

Adult Social Care Workforce Plan

2016-2018

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1. Introduction

The way social care is provided and arranged is changing. These changes affect both the adults in receipt of social care support and the staff employed to provide or arrange it. The aim of this plan is to provide a framework for developing the workforce so that it is effective, appropriately skilled, and resilient enough to respond to the significant challenges it currently faces.

The extent of the challenge is identified in the Council's document 'Redefining Your Council' published in June 2014. This document sets out the Council's intention to '*do things differently, while fostering a culture of creativity and innovation*'.¹

It is also clearly identified within the Council Corporate Workforce Strategy that the overall outcome of the implementation of the supporting delivery plans will be a workforce which is agile, flexible and outward-looking and able to work across organisations to ensure local people receive good quality, value for money services.

Moreover, as part of the Five Year Forward Review, NHS England has confirmed that every health and care system needs to come together to create its own blueprint for accelerating the implementation of the Five Year Forward Review. Systems Sustainability and Transformation Plans are currently being developed.

The Council published an [Adult Social Care Strategy](#) in March 2014, which describes how social care support for adults would be provided in Nottinghamshire in future. The strategy reinforces the expectation that staff should work in ways that;

- Promote the well-being and independence of people who request support **and**
- Prevents, delays and reduces the need for institutional care and long-term care in the community.

The skills, knowledge and abilities of the ASCH workforce need to align with the Council's continuous drive to being a modern, smart and flexible organisation. The corporate vision for Smarter Working is to have 'a workforce able to work flexibly, where and when it best suits their customers and service users and managed by results'.

Nationally in 2011, Skills for Care published a [workforce development strategy](#)². This strategy recognises that a confident, capable and well-trained workforce is required to respond to the national vision of capable communities and active citizens.

This was followed in March 2015 by a report on [The state of the adult social care sector and workforce in England](#).³ This report looks at 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, 1 in 5 workers in social care are over the age of 55. Turnover of staff is also identified as an important issue nationally, with around

¹ Redefining Your Council, Nottinghamshire County Council, June 2014, page 3

² Capable, Confident, Skilled: a workforce development strategy for people working, supporting and caring in adult social care, May 2011

³ The state of the adult social care sector and workforce in England, Skills for Care, March 2015, page 36

300,000 (25.4%) of the workforce leaving their posts each year. Turnover is higher amongst workers in the private sector and those who work for domiciliary care providers.

The Skills for Care reports cover the whole social care workforce. In May 2014, the LGA published [The Standards for employers of Social Workers in England](#). These standards relate specifically to all registered social workers employed within an organisation, as well as managers and social work students; Standard 2 calls for effective workforce planning to, *'make sure that the right number of social workers, with the right level of skills and experience, are available to meet current and future service demands'*.⁴

- This plan will contribute towards the continuous improvement and culture change; adopt a coaching style to develop the skills and competencies needed for the future. Throughout the life of this plan, the department needs to be able to respond to the changing environment and will need to maintain flexibility within its workforce both numerically and functionally. This will be achieved through the department regularly reviewing and refining workforce plans and considering innovative new ways to deliver the service.

2. 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, and ensure that they are kept safe.

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 safe and in their own communities and can prevent people needing formal social care services'.

In order to achieve this we 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 proposed 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
- Newly qualified social workers are appropriately trained for the work expected of them, by working with local training providers so that we get applications from suitable candidates

⁴ The Standards for employers of Social Workers in England, LGA, May 2014, page 6

3. Our Workforce

There are over 1909 individual staff (1548 FTE) in the Adult Social Care, Health and Public Protection (ASCH&PP) department who are geographically dispersed over the County.

a. What the workforce data tells us:

The summary of the establishment as at 30 June 2016 is as follows:

ASCH&PP Staffing Numbers by Role		
Job Role	FTE	Headcount
Access and Safeguarding	38	43
ACM & Reablement	671	815
Direct Services	603	771
Emergency Planning and Registration	51	74
Public Health	40	47
Public Protection	12	13
SLT	9	9
Strategic Commissioning	94	105
Trading Standards	20	21
Transformation	11	11
Grand Total	1548	1909

Age:

In line with the rest of the authority the department has an aging workforce as illustrated in the table below.

