

Norfolk and Waveney Adult Social Care Workforce Strategy

Living a Good Life Excellence in Care 2021-2026



Norfolk and Waveney

Workforce Strategy Steering Group:



(sponsors of #WeCareTogether People Plan)

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1.0 Introduction

A thriving and skilled social care workforce means a better quality of life for Norfolk and Waveney families.

We are proud of our workforce and this Adult Social Care Workforce Strategy (*Living a Good Life: Excellence in Care*) is all about ensuring we build on that excellence by having the right people in the right place at the right time with the right values, skills and experience to deliver the care needed both now and in the future.



1.0 Introduction

There are other plans that include the Norfolk and Waveney social care workforce including:

The Norfolk and Waveney **#WeCareTogether People Plan (2020)**,

- The Eastern Region Adult Social Care Market Workforce Development Plan (2020) and
- The New Anglia Local Enterprise Partnership (LEP) Health and Social Care Sector Skills Plan (2016)

We have drawn on these and other publications to develop a draft Strategy which was shared as part of a consultation with the health and social care sector in November 2020. The consultation outcomes have been used to inform the final strategy and accompanying 5-year plan.

The Norfolk and Waveney Workforce Strategy Steering Group, consisting of provider representatives and health and social care commissioners from Norfolk and Suffolk, has been specifically formed to oversee the Strategy and its implementation.

Our Strategy: *Living a Good Life*: Excellence in Care focuses exclusively on those providing adult social care across Norfolk and Waveney. It gives an overview of the diverse nature and needs of our dispersed workforce and places centre stage the 30,000 social care workers, the 114,000 unpaid carers and the thousands of volunteers that deliver social care across Norfolk and Waveney.

COVID-19 has been a game changer for many providers. They have adapted workforce practices, made greater use of technology and developed constructive relationships with stakeholders and partners. We want to take forward these positive outcomes and build on that momentum. At the same time, we need to recognise the effect the pandemic has had on wellbeing and mental health so that we can take steps to mitigate its impact.

This publication, which includes a 5-year plan (Appendix One) sets out the context and challenges facing the Adult Social Care workforce across Norfolk and Waveney.

It identifies strategic priorities to overcome these challenges and ensure continued high quality and person-centred care and support to local people and families.

2.0 Defining the workforce in scope for this strategy

There are approximately 144,000 care workers (those providing care and their managers) and unpaid carers in addition to the thousands of volunteers who directly enhance the wellbeing** of Norfolk and Waveney adults and their families by providing social care.

This strategy covers individuals working for all types of social care service provider including day services/day opportunities, sheltered, supported and extra care housing, shared lives, residential and nursing homes, care at home including reablement and first response services, individual employers and personal assistants

It does not include the 30,000 people working in NHS organisations, those working in local authorities assessing need or organisations delivering specialist or infrastructure services (e.g. training, equipment, information/signposting, advice, guidance and advocacy, catering or domestic services). While they form a key part of the local health and social care system, workforce development priorities for these individuals are already set out in other planning documents referenced in this Strategy.

It is also important to recognise that the general public – as neighbours, citizens and workers – play an important part in supporting the more vulnerable members of our society in their day to day lives. Building on this valuable contribution,

our strategy will include increasing general awareness and understanding of dementia, mental health, autism and safeguarding.

**** Wellbeing in this context is defined by the 2014 Care Act as relating to the following areas in particular:**

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal domains
- Suitability of the individual's living accommodation
- The individual's contribution to society

3.0 Who should read this Adult Social Care Workforce Strategy?

- The social care workforce in scope (see Section 2 above)
- Private, voluntary and independent providers of social care services
- Commissioners of social care services (e.g. local authorities and health)
- Health providers
- Political leaders (e.g. local councillors and MPs)
- Those benefitting from social care services and their families
- Organisations supporting the social care workforce and those that employ them
- Trade unions representing social care workers
- Higher and Further Education and training providers
- Partners and stakeholders (e.g. housing authorities and providers, health providers and commissioners, the New Anglia Local Enterprise Partnership, the Department of Work and Pensions)
- The general public



3.0 Who should read this Adult Social Care Workforce Strategy?

This Adult Social Care Workforce Strategy provides an overview of the social care workforce in 2020 and the challenges we face together. It is also a statement of our strategic workforce priorities in the immediate, medium and longer term and the action we will take to delivery those priorities.

The landscape, opportunities and legacy of COVID-19 have changed the narrative and context of social care and these changes are reflected in both this Strategy and the associated action plans. Our working practices have had to change and continue to do so in ways we are only just beginning to understand.



We recognise that different audiences will use the Strategy in different ways. For example:

For politicians and commissioners: to help understand the context, challenges and demands on the social care workforce and use that information to shape policy and commissioning frameworks

For partners and stakeholders: to help identify areas for joint working and collaboration

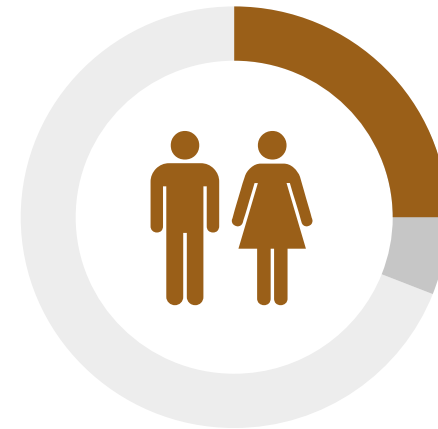
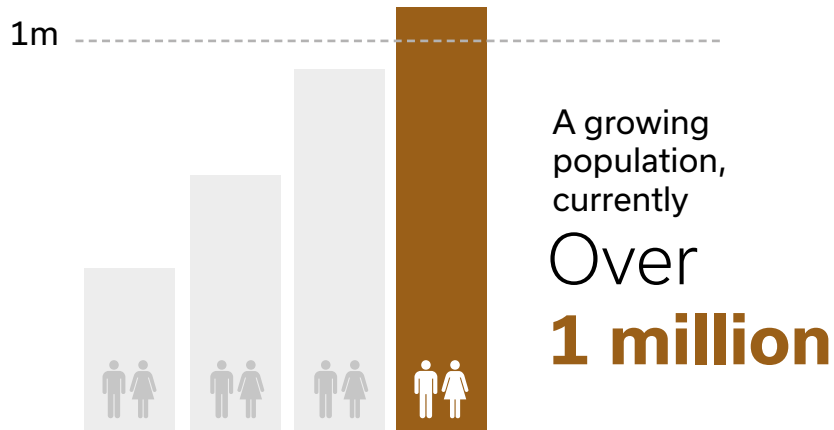
For social care service providers and the wider workforce: to provide a dedicated charter for change

For the general public: to highlight the importance and value placed on our social care workforce and the ongoing investment in the sector


Our Adult Social Care Workforce Strategy will inform and explain but most of all we hope it will grow and transform the social care workforce, enabling staff, volunteers and carers to continue responding to the increasingly complex demands of 21st century care and support.

4.0 Context

Summary for Norfolk and Waveney:



and this will increase to **30%** by 2037



Around a **thousand locally accredited care locations** providing care and support across Norfolk and Waveney



Tens of thousands of volunteers providing services for vulnerable people



Over **30,000** social care workers



delivering care and deployed across thousands of locations including the homes of people who receive services



Around **114,000** unpaid carers (supporting children and adults)



Over **£740 million**

spent annually (commissioned and self-funded care) on social care services for more than 38,000 people in 2019-20

4.0 Context

Population

In 2018, the combined population for Norfolk and Waveney was a little over a million, with 904,000 living in Norfolk and 118,000 in Waveney.

