forecast.

Skills for Care estimates that the turnover rate in Nottinghamshire for 2017-18 was 27%. This was similar to the East Midlands region average of 28% and similar to England at 28%. Not all turnover results in workers leaving the sector. Of new starters in this area, over two thirds (66%) were recruited from within the Adult Social Care sector, therefore although employers need to recruit to these posts, the sector benefits from retaining their skills and experience.

Skills for Care estimates that in Nottinghamshire, Adult Social Care workforce ( Local Authority and Wider Social Care), 6.8% of roles in were vacant in 2017, which gives an average of approximately 1,500 vacancies at any one time. This vacancy rate was similar to the regional average, at 6.9% and similar to England at 6.6%.

Using both workforce intelligence evidence and the links with employers and stakeholders across England, we know that recruitment and retention is one of the largest issues faced by employers.

Other workforce data for all Adult Social Care workforce shows that:

- Nottinghamshire lost approximately 127,400 days to sickness in 2016/17
- Around a fifth (19%) of the workforce in Nottinghamshire were on zero-hours contracts
- Approximately half (57%) of the workforce worked on a full-time basis; 37% were part-time and the remaining 7% had no fixed hours
- The majority (84%) of the workforce in Nottinghamshire were female and the average age was 42 years old. Those aged 24 and under made up 14% of the workforce and those aged over 55 represented 21%. Given this age profile, approximately 4,650 people will be reaching retirement age in the next 10 years
- An estimated 94% of the workforce in Nottinghamshire were British, 2% were from within the EU and 3% from outside the EU, therefore there was a similar reliance on both EU and non-EU workers

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<sup>1</sup> The state of Adult social care workforce September 2017

## Purpose

The purpose of the Council's Adult Social Care workforce;

*'Our purpose for Adult social care at all levels, is to work with people to promote their independence and well-being.*

*We will do this by helping people to maximise their opportunities for independence so they can live good lives, or the best they can, in a variety of circumstances. We will also work alongside local communities and providers of health and social care to build stronger and more resilient communities. This helps to keep people connected with their own communities and can prevent people needing formal social care services'.*

The workforce plan recognises the pressures and the financial constraints that the workforce have to operate under in Nottinghamshire. We are committed to ensuring that our workforce is appropriately trained, and with opportunities for career development. We believe that workforce empowered and supported will allow us to achieve better outcomes for the citizens of Nottinghamshire.

In order to achieve this the Council will ensure that:

- Staff have manageable workloads so they have time to work differently and creatively
- Staff have a formal departmental induction to supplement the corporate online induction programme so that they understand the expectations and culture of the Authority
- Staff feel valued and supported in the work they do, so that we retain experienced staff and attract a new generation of social care workers
- Staff are appropriately trained and have opportunities for career development, including a clear career pathway and core training
- Staff have clarity about their work roles and what is expected of them
- Staff can use their experience to influence improvements and changes to the way social care is arranged or provided in Nottinghamshire
- Staff are both empowered and supported to work more efficiently
- Staff are supported to make decisions so services users receive the right support at the right time in the right place
- Newly qualified social workers are appropriately supported and trained for the work expected of them, by working with local training providers so that we get applications from suitable candidates.

## Scope

Like all Councils, in Nottinghamshire Adult social care is changing rapidly in response to the challenges it is facing across the sector. This plan therefore covers both the Council's internal workforce, as well as the independent and voluntary sector adult social care workforce which we know is experiencing significant issues attracting, recruiting and retaining staff to ensure sufficient capacity and skills set in the local workforce. The Council has a duty under the Care Act 2014 to 'facilitate the market' and will use this market and its place-shaping role. The Council will work in partnership with commissioners and providers to ensure there is a workforce fit for the future in Nottinghamshire.