Age band of staff	
16-25	1.7%
26-35	11.6%
36-45	21.8%
46-55	40.5%
56-65	23.2%
65+	1.2%

Almost two thirds of the employees of the department are aged 46 or over and nearly a quarter are aged over 56.

The average age of NCC employee is 47.4 years. This is above the national average age of 43 years old.

Changes to pensions introduced from April 2015 gave freedom over how staff 55 or over can use their pension pot; staff can choose to retire and draw their pension at any time from age 55 and receive their benefits immediately, although they may be reduced if paid before the Normal Pension Age. There is no cost to the employer if staff choose this option.

This means that potentially staff may decide that they want to retire earlier and whilst their benefits will be reduced they may decide that the income would be sufficient to retire, work part-time or work as an agency worker. This could have an impact on skills, knowledge and experience. There is the need to capture the interests of young people and greater focus on succession planning.

Gender:

Workforce by Gender	
Female	79.93%
Male	20.07%

Overall, the department remains one where females make up of over 80% of the workforce.

This is comparable to the national adult social care workforce in which 82% is female.

Ethnicity:

Workforce by Ethnicity	
Non- BaME	91.84%
BaME	8.16%

The ethnic profile of the department 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%.

Staff turnover:

Over the last twelve months the turnover rate for leavers from the department is 11.8%

The age profile of these leavers is;

Age band of leavers	
16-25	3.1%
26-35	8.1%
36-45	15.7%
46-55	29.1%
56-65	34.5%
65+	9.4%

Not unsurprisingly the majority of leavers are in the higher age bands, but the percentage of leavers in the 16-25 band is disproportionately higher than the small number of employees in this age range who are currently employed in ASCH&PP (3.1% of leavers compared to 1.7% of employees). A similar scenario exists for employees and leavers aged over 65.

According to National Minimum Data Set for Social Care (NMDS-SC) records, staff turnover is one of the biggest costs to care organisations because the cost of recruiting, inducting and training new staff is considerable. Turnover is also a major influencing factor when it comes to the experience of service users.

Leavers' reasons as recorded on SAP/BMS over the last 12 months are as follows:

Reasons	Number of staff
Dismissal	11
Death in Service	1
End Fixed Term Contract	15
Voluntary Redundancy	34
Resignation	75
Retirement	50
TUPE Transfer	1

Length of service:

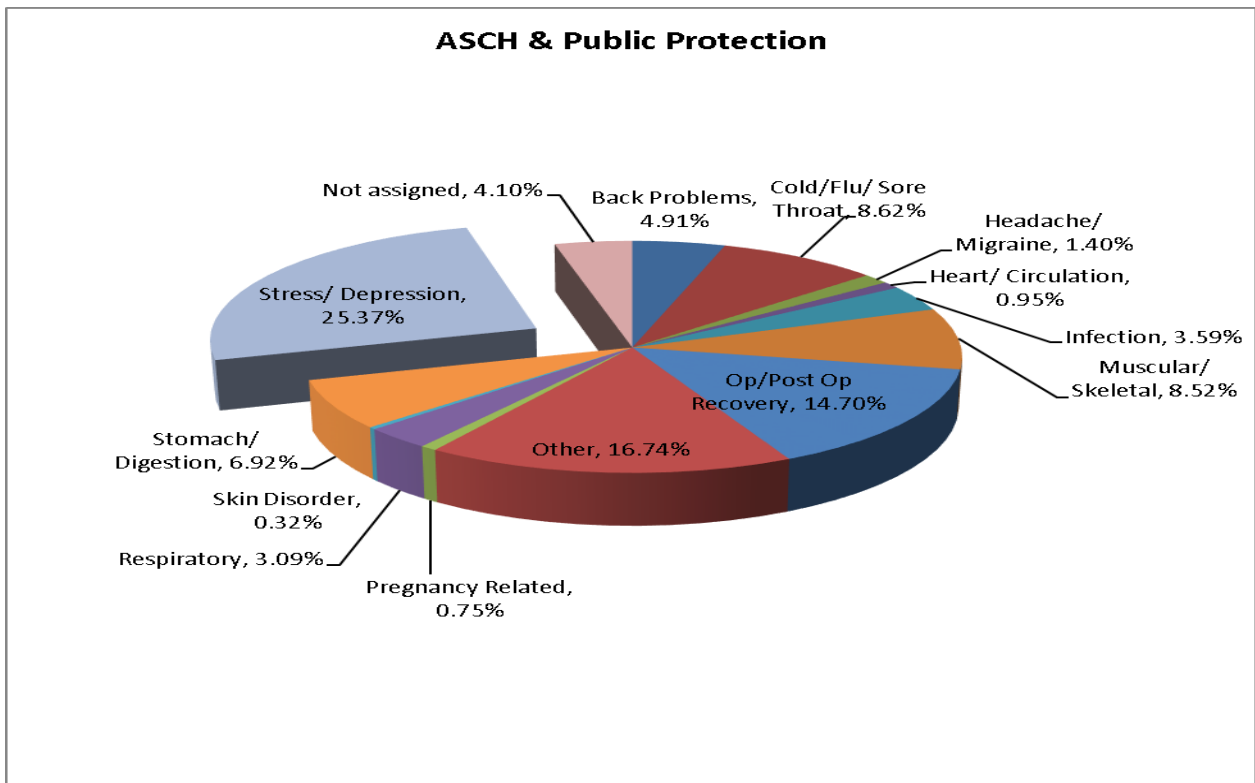
For current employees; well over half have been employed by NCC for 10 years or more.