By 2037 the projected population is expected to be nearly 1.3 million, a growth of over 10%.

Almost 25% of our population are currently aged over 65 years, higher than elsewhere in England.

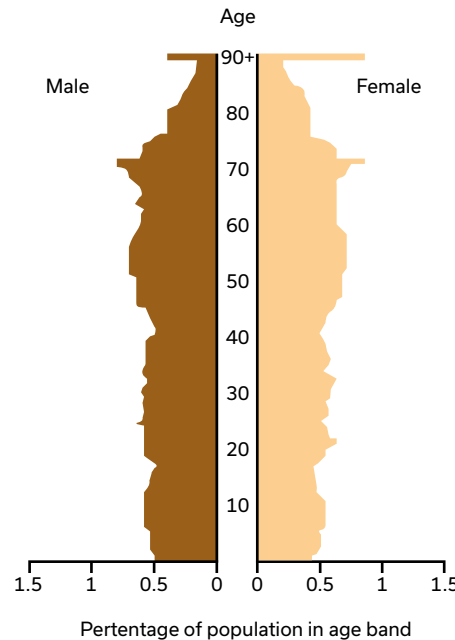
By 2037, over 30% will be aged over 65 while the percentage of the population who are working age will have reduced. This profile is significantly different to that of England as the charts below illustrate. A similar growth in the numbers over 85 is also predicted.

Norfolk

903,680 people in 2018

All ages

443,981 males	49.1%	
459,699 females	50.9%	

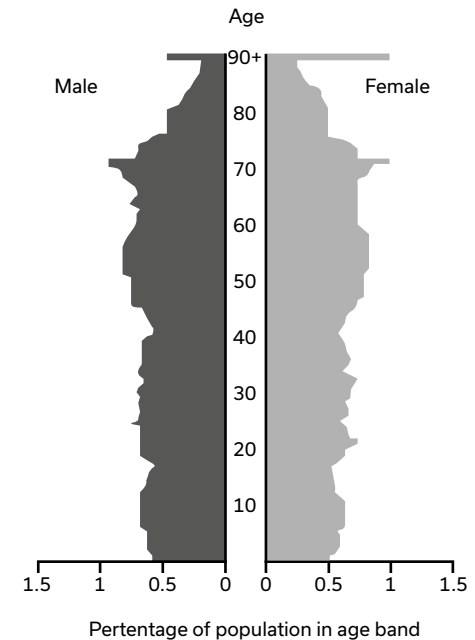


Waveney

118,311 people in 2018

All ages

57,380 males	48.5%	
60,931 females	51.5%	





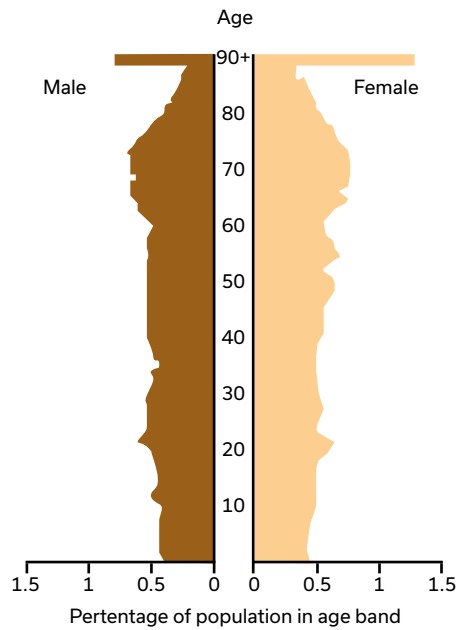
4.0 Context

Norfolk

1,004,678 people in 2037

All ages

493,554 males 49.1% 
511,124 females 50.9% 

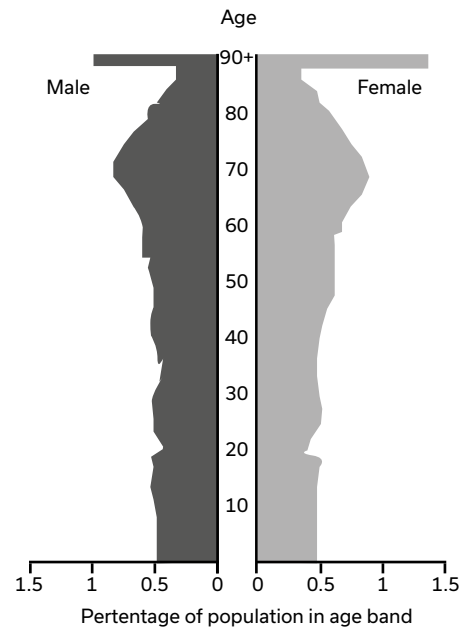


Waveney

129,609 people in 2037

All ages


62,796 males 48.5% 
66,813 females 51.5% 

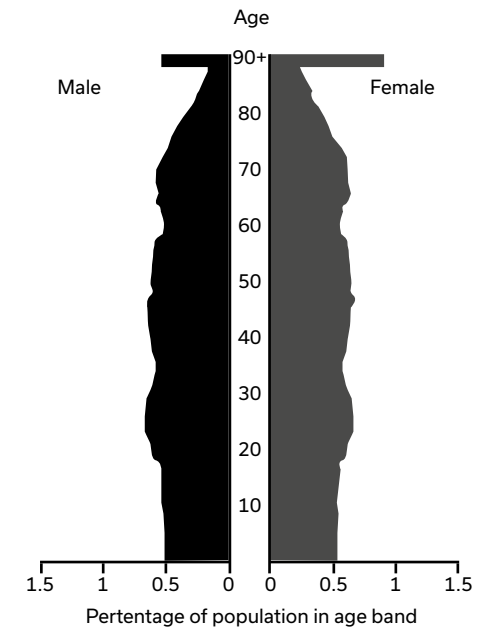


England

60,571,681 people in 2037

All ages

30,075,249 males 49.7% 
30,496,432 females 50.3% 



4.0 Context

Norfolk and Waveney Projected Population Change, 2020-2037 – 85+

Area and Age Band	2020	2037
Norfolk 85+ %	3.4%	5.3%
Waveney 85+ %	4.0%	6.0%
East of England 85+ %	2.8%	4.4%
England 85+ %	2.4%	3.8%

Purchasing Care

In 2019-20, the combined annual spend - local authority (circa 50%), NHS (circa 5%) and self-funded (circa 45%) - on purchasing care services across Norfolk and Waveney is estimated to be over £740 million.

As of November 2020, Skills for Care estimate the Gross Value Output (the value of goods and services produced by the social care economy) at £710 million for Norfolk and £600 million for Suffolk. This demonstrates the significant contribution made by the social care sector to the local economy. The total wage bill for the sector is estimated at £385 million and £322 million respectively.

In 2019 - 20 Norfolk County Council purchased care services for 16,515 people (working age and older people). During the same period, Suffolk County Council purchased care services for 2,846 people in Waveney. If we include those funded by the NHS and self-funding, there are estimated to be more than 38,800 people who receive social care services across Norfolk and Waveney.