## Principles

The workforce development plans for both Council's and the wider Adult Social Care staff will be delivered according to the following principles:

- support staff and enable them to deliver the Adult Social Care Strategy
- embed a culture of 'one' Nottinghamshire workforce, which incorporates all professionals working to secure wellbeing and improved outcomes for vulnerable adults and their carers
- deliver workforce development activity to the integrated workforce wherever possible, so as to maximise opportunities for relationship building and develop consistency in our approach to working with vulnerable adults and their carers
- value and make the most of the skills, experience and expertise already within the workforce
- use our resources efficiently and effectively
- develop plans in collaboration with the operational staff to ensure it is fit for purpose on the frontline and will look internally to find local solutions to local problems
- challenge practice and the status quo at all levels to ensure the workforce plan is relevant in the current climate and can be responsive to future changes
- ensure our workforce adopts smart and flexible working practices to improve our service offer to vulnerable adults and their carers

## National Drivers

### a. Financial

The ADASS annual Budget Survey 2018 Report concludes that the financial impact of these pressures are:

'Cost pressures relating to the increased numbers of older and disabled people needing care have increased from 2.8% of adult social care net budget in 2017/18 to 3.3% in 2018/19. This equates to £448m additional pressure in 2018/19, of which 94% has funding identified by councils (£420m). This is an increase from last year, when the proportion funded was 81%. Local Authorities commitment to protecting adult social care was helped by the additional temporary funding from the Improved Better Care Fund and adult social care precept'.

In addition to the growing demand as a result of demographic pressures, Councils have faced significant legislative change that has brought new duties and extended new responsibilities, including the Care Act and the Supreme Court judgment on Deprivation of Liberty.

A green paper is expected from the Government in 2018 to include proposals on sustainable funding for social care.

### b. Legislation

The social care reforms of the Care Act from 1 April 2015 have widened the responsibilities of the local authority increasing the demand for Adult Social Care Services. On 17 July 2015 the Government announced the postponement of Part 2 of the Care Act until 2020. Although this reduces some of the anticipated demand for self-funder assessments, demand related to Part 1 of the Care Act implemented in April 2015 had workforce implications.

In summary, Part 1 of the Care Act introduced a range of new and extended responsibilities:

- to provide information and advice to citizens of Nottinghamshire to help them to access the support they need
- to increase the responsibility to support carers
- to extend the responsibility of Councils to provide a range of preventative services to people at risk of developing social care needs and for those with social care needs to prevent such needs becoming long-term
- to assess all those with an appearance of care and support needs including self-funders, and extend this right to assessment and services to eligible carers
- to assess prisoners and people living in approved premises
- to provide access to independent advocacy for those people who need support to participate fully in their assessment
- to extend the criteria for safeguarding
- to provide a deferred payment scheme
- to proactively manage provider failure and manage the market

There are also funding reforms scheduled under Care Act (Part2) to be implemented from April 2020. The new and extended responsibilities will have an impact on future workforce development needs.

### **c. Partnership and Integration**

Sustainability and Transformation Partnerships

Nottinghamshire Adult Social Care is a key partner in the Sustainability and Transformation Partnerships (STP) for Nottingham and Nottinghamshire and, South Yorkshire and Bassetlaw. These partners in health and social care are leading a five-year plan for the future of health and social care and their integration by 2020.

All partners in Nottingham and Nottinghamshire have signed up to all the workforce priorities which are:

- Systematic Approach to Prevention and Promoting independence and self-care
- Developing a Population/Place-based Approach to Workforce Redesign
- Building capacity, capability and resilience in the primary care workforce
- Supporting System Effectiveness through Organisational Development
- Development of Collaborative HR Solutions

The Department is engaged with and delivering interventions towards a common STP objectives. One such key objective is following an evidenced-based approach and with a focus on increasing healthy life expectancy. This will require a systematic, consistent approach to ensuring that the workforce coming into contact with those needing care and support have the skills and confidence to discuss lifestyle issues, provide brief interventions or signpost people to appropriate support from the community and voluntary or statutory sectors. The aim is to build prevention into everyday work rather than it being seen as an add-on.

The overall aim is to embed and reflect in all transformation work streams across the system to ensure delivery of the mind-set and cultural shift in our approach to interactions with residents of Nottingham and Nottinghamshire. The work will transcend health and social care boundaries and be embedded in the wider workforce who come into contact with the population as part of their role, for example, housing, fire, police and voluntary sector support organisations.