Those employees with 1 to 2 years' service comprise the smallest group.

Years NCC Service	
0-1	6.7%
1-2	3.1%
2-5	12.2%
5-10	19.8%
10+	58.2%

The average length of service of current staff and for employees who have left over the last 12 months are comparable at 12.6 years and 12.1 years respectively.

Staff Health and Wellbeing:



The chart above shows that Stress remains the most prevalent cause of sickness absence in the ASCH&PP.

High quality services are better provided by staff who themselves are healthy, well and are able to cope with the ongoing changes.

Currently, there is targeted HR intervention to support drive a corporate Health and Wellbeing action plan. They are contacting managers of employees with long-term sickness absence (20 days or more in duration) to establish what management action is being taken and, where appropriate, follow this up with information to support a referral to the Occupational Health service.

Sickness Levels over rolling 12 month trends:

	July 2014 - June 2015	September 2014 - August 2015	January 2015 to December 2015	April 2015 - March 2016
Authority	6.60	6.51	6.60	6.86
NCC Target	7.00	7.00	7.00	7.00
ASCH&PP	10.94	10.65	10.96	10.97

Absence levels remain highest in ASCH&PP at 10.97 days per employee.

The performance target for 2015/16 for the organisation is 7.00 days per employee per annum.

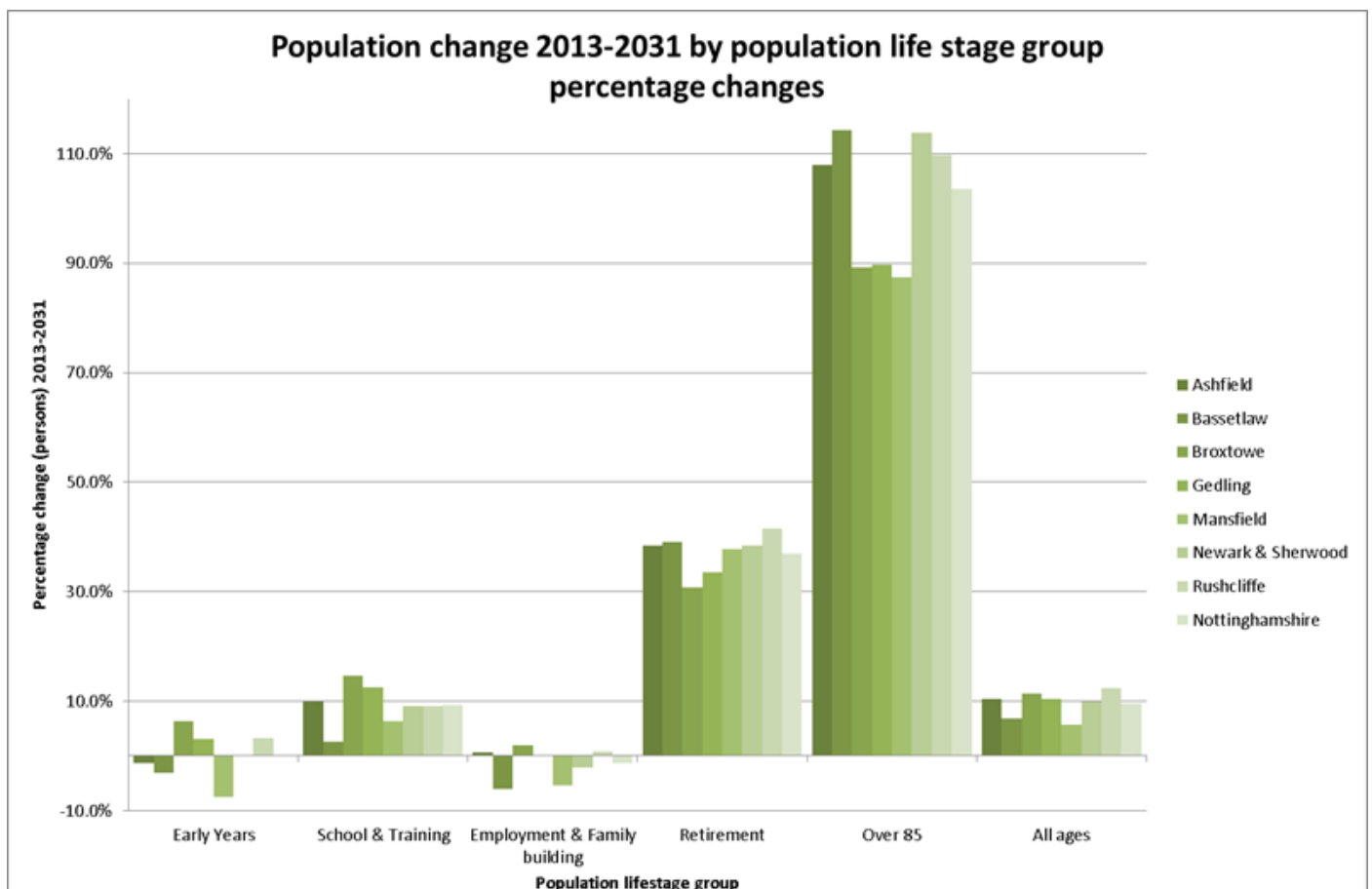
The average sickness absence levels as at 31st March 2016 for the organisation stood at 6.86 days.

b. What the demographic data and information tells us:

The total population of Nottinghamshire County is expected to increase by 76,200 people over the 15 years to 2031. The District showing the largest increase in population is Rushcliffe (projected to grow by some 13,900 people 2013-2031, followed by Broxtowe and Ashfield (12,700 and 12,600 people respectively). The population life stage group showing the largest increases in population is the retirement group (65-84 years), occurring in the rural districts of Bassetlaw, Newark & Sherwood and Rushcliffe, and also the urban district of Ashfield. The population over 85 is expected to increase by 20,000 people in the county during 2013-2031, again the largest increases occurring in Bassetlaw, Newark & Sherwood and Rushcliffe.