Unpaid carers

In Norfolk and Waveney there are an estimated 114,000 unpaid carers who are looking after a family member or friend. Their contribution to health and social care is immense. The value of the care provided in Norfolk and Waveney by our local unpaid carers is estimated to be between £573 m and £2.17 billion a year.

Volunteers

According to the Voluntary, Community and Social Enterprises Sector Led Plan (2018), there are over 76,000 volunteers in Norfolk. Given population sizes this would suggest a total of 86,000 volunteers across Norfolk and Waveney. The range of voluntary activity is enormous, but many are making a direct and important contribution to promoting independence and reducing social isolation. Prior to COVID-19, a significant

4.0 Context

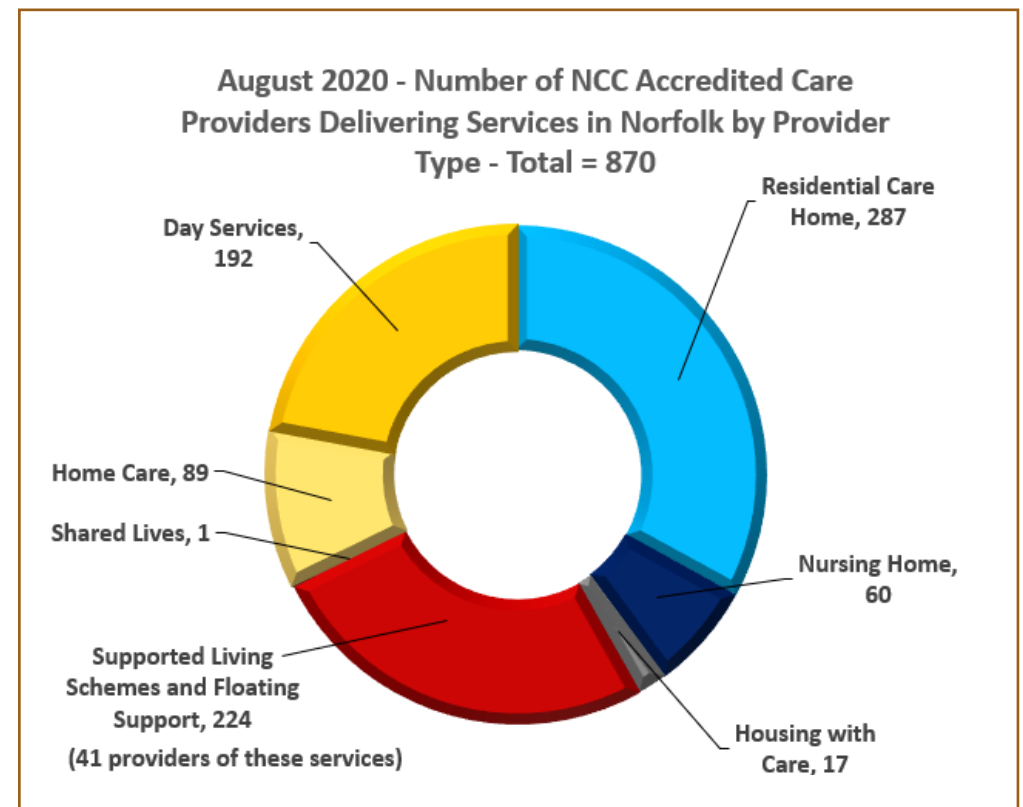
proportion of volunteers worked directly with vulnerable people, others provided wider community-based services (such as leisure activities or luncheon clubs or transport services) that were open to those receiving social care services. In the current pandemic, much of this activity has been curtailed as both volunteers and those in receipt of services self-isolate. Social distancing rules have also made shared activities more difficult to organise. Many people have volunteered to help in other ways during the crisis but the range of activity they are able to undertake has been restricted.

Social Care Providers

As of November 2020, Norfolk and Waveney had 563 CQC regulated services comprising 387 care homes (10,963 beds) and 176 community-based service providers (home care agencies, providers of supported living care and housing with care schemes). In addition, there are over 200 supported living schemes and more than 200 day service providers.

Norfolk Market Position Statement 2020-21 reports as of August 2020, that Norfolk County Council had 870 locally accredited 'care locations'. There are an additional 30 home care providers registered with CQC but not accredited with the Council. In Waveney there were 122 locally accredited

'care locations'. These figures do not include the raft of other service providers such as those in the voluntary sector and personal assistants. This means that across Norfolk and Waveney there are around a thousand locally accredited care locations providing care and support.



4.0 Context

Social Care Workers

It should be noted that the data provided by Skills for Care in this section was based on information collected pre-COVID.

Using the Skills for Care Workforce estimates for 2019-20, the total social care workforce across Norfolk and Waveney is estimated at 30,000

In Norfolk there were an estimated **26,000** jobs in adult social care, split between local authorities (**12%**) including the reablement service, Norfolk First Response, who employ over 600 people delivering a range of reablement services; independent sector providers (**85%**); and jobs working for direct payment recipients (**4%**).

In Suffolk there were an estimated **22,500** jobs in adult social care, split between local authorities (**5%**) including the reablement service, Home First who employ almost 400 people; independent sector providers (**87%**); and jobs working for direct payment recipients (**7%**).

Social care is a dispersed workforce delivering care in both regulated and non-regulated services and in registered and non-registered (e.g. domiciliary) roles. Workers are employed by, or volunteer with, thousands of organisations including individual employers, local groups, community associations and societies, registered charities, small owner-led businesses and large pan-national companies.



4.0 Context

Workforce Profile

Focusing on the 45,500 jobs in Norfolk and Suffolk with local authorities and the Independent Sector, *Skills for Care* (2019/20) have provided the following estimates:

	Norfolk	Suffolk	East of England	England
Staff turnover rate	31.5%	36.6%	32.9%	31.9%
Vacancy Rate (all roles)	6%	7%	7.3%	7.9%
Average Number of Sickness Days	3.8 days 88,000 days	4.7 days 90,000 days	4.7 days	5.1 days
% of workforce on zero-hour contracts	17%	20%	26%	25%
% of workforce holding a relevant social care qualification	42%	49%	46%	50%
British nationality	89%	84%	82%	83%
Black and Minority Ethnic workers	10%	7%	17%	22%

The turnover of different parts of the care sector varies. Direct care worker and Registered Nurse turnover is high and a cause for concern. Whilst manager turnover is lower, the loss of an experienced manager can have a significant impact on the organisation and risks standards of care and safety.

4.0 Context

Direct care worker turnover (date of access November 2020)

Local authority	Turnover rate
Southend on Sea	47%
Central Bedfordshire	42%
Peterborough	42%
Cambridgeshire	41%
Suffolk	40%
Thurrock	36%
Essex	36%
Norfolk	35%
Hertfordshire	33%
Luton	30%
Bedford	38%

Registered nurse turnover (date of access November 2020)

Local authority	Turnover rate
Peterborough	70%
Southend on Sea	70%
Norfolk	47%
Luton	45%
Essex	44%
Cambridgeshire	42%
Hertfordshire	40%
Suffolk	39%
Central Bedfordshire	38%
Bedford	31%
Thurrock	24%

Manager turnover (date of access November 2020)

Local authority	Turnover rate
Suffolk	47%
Southend on Sea	42%
Essex	42%
Peterborough	41%
Norfolk	40%
Cambridgeshire	36%
Central Bedfordshire	36%
Hertfordshire	35%
Bedford	33%
Luton	30%
Thurrock	38%

4.0 Context

Not all turnover results in workers leaving the sector. In Norfolk (63%) and Suffolk (71%) of starters were recruited from within the adult social care sector. Therefore, although employers need to recruit to these posts, the sector retains their skills and experience.