### **What is workforce integration?**

Integration is an enabler for transformational change. It is not an end in itself and will operate at different levels:

- Strategic place-based integration
- Organisational and individual level e.g. Personal Health Budgets and Personal Budgets

There are also many different forms that workforce integration can take including;

- aligned staff/teams/services
- co-located staff/teams/services
- staff working to aligned, shared pathways
- holistic worker roles, where staff take on tasks that cut across individual agency responsibilities or staff are trained to have awareness other agencies responsibilities
- joint appointments to strategic commissioning and managerial posts, as well as more formal integration, such as single line management structures
- new organisations and
- pooled workforce budgets

Formal, organisational restructuring can be an enabler, but it is also known to be resource- intensive and too often becomes the focus of any change, rather than this being on developing and embedding new ways of working and cultural change. So, form should follow function and major structural re-organisation only be embarked on if it is clear that there are benefits that cannot be achieved without doing this. A good starting point therefore, should be to clarify what any new integrated workforce model aims to achieve.

What will indicate a successful integrated workforce model from a social care perspective?

It will;

- enable people to achieve better individual health and wellbeing outcomes
- enable individuals to experience input from different professionals, services and agencies as an integrated, holistic service
- promote good quality of care
- demonstrate value for money and make best use of public money across the system
- be evidence-based, or, if innovating, evaluate the purpose and impact of the model with regard to social care, as well as health objectives
- blend health, social care and other professional roles such as housing in balance, maintaining the core professional knowledge and skills that social care offers, whilst enabling some tasks to be completed across roles
- have a clear joint workforce delivery plan that includes supporting and facilitating the local provider market workforce
- be supported by clear governance arrangements for monitoring delivery of the workforce model and plan, managing performance, risks and rewards
- be supported by a joint workforce learning and development plan that promotes the delivery of core social care strategic objectives, as well as health and other agencies. This will include;
  - an improved integrated information and advice offer as a first option for people
  - embedding a focus on prevention at all stages of working with people through, for example, reablement, promoting independence, technology enabled care and self-care
  - a shared understanding, framework and tools to proactively manage risks to maintaining independence
  - targeted, proactive multi-agency work that includes factors to predict people at risk of requiring social care packages and residential care, as well as using health data to prevent hospital admissions
  - promoting the increased resilience of people who use services, their carers and communities
  - enabling staff to access a shared information system/ IT platform on how to do good support planning with people, in order to achieve the best outcomes possible from their integrated Personal Health and Social Care budgets.

## Local Drivers

Like all Councils, Nottinghamshire County Council has had to deliver a high level of savings to meet the challenges of reduced funding. Between 2011/2012 and 2014/2015 the Adult Social Care and Health Department made savings of £58,580,000. There is a target of £28,300,000 for the years 2015/16-2019/20 and a further target of £11,691,000 for the years 2016/17 – 2018/19. This totals £98,571,000 over an eight-year period.

The Adult social care strategy is informed by and aligned with national policy, strategies, plans and initiatives related to Adult Social Care. The outcomes sought for citizens of Nottinghamshire are:

- **Helping people to help themselves** – connecting people with solutions and support available in their local communities, and helping them to make the best use of their existing support networks
- **Helping people when they need it** – working with people in a timely and proportionate way to meet their care and support needs, and helping to restore, maintain or increase their independence
- **Support to maximise independence** – working with people in a personalised and meaningful way with a clear plan for achieving their desired outcomes and maximising their independence
- **Keeping things under review** – working with people to ensure that desired outcomes are achieved and that care and support is reduced, maintained or increased according to assessed need

## The Teaching Partnership

The D2N2 Teaching Partnership brings together 10 local organisations from across the statutory, private and voluntary sector. They are;

- Nottinghamshire County Council
- Nottingham City Council
- Derbyshire County Council
- Derby City Council
- Framework Housing Association
- Nottinghamshire Healthcare NHS Trust
- Nottingham Trent University
- University of Nottingham
- Making Waves
- SEA(Services for Employment and Advocacy)

The Partnership's mission is to deliver excellent professional social work practice and education (Adults and Children's social work) in the East Midland's region. The vision is for social work excellence that can be co-produced, recognised and evidenced as achieving better outcomes for service users.