The population life stage group showing decreases in population over the years to 2031 is the employment group (20-64 years), as the population in the baby boom years ages and the effects of the decline in the birth rate in the 1980's and 1990's feeds through into this age group. Bassetlaw, Mansfield and Newark & Sherwood Districts show decreases in population within this life stage category over the years to 2031. The education life stage group (5-19 years) also shows an increase in population.

The graph below details the percentage changes in population from 2013 to 2031 broken down by population life stage group. The population aged 85 and over is expected to double in the county over the years to 2031.



c. What does this mean for Adult Social Care?

- Potentially large increase in demand for care 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
- Limited capacity in the provider market
- Additional skills and knowledge requirements for workers in older adults services
- Increased need for brokerage and coordination roles
- Increased uptake of direct payments and demand for personal assistants

Analysis conducted by Skills for Care shows a high correlation between the number of people aged 65 and over and the size of the adult social care workforce (i.e. the more people aged 65 and over, the larger the adult social care workforce). Skills for Care estimates that on average in 2015, for every six people aged 65 or over in the population, one adult social care job is required.

It should be noted that this does not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce. It is important to consider local policies and influences on practice that are also the drivers of demand for care.

In addition to the demographic changes, the local factors that may be significant in influencing demand may include: the relative wealth or deprivation in the population; resolution rates at the front end; the take-up of assistive technology; the availability of Supported Living and Extra Care Housing and the approach to prevention and promoting independence.