Similarly, both Norfolk and Suffolk have an experienced 'core' of workers. Workers in Norfolk had on average 8.8 years of experience in the sector (8.7 years in Suffolk) and 75% (74% in Suffolk) of the workforce had been working in the sector for at least three years.

The use of zero-hour contracts has raised controversy. However, some providers and workers report that, on occasion, the flexibility is valued, and it is often used with bank staff who are unable to commit to regular hours or weekend working. In both Norfolk and Suffolk, the percentage of care workers on zero-hour contracts is significantly less than the East of England or national figures.

Seven per cent of social care workers in Norfolk (8% in Suffolk) are from the EU.

Four per cent of Norfolk social care workers are from outside the EU (8% in Suffolk). With between eleven and sixteen per cent of workers from outside Britain, the sector is vulnerable to external influences over which we have little or no control at a local level.

There are a high proportion of direct care workers (25% Norfolk and 22% Suffolk) over the age of 55. For registered nurses in care homes the figures are even higher (41% Norfolk and 39% Suffolk). There is little difference in the proportion of over-55s in non-residential and residential services. Overall, 25 – 30% of the working population may be considering retirement in the next 5 – 10 years in Norfolk and Waveney even taking into account the raised pension age.

4.0 Context

Over 55: All job roles

(date of access November 2020)

Local authority	Aged 55 and over
Norfolk	28%
Southend on Sea	28%
Essex	27%
Hertfordshire	27%
Central Bedfordshire	27%
Cambridgeshire	25%
Thurrock	25%
Suffolk	25%
Bedford	25%
Luton	23%
Peterborough	20%

Female: Direct Care Workers

(date of access November 2020)

Local authority	Female
Thurrock	93%
Luton	86%
Southend on Sea	86%
Bedford	86%
Central Bedfordshire	85%
Norfolk	85%
Essex	84%
Hertfordshire	83%
Suffolk	83%
Peterborough	82%
Cambridgeshire	80%

Over 80% of direct care workers are female. Given that women tend to take on more informal, caring roles within the family setting, this means that the risk of losing workers is greater. Given the predominance of women in the sector, disproportionately few go on to take up management or senior leadership roles.

4.0 Context

Direct care workers: British nationality (date of access November 2020)

Local authority	British nationality
Norfolk	88%
Essex	83%
Thurrock	83%
Suffolk	82%
Southend on Sea	80%
Central Bedfordshire	78%
Cambridgeshire	77%
Peterborough	77%
Hertfordshire	75%
Luton	75%
Bedford	72%

The percentage of Registered Nurses from outside the UK is even higher.

Local authority	British nationality
Suffolk	69%
Thurrock	62%
Bedford	62%
Peterborough	61%
Luton	60%
Essex	58%
Norfolk	58%
Hertfordshire	48%
Central Bedfordshire	47%
Southend on Sea	47%
Cambridgeshire	45%

Overall, across Norfolk (11%) and Suffolk (16%) a significant proportion of social care sector workers do not have a British nationality. In common with all areas of Britain, this exposes us to risk when leaving the EU and in the light of recent decisions made around shortage occupations in support of international recruitment.

5.0 Challenges

Competing Demands and Pressures

We know that people live well and independently when support is available early on and interventions are planned as far ahead as possible. However, in recent years, savings targets, increased life expectancy and the growth in numbers living with multiple and complex conditions has put a considerable strain on resources. It has also meant that health and social care services will often only become involved after a crisis is reached and there is often an over-reliance on informal care.

In Norfolk and Waveney, the older population is increasing while the proportion of people of working age declines. Our current economic climate and political uncertainties make European and international recruitment increasingly challenging.

The UK Points Based Immigration system has effectively removed the possibility of future international recruitment to direct care worker roles. Under the Skilled Worker Route, care workers are specifically excluded, and senior care workers will not be able to achieve the additional points required because their median salary is well below the current minimum salary requirement.

The Migration Advisory Committee has recently advised the lowering of the threshold and this has been supported by a

wide range of organisations including The Nuffield Trust and ADASS (Association of Directors of Adult Social Services).

And meantime, the cost of care is increasing, driven by factors including increases in the National Living Wage and greater complexity of need requiring enhanced care provision. A perfect storm!

As part of the workforce consultation (November 2020) the draft Strategy was shared with providers, stakeholders and wider partners. A telephone survey for providers (77 completed) and a wider on-line survey for all partners (51 participants) resulted in broad agreement on those challenges which are currently felt to be the most intransigent.

Key Challenges

- Growth in complexity of need
- Financial pressures on the entire system
- Pay and conditions
- Wellbeing
- Image of social care
- Contracting/funding models that deliver the care we need

5.0 Challenges

The table below gives the challenges identified in the draft Strategy and shows their relative importance from the perspective of those completing the online survey.

This remainder of this section offers a deeper dive into the challenges facing our sector and the resulting workforce implications for both health and social care.

Challenge	I recognise this challenge and believe it is significant for social care
Growth in numbers of people living with multiple and complex conditions (physical, emotional and mental health)	92.50%
Financial pressures/savings targets across the system	87.18%
Pay and conditions	85.29%
Cost of care increasing	84.62%
Poor public perception of social care as a career	77.78%
Gap between life expectancy and healthy life expectancy means more people are living longer with life limiting conditions.	75.00%
Unfavourable comparisons with other parts of the system (eg NHS)	73.53%
High turnover	73.33%
Difficulty of recruiting to specific roles	72.73%
Increasingly high skill levels required from workers supporting people living with complex and/or multiple conditions	72.22%
Lack of access to long term, sustainable funding	71.88%
High vacancy rates	70.00%
Dealing with impact of Covid-19 and the possible impact of a 2nd wave	69.44%
Supporting the emotional and mental wellbeing of workers (especially since Covid)	67.65%

5.0 Challenges

Challenge	I recognise this challenge and believe it is significant for social care
Older population increasing while the proportion of working age people declines	66.67%
Over communication/lack of joined up communication from different parts of the health and care system	63.89%
Competing demands from different commissioning/regulatory organisations	59.38%
Rurality	57.58%
Poor transport infrastructure	51.52%
Uncertainties of European and international recruitment, particularly post Brexit	51.43%
Recruitment of younger workers	50.00%
An overdependency on good will, particularly in the support and co-ordination of volunteers	50.00%
Understanding the profile of our social care workforce – paid and unpaid (numbers, skills levels)	50.00%
Balancing flexible working (e.g. rotas) with sustainable business models	48.39%
Access to respite care	46.88%
Ageing social care workforce	46.67%
Bureaucracy and regulation – the challenge of keeping up to date	44.44%
Releasing staff to undertake training	44.12%
Competition from other sectors making recruitment difficult	38.71%
A lack of good quality housing	38.24%
Poor or inconsistent broadband and connectivity	35.48%
Expense, availability and bespoke nature of training required	35.48%
Affordable housing	32.35%
Levels of literacy and numeracy amongst workers	32.14%
Isolation of individual workers or particular roles	31.25%
A lack of diversity in the social care workforce (e.g. gender, age, ethnicity)	29.03%
Managing a dispersed workforce	23.33%

5.0 Challenges

Increasing complexity

It is increasingly common for people with a long-term health condition to have at least one other condition. The number of multiple illnesses increases with age, with older people more likely to have several long-term conditions.