A partnership to improve the quality of Social Work for the local population through the integration and exchanging of values, knowledge and skills gained from experience, practice and research to sustain and improve the local workforce, through:

- Training high quality Social Workers to address local need
- Enhancing opportunities for ongoing learning and career development
- Using research to understand 'what works' and achieves good outcomes

The 7 objectives of the Teaching Partnerships are:

- Admissions - we want to recruit the best students into social work training and offer a range of routes to qualification, including well established degree courses and accelerated progression routes
- Placements and curriculum – we want to ensure that all social work students have two statutory placements in their preferred area of specialism, embedded within a curriculum that reflects social work practice and research that is relevant and rigorous, useable and actionable
- Academic delivery – academic delivery needs to be co-designed, co-delivered and co-evaluated by employer partners and service users and carers
- Practice support and development – we want to train, develop and accredit our Practice Educator workforce to promote the highest standards of support - indicative of the modern social work profession
- Workforce and labour market planning – we need to ensure that our local workforce reflects and maintains the Partnership's standards and provides a consistent and sustainable service to the communities it serves
- Progression – we want to raise standards to excellent in respect of qualifying social work education, CPD, recruitment and retention – to support the progression and development of the East Midlands social work workforce

- Academics' experience of practice engagement – we will be creating the systems and structures that will support more fluid workforce development opportunities, so that practitioners contribute their direct experience to the education and training of social workers, and social work academics retain currency with frontline practice.

The Partnership supports Social Workers to get the most out of their careers. It also supports the Council with attracting quality of students by providing the required number of statutory placements.

## **What the workforce data tells us**

The last Local Government Association (LGA) Social Care employee Health Check was in 2015. The Health Check covers those staff in the district and countywide teams and not direct services or strategic commissioning staff. This is because the LGA developed the Health Check specifically for Qualified Social workers. ASCH have broadened this to cover all staff including Occupational therapists and non-qualified staff in those teams. For the next phase it will cover directly delivered services staff.

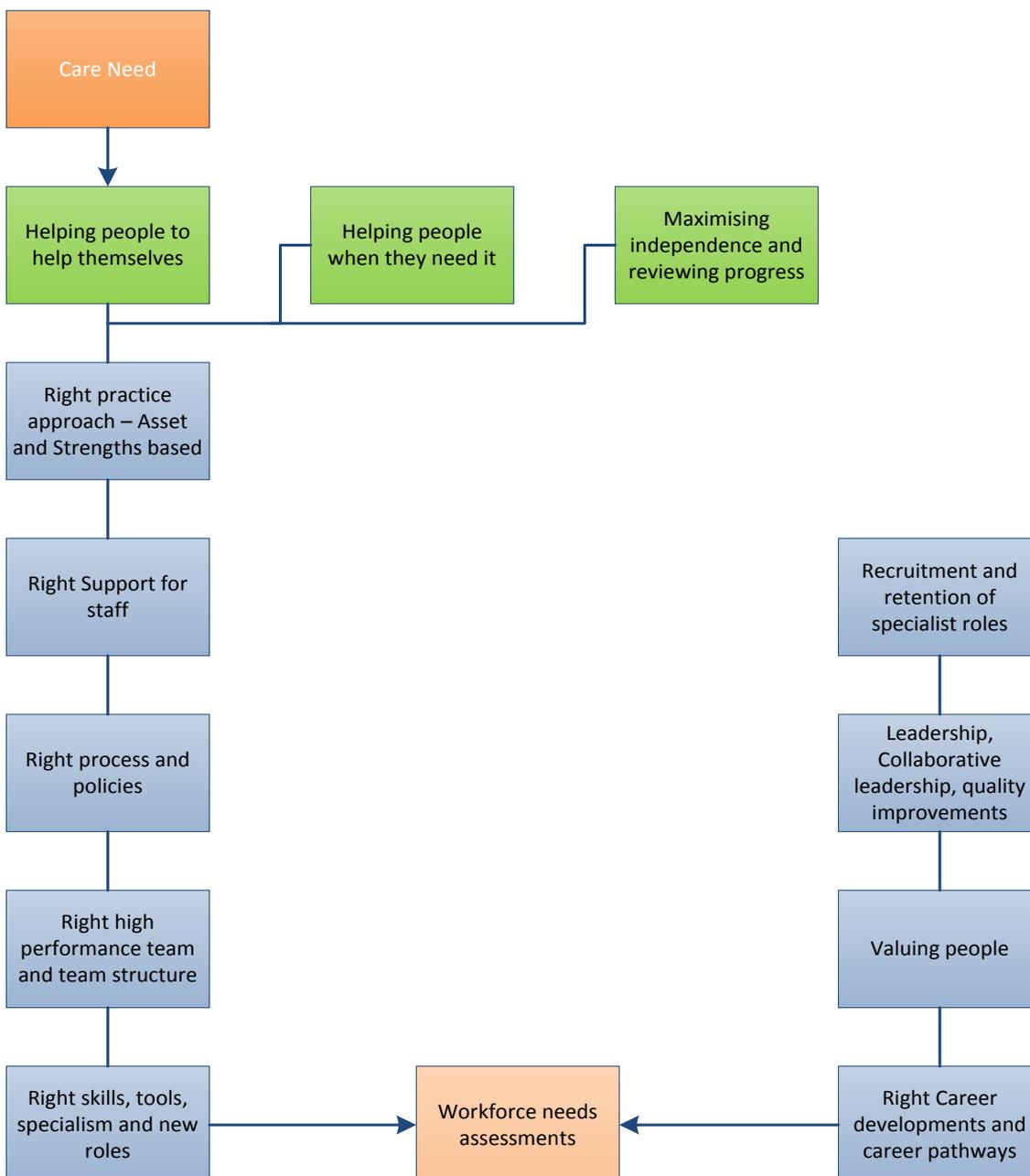
The Health Check is comprised of the retrieval of specific data, a staff survey and focus groups. The themes that the Health Check covers are prescribed by a template that we adapt for our local needs and includes:

- Workload Management
- Proactive Management of the 'workflow'
- Having the right tools to do the job
- A healthy workplace
- Effective service delivery

A 2018 health check is currently underway. The focus groups have taken place and the survey closed in April 2018. Work is currently in progress to complete a technical report with all the data and to draw out themes from the focus groups and survey. From this, a summary report and action plan will be developed to look at areas of strength and areas for further development. This will be available in autumn 2018.

## Workforce needs assessment

Assuming that the patterns of service continues at a constant rate, workforce needs assessment will continue to focus on particular areas such as connecting people with support and information they can access in their local communities, supporting them to make their own decisions about what is important to them and keeping it under review. To achieve this, we will need the right approach, right leadership, right processes and policies from high performance teams delivering excellence practice together with a supportive culture recognising and valuing excellence in all staff. The flow of activities to achieve a good workforce assessment could be represented as:



## What the workforce data tells us:

### The Headline Statistics from the workforce data summary (available as Appendix 1)

- 8 out of 10 the workforce are female
- 8.16% of the workforce are BaME, and this is greater than Nottinghamshire population sample. The ethnic profile of NCC's adult social care workforce is less diverse than the national profile which is made up of 20% BaME workers. The proportion of BaME adult social care workers for the East Midlands is 15%
- 90% staff have updated their personal records information
- Over a quarter of the workforce could retire anytime from now if they choose to
- Nearly 40% are not far away from retirement
- 55% have got a significant service(10 or more) which links very closely to the age profile
- Full-time and part-time roles reflect the nature of the area of work with more people on part-time roles in Direct Services.

Significant progress has been made since the launch of the Adult Social Care Workforce Plan 2016-2018, there are key areas that the Department will continue to develop around key pressure areas.

### Department Workforce Priorities: 2018-2020 (full implementation plan has been developed)

Priorities	Expected Outcomes
<p>1. To continue to develop and maintain a <b>workforce data</b> and <b>Intelligence library</b></p>	<ul style="list-style-type: none"> <li>• Improvement of workforce data and intelligence and highlight key emerging themes and the impact on the Council's social care workforce (qualified and directly delivered services workforce)</li> <li>• Improve the collation of NMDS (National minimum data set) with the Independent sector</li> </ul>
<p>2. To Build Capacity: - in support of this, the department will focus on recruitment and retention, ensure <b>effective leadership</b> and <b>succession planning in relation to ageing workforce and career pathways</b></p>	<ul style="list-style-type: none"> <li>• Reviewed recruitment strategy for AMHPs/BIAs-(Approved Mental Health Practitioner/Best Interest Assessors)</li> <li>• Engaged TMs(Team managers and SPs(Senior Practitioners) and quality management practices that facilitates high performance</li> <li>• Attraction of suitable candidates maximised</li> <li>• Number and range of apprenticeships and work experience available in the Department</li> <li>• Redesigning and implementing succession plans for key roles - Social worker/OT/Care workers/Leadership</li> </ul>