The predicted population changes demonstrate an imbalance between workforce supply and likely increase in demand for care services. However, this also presents opportunities to develop the adult social care workforce and grow the local labour market.

The predictions in relation to future pressures in social care emphasise the need for continued investment in preventative activity, technological solutions and developing a broader range of support for people. Particular focus should also be given to making the sector more attractive to younger people and BaME workers to develop and retain a more diverse workforce profile.

4. National Drivers and Pressures

a. Financial

Nationally the demand for Adult Social Care Services is increasing. The Local Government Association Adult Social Care Efficiency Programme summarises these national pressures in its final report (July 2014):

‘Since 2010 spending on adult social care has fallen by 12 per cent in real terms as councils have delivered savings of £3.53 billion to adult social care budgets. This has occurred at a time when the number of people looking for support has increased by 14 per cent. Coupled with these unprecedented financial pressures and increases in demand, councils are facing demographic change, significant new legislation on social care and fundamental changes to the local government finance system’.

The ADASS annual Budget Survey 2015 Report concludes that the financial impact of these pressures are:

‘Cost pressures relating to the increased numbers of older and disabled people needing care and support continue to run at 3% per year. This equates to £350m additional costs in 2015/16, of which 76% was funded by councils (£270m) ’.

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.

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 the 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 is the greater workforce issue.

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
- increase responsibility to support carers
- extended 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 those needs becoming long-term
- to assess all those with an appearance of care and support needs including self-funders, and extended 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
- extended the criteria for safeguarding
- provide a deferred payment scheme
- proactively managed provider failure and manage the market

More recently, NHS England has confirmed that every health and care system needs to come together to create its own local blueprint for accelerating implementation of the Five Year Forward View. To this end, Sustainability and Transformation Plans (STP) are being developed across Britain.

Similarly, The Children's and Social Work Bill has been introduced recently to ensure that our most vulnerable children, young people and adults get the benefit of excellent services by promoting social work as a profession of choice for high calibre graduates and also improving public confidence in social work services

The most significant implication of the Children's and Social work Bill for Adult Social Care and social workers is that there will be a new regulator for all social workers.

c. Integrated Workforce

In addition to these responsibilities, the Care Act requires Local Authorities to integrate with Health and work in partnership with a range of organisations. The evidence is that increased pressure on the health service increases the level of need for Adult Social Care.

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
- 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 well-being 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 pro-actively 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 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

d. Vision

Our operational focus is to create a resilient and innovative workforce to meet the future challenges. Our hope for our region is to have consistently high performing organisations that are well-run and well-led. We want the people of our region to see and experience an open and transparent culture in all our partner organisations, illustrating consistent trust that the workforce is focused on delivering services to the highest and utmost level. Stakeholders will be asked to agree on the strategy and demonstrate how they intend to commit to this within their own organisations. After consideration and discussion, the East Midlands Regional Workforce Development Group has identified the following values and principles to encompass the Regional Workforce Strategy and Vision and form the basis of the framework for our Charter, to which all our partners can sign up.

e. Transformation

Councils have been faced with delivering savings programmes to meet the unprecedented challenges of reduced funding, demographic and inflationary pressures. To support councils to deliver efficiency in social care, the LGA has worked with the sector to share ideas, innovation and evidence of what works in making the required savings. Some key

themes emerge in what key activities and approaches need to be in place to deliver a successful efficiencies programme. These include the following:

- developing a new contract with individuals and communities
- reducing demand in formal social care support
- radical transformation of service delivery
- improving commissioning, procurement and contract management
- integration with other public or independent providers

5. Local Drivers

a. The Adult Social Care (ASC) Strategy

Nottinghamshire County Council has had to deliver 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.

In response to the scale of the challenge and to make the required high level of sustainable savings over a number of years, a strategic approach has been developed in Nottinghamshire. The Adult Social Care Strategy published in 2014 sets out a new model of social care that encourages individuals to take more responsibility for their care and support with families and communities being supported to assist. This has required setting new expectations with social care employees, individuals, communities and partners. The Adult Social Care Strategy seeks to manage demand for social care by diverting people away from formal support, promoting independence and resilience and offering preventative interventions prior to assessment, while offering choice and control and ensuring value for money.

b. What our staff are telling us

In addition to employee surveys, a number of workforce engagement events have taken place throughout the year:

A large number of the issues identified at the various engagement events echo the results of the Health Check Survey and in the main support the findings and the associated action plan.