By 2036, there will be an estimated 40% increase in patients admitted to hospital with more than one health condition. The more health conditions a person has, the more complex their and social care needs.

2018 Director of Public Health (Norfolk) Annual Report

Vulnerable people are particularly at risk of having or developing other conditions. Older people may experience sight or hearing loss, high blood pressure, heart disease, diabetes, Chronic Obstructive Pulmonary Disease (COPD) and/or dementia.

Groups at particular risk of mental illness include those with learning disabilities and sensory impairment. People with autism are likely to have additional needs sometimes including a learning disability (45%) and/or mental health conditions such as depression or anxiety (70%).

Greater complexity and demand for social, emotional and mental health support comes from all age groups as children and young people survive into adulthood and life expectancy increases for all.

Dementia

An estimated 14,800 people in Norfolk have dementia (either diagnosed or undiagnosed). About two thirds of people with dementia live in the community compared to long term care. By 2030 there will be an estimated additional 4,500 people with dementia. The greatest growth will be in people over 90 years old.

NCC 2019-2020/2020-2021 Market Position Statements

5.0 Challenges

Autism

Autism is not a mental illness or a learning disability, it is a developmental spectrum condition. People with autism can have difficulties in social functioning including communication, comprehension and imagination. People with autism can also experience heightened sensory experiences with light, sound and touch all impacting upon someone's daily living experience.

The impact of autism upon an individual is unique and will be helped or hindered by their personal and environmental circumstances.

Norfolk Market Position Statement (2018-19)

Mental Health

The Norfolk and Waveney Adult Mental Health Strategy 2019 identified an overall prevalence of approximately 140,000 people living with some form of mental ill health.

The number of people with severe mental illness including psychosis is higher in more urban areas and above the national average. Norwich has a suicide rate that is approximately 50% higher than the national average. In more rural areas the prevalence of dementia is higher given the older population profile of the North, South and West Norfolk areas.

High levels of un-met need across Norfolk are driven by high levels of unmet need relating to common mental illness. The number of people with common mental illness is expected to grow at about 1.4% year on year meaning that the unmet need gap will widen.

NCC Market Position Statement 2020-21

As the general population size increases, so the numbers with these and other disorders will increase. Across Norfolk and Waveney by 2030, there could be 195,000 people with neurotic disorder, over 52,000 with personality disorder, 37,700 who are alcohol dependent and 35,300 dependent on illicit drugs. Over 30,000 people could have depression, 27,000, dementia, nearly 12 000, autism and about 6,500 with a psychotic disorder

Norfolk JSNA Report 2013

5.0 Challenges

Social isolation, loneliness and wellbeing

The effects of physical disability or poor health (neurological, physical or mental) can be compounded by feelings of social isolation. Equally poor health and/or the stigma still associated with mental health can lead people to withdraw further. A 2016 Joint Strategic Needs Assessment briefing paper for the Norfolk's Health and Wellbeing Board suggested that almost 1/5th of over 65s in Norfolk and Waveney were affected by loneliness. COVID-19 has increased people's sense of isolation and disrupted important informal networks.

Loneliness is associated with, among other conditions; higher mortality risk, depression, sleep impairment, impaired cognitive health, heightened vascular resistance, hypertension, physiological stress and mental health. Persistent loneliness can have profound impacts on physical and mental health, and quality of life.

Norfolk JSNA Briefing Paper (2016)

Age UK's Index of Wellbeing in later life emphasises how an interest and connection with the local community can help.

What are the key factors of wellbeing in later life?

AGE UK

Participation in enjoyable, meaningful activities was the biggest direct factor for wellbeing. This could be in creative, cultural, civic, and/or social activities.

Physical activity is extremely important too – this is the 2nd biggest individual direct factor.

Support for older people who are informal carers is very important – a little bit of caring responsibility can be good for feeling useful and valued, but too much can be bad for one's wellbeing (and health).

Having positive social interactions with others is common thread throughout wellbeing. In fact, the social domain accounts for 33% of one's wellbeing.

5.0 Challenges

Support in the Community

We are living longer and medical advances and improvements in public health mean more of us survive what might otherwise have been terminal illnesses or life shortening conditions. Going forward more people with a mix of physical and mental health problems will be supported in the community rather than in residential homes or specialist hospitals.

A sufficiency of good quality housing is key to helping more people stay at home and live well within their communities.

85 per cent of people aged over 85 live at home (Laing and Buisson 2017) while 29 per cent of people aged 85 and older live in substandard housing

(Department for Communities and Local Government 2016).

Safe and warm homes are important where people have been unwell and are returning home, but good housing is also important to health across the life-course. Improved outcomes in the early years, better employment prospects and strong community resilience and wellbeing, are all associated with good health. (Kings Fund 2017)

All of this means that the social care workforce (paid and unpaid) is increasingly supporting people with multi-faceted and complex physical and mental health needs that can change on a weekly or daily basis.

Ongoing training and supervision will be vital if support is to be tailored to individual circumstances and people are to remain within their own homes and communities for as long as possible. In particular, understanding, supporting and maximising the independence of those living with

- Multiple conditions
- Dementia
- Mental health
- Autism
- Sensory deprivation

will be priority areas for our Adult Social Care Workforce Strategy.

5.0 Challenges

End of Life

Whilst the rate at which we are dying is falling, population increases mean the total the number of deaths each year is rising.

The traditional model of end of life care in specialist facilities is not sustainable and increasingly people are choosing to die in their own homes. This has significant implications for social care services and for workers delivering palliative care and providing support to families, not least the importance of working collaboratively across health and social care so that everyone is clear what needs to be put in place to meet the individual's wishes.

As we are living longer, the leading causes of death are changing. The death rates from heart disease and stroke, once clearly the most common causes of death, have reduced by almost half since 2006. Similarly, death rates from some common cancers such as lung and breast have dropped. At the same time there has been a doubling of the death rate from conditions associated with extreme old age and frailty such as dementia.

2018 Director of Public Health (Norfolk) Annual Report



5.0 Challenges

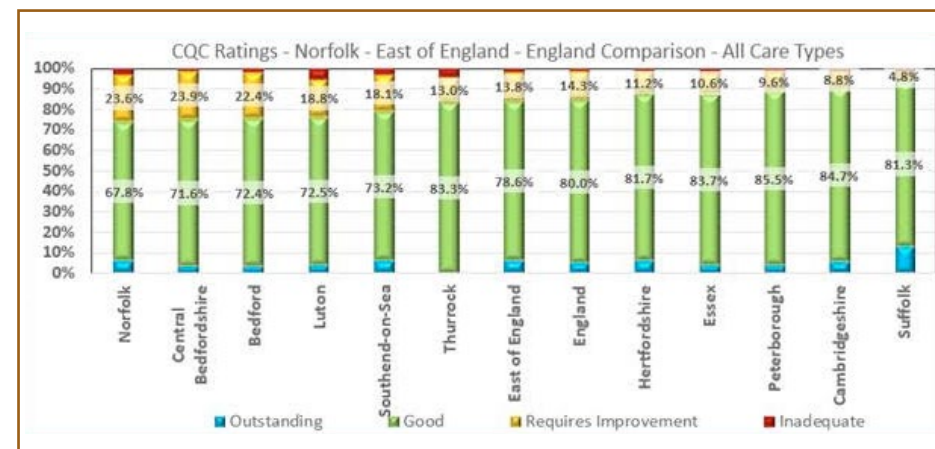
Quality Matters

As of 31 October 2020, in Norfolk 74% of regulated providers were rated good or outstanding by CQC. In Waveney, the comparator was 95%.