<p><b>3. To Build Capability:</b> - in support of this priority, the department will focus on developing the <b>workforce with core skills, leadership/management approach that includes coaching, and mentoring and use of Apprenticeships standards,</b> reviewing training and development plans <b>identified as part of EPDRs</b>(Employee Performance Development Reviews).</p>	<ul style="list-style-type: none"> <li>• Adult social care staff and managers equipped with the core skills needed to deliver high quality and consistently applying strengths based approaches.</li> <li>• All managers to take a consistent proactive approach to the management of sickness absence in accordance with the established polices</li> <li>• All managers proactively undertaking EPDR with their staff</li> <li>• Demand for Adult social care is prevented, reduced or delayed</li> <li>• Creation of a workplace learning culture and shared learning opportunities, guidance and resources for leadership</li> </ul>
<p><b>4. To develop the workforce to deliver integrated models of care:</b> - in support of this priority the department will continue to work within the Nottingham and Nottinghamshire STP and Bassetlaw ACP workforce and OD work stream</p>	<ul style="list-style-type: none"> <li>• Integrated teams working well and adding measurable value to deliver timely prevention, hospital discharges and hospital admission</li> <li>• Demand for Adult social care is prevented, reduced or delayed</li> <li>• To forge a closer working relationship between the Council and the(STP) HR / OD Collaborative to achieve stronger traction on OD cross-organisation workforce agenda for the ICS(Integrated Care system)</li> </ul>

<p><b>Key performance Indicators (KPIs) measured using the following criteria:</b></p>
<p>GMs and TMs engagement - Staff engagement and Staff overall satisfaction levels (Staff survey results)</p>
<p>Workforce data specification delivered</p>
<p>Supply and demand analysis of skills to deliver the ASC strategy</p>
<p>Improve consistencies of use of best practice of Support Plans</p>
<p>Reduction in average number of days sickness per ASC employee</p>
<p>% number of managers who have completed EPDR by end of the period</p>
<p>% number of EPDRs completed and training identified and submitted</p>
<p>Number of staff utilising the Apprenticeship levy in priority areas</p>
<p>Number of staff attending the Delivering Excellence Practice Programme</p>

## The Independent and Voluntary Adult Social Care Workforce

### Key pressures

The Independent and Voluntary Adult social care sector in Nottinghamshire also faces significant challenges around workforce **capacity** and **capability**. These challenges arise from the following:

- Demand for care and support is increasing, as the number of people aged 65-84 increases
- Skill levels required for adult social care work are rising, as the work itself becomes more complex and integrated
- The profile of the workforce is also steadily ageing

The core workforce groups in this sector to be prioritised for development will comprise;

- Homecare staff
- Nurses in care homes
- Managers and leaders in care homes
- Volunteers

To build **capacity**, the sector will need to attract and retain more of the key workforce and maximise productivity with increased support from partners.