The general feedback falls largely into four categories:

Systems and Procedures

Staff feel that a number of existing processes do not support the effective use of resources, are too lengthy or complicated and they are not always sure of their purpose or value.

Communication and a shared vision

Due to the significant amount of change happening across the department there was a general sense that staff were not entirely sure of the shared vision for the department and how this could be applied in practice, and staff are not always confident that they have the latest information available. This has led to a perception of conflicting and contradictory messages being received and as a result, contradictory practice.

Support

Many staff want to embrace change and are clearly working within the Adult Social Care Strategy but feel they do not have the support or tools to make the shift needed.

Training

Staff identified a large number of areas where they felt they needed more training to do their job effectively. This is been actioned by the Training Reference Group.

An action plan setting out the key priorities has been developed, taking into account feedback gathered from current ASCH employee survey results, employee engagement events and ongoing workforce discussions. Implementation of the plan is being managed through the Workforce Delivery Group.

c. Smarter Working

Continuing work to reduce the scale of our office accommodation across the Council, due to improved space utilisation, working smarter and changing service delivery has helped to reduce the organisations property estate by 11 buildings, saving a significant amount of money which can be reinvested to protect frontline services for the most vulnerable citizens in Nottinghamshire.

The way the Council delivers services will continue changing to ensure value for money. Smarter Working is fundamental to ensure working practices are as efficient and effective as possible whilst continuing to improve our service offer to residents.

6. Principles

The workforce development plan will be delivered according to the following principles:

- We will support and enable the workforce to deliver the Adult Social Care Strategy
- We will embed a culture of 'one' Nottinghamshire workforce, which incorporates all professionals working to secure wellbeing and improved outcomes for vulnerable adults and their carers
- We will 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
- We will value and make the most of the skills, experience and expertise already within the workforce

- We will use our resources efficiently and effectively
- The plan will be developed 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
- We will 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
- We will ensure our workforce adopt smart and flexible working practices to improve our service offer to vulnerable adults and their carers

7. Looking ahead - Workforce Development Challenges

- Baseline current workforce

To develop a clearer view of Adult Social Care current workforce including; qualified and wider workforce.

This work along with the results of the recent Health Check and better understanding of the labour market will allow us to establish current and future gaps and achieve a framework of having the right people doing the right job in the right place at the right time and with the right knowledge, skills, attitudes and behaviours and clear career pathways to achieving and progressing future delivery service

- To identify and plan an innovative core training and development activities to enable the service to embed the Adult Social Care Strategy
- Developing leadership and management capacity
Develop a leadership and management approach that engages all staff, including coaching and mentoring. Equip Team managers with skills and knowledge
- Recruitment
Ability to safely recruit sufficient staff with the right qualifications, knowledge and experience to sustain and improve service
- Capture the interests among young people before they chose another career path, and promote other graduate career path schemes and use to build a diverse workforce and succession planning.
- Retention
Ability to retain sufficient staff with the right qualifications, knowledge, skills, and experience to sustain and improve services. This includes encouraging smart and flexible working practices to improve work-life balance
- Professional development and developing a learning and coaching culture.
Personal growth constitutes a very strong driver in today's workforce. Employees want to develop new knowledge and skills in order to improve their value and enhance their own self-esteem. Moving forward, to use EDPR to ensure employees are trained and

developed more effectively in their present roles and are prepared systematically for future roles by assisting them to achieve the qualifications, skills and knowledge for roles

- The Social Work Task force has made a number of recommendations in relation to the professional development of social workers. Implementation of these initiatives will support this strategy
- Effective Workload management
To review tasks undertaken by professional staff that could be done more cost-effectively elsewhere
- Health and Wellbeing strategy to shift focus from sickness absence management to health and wellbeing
- Agile Working - workflow redesign which incorporates dimensions of time and place flexibility. Support staff to work differently focusing on performance and outcomes
- Integrated working - ensure that the workforce strategies within social care, health and other stakeholder organisations work together to make best use of resources and to promote the interests of service users and their carers.