CQC Inspection Ratings Dashboard - To End Oct-20

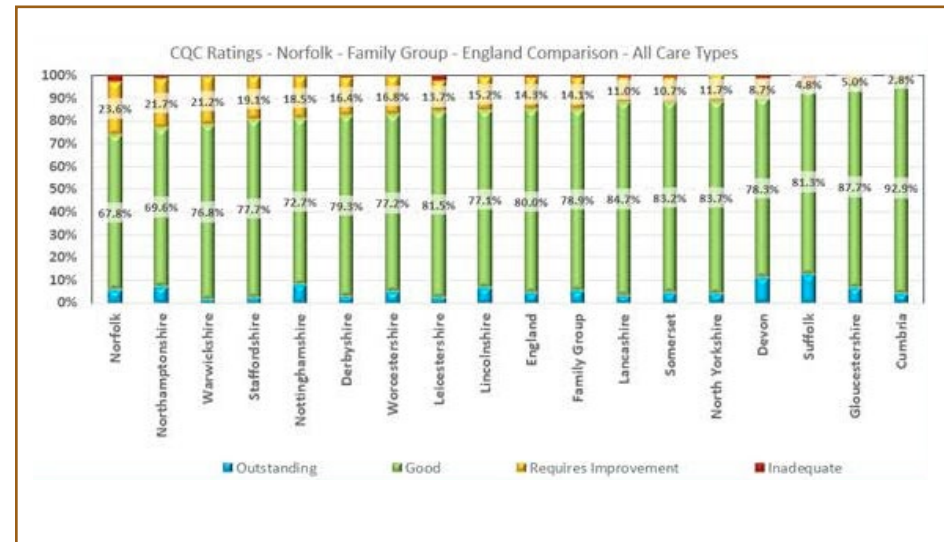
CQC Ratings - Norfolk - East of England - England Comparison by Service Type - All Care Types

Local Authority/Area	Outstanding	Good	Requires Improvement	Inadequate	Good and Outstanding %
Norfolk	6.0%	67.8%	23.6%	2.6%	73.8%
Central Bedfordshire	3.4%	71.6%	23.9%	1.1%	75.0%
Bedford	3.4%	72.4%	22.4%	1.7%	75.9%
Luton	3.8%	72.5%	18.8%	5.0%	76.3%
Southend-on-Sea	5.8%	73.2%	18.1%	2.9%	79.0%
Thurrock	0.0%	83.3%	13.0%	3.7%	83.3%
East of England	5.8%	78.6%	13.8%	1.8%	84.4%
England	4.7%	80.0%	14.3%	1.0%	84.7%
Hertfordshire	6.0%	81.7%	11.2%	1.2%	87.6%
Essex	4.0%	83.7%	10.6%	1.7%	87.7%
Peterborough	3.6%	85.5%	9.6%	1.2%	89.2%
Cambridgeshire	5.6%	84.7%	8.8%	0.9%	90.3%
Suffolk	12.7%	81.3%	4.8%	1.2%	94.0%



5.0 Challenges

Local Authority/ Area	Outstanding	Good	Requires Improvement	Inadequate	Good and Outstanding %
Norfolk	6.0%	67.8%	23.6%	2.6%	73.8%
Northamptonshire	7.4%	69.6%	21.7%	1.3%	77.0%
Warwickshire	1.6%	76.8%	21.2%	0.4%	78.4%
Staffordshire	2.6%	77.7%	19.1%	0.6%	80.3%
Nottinghamshire	8.3%	72.7%	18.5%	0.5%	81.0%
Derbyshire	3.2%	79.3%	16.4%	1.1%	82.5%
Worcestershire	5.4%	77.2%	16.8%	0.7%	82.6%
Leicestershire	2.6%	81.5%	13.7%	2.2%	84.1%
Lincolnshire	7.2%	77.1%	15.2%	0.6%	84.3%
England	4.7%	80.0%	14.3%	1.0%	84.7%
Family Group	6.0%	78.9%	14.1%	1.0%	84.9%
Lancashire	3.4%	84.7%	11.0%	0.9%	88.1%
Somerset	5.0%	83.2%	10.7%	1.1%	88.2%
North Yorkshire	4.6%	83.7%	11.7%	0.0%	88.3%
Devon	11.4%	78.3%	8.7%	1.6%	89.7%
Suffolk	12.7%	81.3%	4.8%	1.2%	94.0%
Gloucestershire	7.2%	87.7%	5.0%	0.0%	95.0%
Cumbria	4.2%	92.9%	2.8%	0.0%	97.2%



All Care Types Only
73.8%
of Norfolk's CQC registered providers were rated good or outstanding

All Care Types
Norfolk ranked 11/11
of East of England local authorities

All Care Types
Norfolk ranked 16/16
of similar authorities (large mostly rural non-unitary authorities)

31 October 2020 (Norfolk)

5.0 Challenges

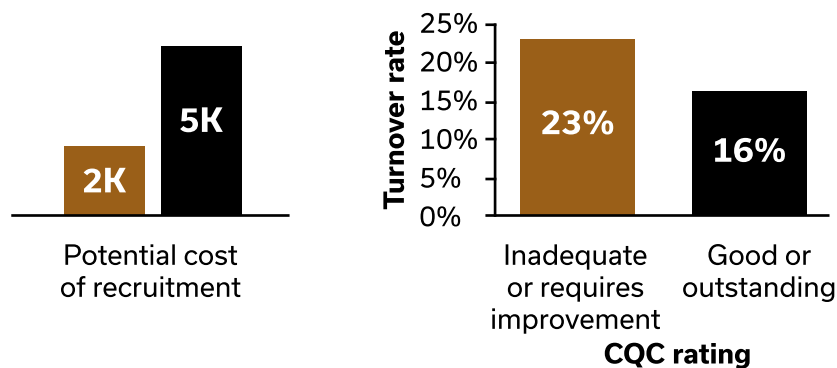
From a workforce perspective, poor CQC ratings may reflect, or increase the risk of, greater staff turnover of both care workers and management resulting in lower morale, further instability and business disruption. The table below shows indicative costs of recruitment, staff turnover rate and links with CQC ratings.

The cost of getting it wrong

The cost of replacing leavers. www.cipd.co.uk

Potential negative impact on existing staff.

Quality and continuity of care.



**Recruitment and Retention in Adult Social Care:
Secrets of Success Skills for Care (2017)**

Changing Cultures

In line with the Care Act 2014, local strategies are all about living well. The ethos behind care delivery has also continued to change from provision of care services to reablement, thereby reducing and delaying the need for formal care services and maximising independence. Co-production and collaboration have replaced concepts of contract and competition. And yet commissioners and providers exist within organisations each with their own pressures, agendas and accountabilities which can work against these aspirations.