### How the Council is supporting the Independent sector to increase capacity

- To support recruitment and retention of staff and building a sustainable market within the independent sector is central to the Council's vision for home-based care. Joint work with independent sector providers has identified key factors in ensuring that the Council can support and enable the home care market to become viable and sustainable. These have been addressed within the recommissioning process which seeks to implement a viable pricing strategy and payment model going forward
- To gather Intelligence data to support decision making. Currently there are 345 establishments in Nottinghamshire registered with NMDS-SC (National Minimum Data Set for Social Care) and with data in their accounts however many of them are not updating their information. As new contracts are developed for externally commissioned services, the Council will consider inclusion of a requirement for providers to complete the National Minimum Data Set for social care, alongside other reporting of other workforce monitoring information. This will enable the development of robust, baseline information across the wider workforce to support future workforce planning across the sector in an integrated way. New home based care contracts already include completion of the NMDS as a mandatory requirement
- Implementing the Nursing Associate pilot. The pilot is underway and it will support the recruitment gaps of Nurse in Care homes. Whilst the first phase recruited 8 nursing Associates, the second recruited 3 Associates. The Council will continue to promote the new roles
- To continue to work with Job Centres, Futures, D2N2 and the STP Talent Academy, promote Health and Social care Apprenticeships
- To promote careers in care through the Landermeads Care Home 'working in social care' video for residential and nursing care and bid for funds to develop career/recruitment videos for homecare and Younger Adults
- To support care providers to improve their recruitment and retention practices by engaging with 'Sticky People' to provide an insight to managers based on a sound research base. Outcome will be workshops, guidance, weekly top tips sent to those who opt in, development of a mentoring initiative to train in-house buddies

- Efficient use of Skills for Care Workforce Development Innovation Fund Bid – ‘How to become Astounding’ workshops for residential, homecare, younger adults and supported living to develop and shout about their best practice initiatives and how to link these to their evidence for the CQC KLOEs(Care Quality Commission- Key Lines of Enquiry)
- To continue to encourage to share good practice and work collaboratively to develop strategies to improve recruitment and retention of care staff. The Quality and Market Management team have facilitated regular Care Home Provider Forums and in the last 12 months these well attended events have included:
  - A presentation from a care home rated ‘outstanding’ by the Care Quality Commission to share ideas and practices, including how staff are empowered and valued resulting in low turnover
  - The gathering and sharing of ideas and good practice under the branding ‘how do we keep staff caring?’ initiative
- To continue to encourage providers to participate in the development of the ‘Finders Keepers’ recruitment initiative led by Skills for Care that produced the Values Based Recruitment toolkit that is available through the Skills for Care website
- To review the existing ‘fair price for care’ framework for care home fees to ensure it supports a sustainable social care market through:
  - Being informed by a transparent and up to date view of costs
  - Linking the fee structure to quality of provision
- Community Partnership Officers will continue to monitor the implementation of new home care contracts to ensure new ways of working are embedded, and there is the necessary support for workforce recruitment and retention through:
  - Regular meetings with home care lead and additional providers
  - Promoting sharing of good practice among providers and joint working/liaison between lead and additional providers within each lot
  - Feedback from providers regarding staff turnover, recruitment and best practice.

### **How the Council is supporting the Independent sector to increase capability**

- Working with Skills for Care to encourage employers to support their staff to achieve recognised qualifications by disbursing Skills for Care £122k funds to employers in Nottingham City and Nottinghamshire
- Encouraging access to the Skills for Care Information and Learning Services (SCILS) website for general learning and development needs
- Increasing the number of employers using the Optimum Medicines Management person-centred competence framework and Moving and Handling person centred competence framework
- Increasing the uptake of the toolkit resources for Continuous Professional Development (CPD) on Dysphagia, Delirium, Dementia, Rarer forms of Dementia, Acute Kidney Injury (AKI) and Mental Capacity Act and Deprivation of Liberty Safeguards(DoLS)
- Developing Trusted Assessor Champions in Residential, Nursing and Homecare setting
- Supporting the development of holistic worker competences for residential and homecare providers
- Joint working between the Quality Market Management Team and Optimum to improve the quality of services through linking to Optimum best practice resources and signposting to other organisations
- Working in partnership with Nottinghamshire Care Association to join membership databases so both sets of membership have access to resources and funding opportunities
- Working with the Work Experience Co-ordinator, Sherwood Forest Hospitals NHS Foundation Trust to include care provider placements in their database of opportunities
- Supporting Workforce Planning through use of bespoke toolkit and consultancy

- Promoting qualification and placement opportunities for Trainee Nursing Associate places with Derby University
- Continuing to support the development of the Frailty Modules for Registered Nurses and promote the opportunity for them to access
- Using the Quality & Market Management quality audit process to ensure staff training and development are embedded within provider policies and practices.