Negative stereotypes

The public perception of the social care worker profession is often one of minimal pay and low skill levels with irregular, unsocial hours and limited career progression. Media stories of exploitation and bullying add to the shadow. The recent COVID-19 pandemic has gone some way to improve the image of the care worker and the value of social care. We need to build on this momentum, reframing the social care narrative to one of empowerment that is person-centred and solution focussed.

5.0 Challenges

Diversity

- The provider sector itself is diverse in its business models, size and range of services. However, the direct care worker is predominantly white, female, British and over 25 as the Skills for Care (2018/19) figures below demonstrate.
- **Norfolk and Waveney (East of England)**
- Female – 74% (76%)
- British – 85% (80%)
- White – 93% (80%)
- Aged over 25 – 87% (89%)
- Aged over 55 – 23% (23%)

Recruitment, Retention and Changing Roles

Pre-COVID we were facing a workforce crisis with high vacancy and turnover rates with hotspots in domiciliary care, particularly in rural areas such as north and south Norfolk and south Waveney and in roles such as social care nursing.

If the social care workforce grows in proportion to growth in numbers aged 65 and over, then adult social care jobs in the Eastern region will have to increase by 35% (from 192,000 to 248,000) between 2020 and 2035. (Skills for Care 2020 area profiles). The population profile for our area indicates that we simply won't have enough people of working age to meet the demand. The demographic drivers are pulling in opposite directions. Furthermore, the average healthy life expectancy for men and women is around 65 years meaning older workers may themselves have to cut short their working lives.

Given the typical profile of a care worker (see above) and the potential difficulties of international recruitment particularly post Brexit, we will be drawing on a limited pool of workers unless we take steps to attract people from outside the area and increase the number of young people, minority ethnic groups and men entering social care. Creating a positive and welcoming culture is an important part of that work.

5.0 Challenges

Providers currently make a significant investment in the people they employ through induction and initial training so that they are job ready and safe practitioners. Staff turnover tends to be greater in the first few months of work as care workers realise they are not suited to the profession meaning the average return on investment in staff is significantly reduced. This has led to some employers trying to reduce initial costs, for example, expecting new workers to pay the cost of their own DBS checks. These actions may act as barriers or disincentives to potential new recruits.

Reducing turnover is an important part of the workforce equation. Recruitment using a values-based recruitment process leads to greater staff retention as shown in the Skills for Care graphic below (published 2019). The same graphic also illustrates how much more cost effective it is to upskill existing staff than recruit new staff members.

Disparity in pay, job security and terms and conditions amongst those working for the NHS, the local authority and independent providers adds to the recruitment challenge. Skills for Care calculate that median pay for independent sector care workers in Norfolk was £8.67 (March 2020) and local authority care workers was £11.81 (September 2019).

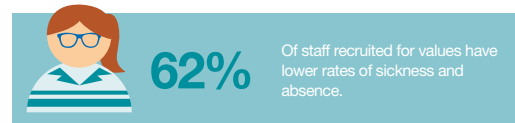


Recruiting for values

Measuring the impact of a values-based approach

This infographic highlights the positive impact of a values-based approach to recruitment and retention compared to traditional methods.

Values-based recruitment helps you recruit the right people, who know what it means to provide high quality care and support.



For more information about values-based recruitment and retention visit: www.skillsforcare.org.uk/randr

This information is taken from 83 social care employers who completed an online survey about their approach to recruitment and retention.

Cost comparison values-based vs. traditional approach

Total cost of recruitment
This estimate is based on 100 staff and assumes the average recruitment cost is £4,000.



Staff turnover
Values-based **19%**
Traditional **24.6%**

Total cost of upskilling
This estimate is based on 100 staff with an average salary of £16,998. It also assumes the average cost of training is £2,229.



Total cost
Values-based approach **£181.5k**
Traditional approach **£235k**

Impact
"It has helped our ability to grow the organisation and streamline the recruitment process with improvements to staff turnover."

5.0 Challenges

The introduction of the minimum wage, whilst welcomed has led to further cost pressures and pay uplifts at all grades. Even so the care workforce is not generally highly paid and those seeking to claim additional benefits or credit, or having to find and pay for childcare, may find themselves out of pocket. The Carer's Allowance, for example is not paid to those with a weekly income of more than £128 a week after deductions. This creates a cliff edge for unpaid carers and can lead to significant financial disadvantage for those trying to balance a working life with the responsibilities of caring for a family member.

The situation is further complicated by factors relating to rurality, social and economic deprivation and affordable housing meaning that some localities such as north and south Norfolk and south Waveney are more affected than others. A poor transport infrastructure can make it difficult to get to work and the costs of passing a driving test, keeping and running a car are all disincentives to join or remain in roles that involve visiting people who receive services.

Pre-COVID was a period of near full employment with competition from other sectors such as retail or catering adding to the difficulties of getting and retaining good staff. For the future with mass redundancies anticipated and the ending of furlough, there may be opportunities to draw people into social care.



5.0 Challenges

Table A summarises some of the recruitment and retention issues as they relate to different groups of social care workers in our area. The experience of COVID-19 may impact temporarily on some of these issues (e.g. worker turnover), but it is likely many if not all will remain significant in the post-pandemic world.

Table A	High annual staff turnover and vacancy rates	High percentage of Care Workers/ Registered Nurses approaching retirement age	Large number of EU/Outside EU workers employed - international recruitment and retention risks	Gender imbalance: small numbers of male workers	Lack of skilled workers to provide support for those with higher or challenging needs
Older People					
Home Care	Yes	Yes	Yes	Yes	Yes
Extra Care Housing	No	Yes	No	No	Yes
Day Services	Yes	Yes	No	No	Yes
Direct Payments	No	No	No	No	Yes
Care Homes	Yes	Yes	Yes	No	Yes

Table A	High annual staff turnover and vacancy rates	High percentage of Care Workers/ Registered Nurses approaching retirement age	Large number of EU/Outside EU workers employed - international recruitment and retention risks	Gender imbalance: small numbers of male workers	Lack of skilled workers to provide support for those with higher or challenging needs
Working Age Adults					
Learning Disability - Home Care	Yes	Yes	Yes	Yes	Yes
Learning Disability - Supported Housing	No	Yes	No	No	Yes
Learning Disability - Day Opportunities	Yes	Yes	No	No	Yes
Learning Disability - Direct Payments	No	No	No	No	Yes
Learning Disability - Care Homes	Yes	No	Yes	No	Yes
Mental Health - Home Care	Yes	Yes	Yes	Yes	Yes
Mental Health - Supported Housing	No	Yes	No	Yes	Yes
Mental Health - Day Opportunities	Yes	Yes	No	Yes	Yes
Mental Health - Direct Payments	No	No	No	No	Yes
Mental Health - Care Homes	Yes	No	Yes	Yes	Yes
Physical Disability - Home Care	Yes	Yes	Yes	Yes	Yes
Physical Disability - Supported Housing	No	Yes	No	No	Yes
Physical Disability - Day Opportunities	Yes	Yes	No	No	Yes
Physical Disability - Direct Payments	No	No	No	No	Yes
Physical Disability - Care Homes	Yes	Yes	Yes	No	Yes

5.0 Challenges

Attracting new people into social care to replace those who have left is just one solution to meet the growing demand for social care services.