## Appendix 1

### What the workforce data tells us:

#### Adult Social Care and Health Workforce Headline statistics

Gender	Female	Male
Fieldwork	657	140
Direct Services	804	126
Catering	6	24
Finance	31	13
Mosaic	5	4
Public Health	38	8
Safeguarding	2	4
STP	1	0
Strategic Commissioning and Market Development	48	20
Transformation	13	4
	<hr/>	<hr/>
	1605	343
	<hr/> <hr/>	<hr/> <hr/>
	82.39%	17.61%

Ethnicity	Non BaME	BaME	No Information
Fieldwork	644	85	68
Direct Services	782	59	89
Catering	25	2	3
Finance	38	5	1
Mosaic	9	0	0
Public Health	20	1	25
Safeguarding	5	0	1
STP	1	0	0
Strategic Commissioning and Market Development	61	5	2
Transformation	14	2	1
	<hr/>	<hr/>	<hr/>
	1599	159	190
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
	82.08%	8.16%	9.75%

Age ranges	16-25	26-35	36-45	46-55	56-65	65+
Fieldwork	18	110	179	303	178	9
Direct Services	21	81	167	357	286	18
Catering	1	5	8	14	2	0
Finance	1	7	11	18	7	0
Mosaic	0	0	3	2	4	0
Public Health	0	6	16	17	7	0
Safeguarding	0	0	4	0	2	0
STP	0	1	0	0	0	0
Strategic Commissioning and Market Development	2	14	12	27	13	0
Transformation	1	6	5	5	0	0
	44	230	405	743	499	27
	2.26%	11.81%	20.79%	38.14%	25.62%	1.39%

Length of Service (years)	Less than 1 year	1-2	2-5	5-10	10-20	20+
Fieldwork	111	71	92	101	284	138
Direct Services	65	64	101	149	370	181
Catering	3	0	5	4	9	9
Finance	2	4	1	6	22	9
Mosaic	0	0	0	3	3	3
Public Health	7	2	30	1	4	2
Safeguarding	0	0	2	2	1	1
STP	0	0	1	0	0	0
Strategic Commissioning and Market Development	10	2	5	15	24	12
Transformation	1	0	2	4	9	1
	199	143	239	285	726	356
	10.22%	7.34%	12.27%	14.63%	37.27%	18.28%

<b>Contract type</b>	<b>Permanent</b>	<b>Temporary</b>
Fieldwork	627	170
Direct Services	782	148
Catering	24	6
Finance	40	4
Mosaic	5	4
Public Health	44	2
Safeguarding	5	1
STP	0	1
Strategic Commissioning and Market Development	44	24
Transformation	5	12
	<u>1576</u>	<u>372</u>

80.90%      19.10%

<b>Full time or part time</b>	<b>Full time</b>	<b>Part time</b>
Fieldwork	491	306
Direct Services	280	650
Catering	21	9
Finance	32	12
Mosaic	6	3
Public Health	22	24
Safeguarding	6	0
STP	1	0
Strategic Commissioning and Market Development	52	16
Transformation	14	3
	<u>925</u>	<u>1023</u>
	47.48%	52.52%

Grade	NJE GR 1	NJE GR 2	NJE GR 3	NJE GR 4	NJE GR 5	HAY A	HAY B	HAY C	HAY D	HAY E	HAY F	HAY H	HAY I	HAY J	Other
Fieldwork	0	0	23	20	282	95	220	79	70	0	7	0	2	0	0
Direct Services	81	447	210	7	117	38	10	2	5	5	2	0	1	0	4
Catering	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Client Finance	0	0	0	25	8	4	5	1	1	0	0	0	0	0	0
Mosaic	0	0	0	1	2	0	3	2	1	0	0	0	0	0	0
Public health	0	0	0	0	1	0	8	3	17	2	11	3	0	1	0
Safeguarding	0	0	0	0	2	0	2	0	1	0	1	0	0	0	0
STP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Strategic Commissioning and Market Development	0	0	2	2	2	21	1	24	3	11	1	0	1	0	0
Transformation	0	0	1	0	0	0	2	4	5	4	0	1	0	0	0
	111	447	236	55	414	158	251	115	103	22	22	4	4	1	5
	5.70%	22.95%	12.11%	2.82%	21.25%	8.11%	12.89%	5.90%	5.29%	1.13%	1.13%	0.21%	0.21%	0.05%	0.26%