We also need to make sure we are doing everything possible to retain our existing workforce. This involves a multi-faceted approach that includes career development opportunities, mentoring, coaching and supportive supervision as well as flexible and responsive HR practices and addressing the issue of unequal pay across the system.

We need to maximise opportunities for working collaboratively with partners in health, housing and the wider community to avoid crisis situations where the road back to good health can take so much longer than a timely, earlier intervention. Wherever possible, long hospital stays which reduce confidence, physical strength and mental capacity and increase dependency should be minimised. At the same time, the discharge care packages should be comprehensive and sustainable with good continuity of care so that breakdowns in care and returns to hospital are avoided.

Whilst a secure pipeline of new recruits is part of the solution, so too is transforming the way we work. As part of the new Integrated Care System we want to maximise the skills of staff and develop new roles across primary, community, acute, social care and in volunteering. One solution is to enable staff to work more often at the top of their skillset or license to practise, allowing other functions to be delivered by supporting roles. Another is to flex role content so that we play to the strength of our employees and build on what interests and motivates them.

In social care there has already been some movement in this direction with workers and unpaid carers undertaking basic clinical procedures such as wound dressing, changing colostomy bags or providing peg-gastrostomy care. There are also opportunities to make better use of technology in monitoring the health of individuals and their environment. However, such changes have implications for supervision, accountability and governance not just within but across organisations. The challenge then is to think holistically so that system-wide changes do not have unintended consequences at the point of implementation. A strong social care voice around the planning table helps collaborative partnerships identify potential opportunities and anticipate risks.

5.0 Challenges

Variables that influence the likelihood of a worker leaving their role *(Skills for Care 2020)*

- Turnover increased for workers who travelled further
- Turnover increased amongst those under 25, and over 60 years old
- Turnover decreased with higher levels of experience working in the sector
- Likelihood of leaving decreased as pay levels increased
- Likelihood of leaving decreased with higher levels of experience in role
- Likelihood of leaving decreased if workers had more training
- Turnover decreased if workers had a higher number of contracted hours
- Likelihood of leaving decreased if workers had fewer sickness days
- Workers on zero-hours contracts were more likely to leave their posts
- Likelihood of high turnover rates increased if the establishment had high turnover historically
-



5.0 Challenges

The COVID-19 Dimension

Since March 2020, the world has been turned upside down by attempts to mitigate the effect of Coronavirus and reduce the infection rate.

Where we had relatively full employment we now face the devastation of retail, hospitality, leisure and catering sectors.

The Office for Budget Responsibility forecasts the economy will shrink 11.3% in 2020 and public-sector borrowing for the fiscal year ended in March will reach 394 billion pounds (November 2020). The number of people out of work is expected to reach 2.6 million (or 7.5%) next year.

The damage inflicted will impact unequally with some groups of people much worse off. Young people are especially at risk.

Different challenges face social care providers who have been such an important line of defence in dealing with COVID-19 outbreaks. In some parts of the sector, business volumes have massively reduced. Day Service Providers, for example, have only been able to operate at basic levels and been dependent on subsidy for their continued existence. Care and nursing homes have seen occupancy levels fall where

there has been an actual or suspected outbreak. Even where the customer base has not declined, business resilience for everyone continues to be tested severely as providers struggle to make ends meet with rising costs imposed by infection control measures, testing regimes, PPE and staffing systems.

The expectation that care staff do not work across different care locations diminishes the staffing flexibility in the care sector, leading to further staffing pressures and use of agency staff. Staffing shortages and using “unfamiliar staff” can impact negatively on quality of care delivered.

NCC Market Position Statement 2020-21

Expectations on providers have also increased with more limited contact with other services, an increasing reliance on video consultations and reduced family contact for residents. The loss of community resources and day services, for example, puts extra demands on care businesses to deliver additional recreational activities. The possibility of provider failure increases the longer the COVID risk remains and social care worker fatigue and mental health support remain high level concerns.

5.0 Challenges

It is not yet clear how the demand for social care may change because of public perception of risk. But it is likely there will be an increased demand for more community-based care. Whilst entirely in keeping with the pre-COVID 'Home First' focus, a rapid increase in demand may create significant challenges for providers trying to adjust their business models. Equally the shutdown of many face to face community and day services necessitates a re-think around how such services might be delivered in the future.

In April 2020, Skills for Care published a workforce impact infographic (see opposite) based on a sample of the experience of 200 social care providers:

Distinguishing between the immediate impact for the workforce of the pandemic and the opportunities and risks going forward is difficult. For example, according to the results of the telephone survey with providers as part of our workforce strategy consultation, many do not currently have problems with recruitment and retention. The combination of lockdown and limited movement has apparently restricted system churn.

The impact of COVID-19 on the adult social care workforce - Summary

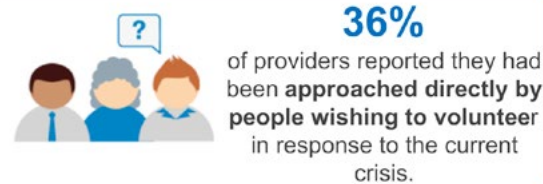
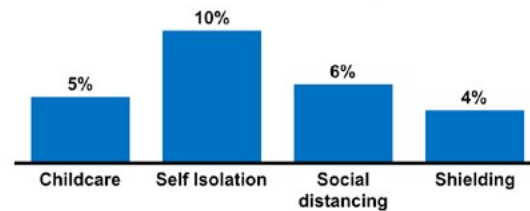
Summary | Current situation | Recruitment needs | Actions | Download PowerPoint



Data source: Care Management Matters survey as at 31 March 2020.
Base: 211 providers
 Care Management Matters in partnership with Neil Eastwood.
<https://www.caremanagementmatters.co.uk/>



Reasons for frontline workforce being unable to work



5.0 Challenges

Going forward it is difficult to say whether the high vacancy and turnover levels will return.

It is likely there will be a large pool of potential job seekers from other sectors as the furlough scheme is discontinued and businesses make important survival decisions. This may present an opportunity for both health and social care.

The recent government decision to exclude care workers from a post-Brexit fast track visa system risks destabilising the sector still further. Currently (2019-2020 data) 17% of care jobs in England are filled by foreign citizens.

Such uncertainty highlights the importance of all parts of the health and social care system working together to define the 'new normal' as a way of working and keeping people safe.



5.0 Challenges

Opportunities and Risks

The use of technology has expanded significantly in recent months. Supervisions, meetings, virtual training and facilitated contact between residents and service users and their families have increased as people become more familiar with applications such as FaceTime, WhatsApp, Zoom and Microsoft Teams. Facebook has become a popular medium for recruitment. We need to build on this momentum. Providers report that connectivity and signal strength is variable and they are often dependent on staff good will and willingness to using their own personal IT devices. Many workers and managers are just beginning to develop the IT skills that allow them to make good use of the technology available.

The profile of social care workers has never been higher or more positive. We have an opportunity to maximise the benefit of an increased public awareness of social care, to tap into the national recruitment campaigns and the development of a national identify under the CARE logo to bring more people into the social care.

There has been a growth in the awareness of and use of the Norfolk Care Careers website by both providers and the public. Visitor numbers doubled in the period March – July 2020 (approximately 11,500).

Similarly, the sector is well placed to take advantage of national initiatives to stimulate the economy such as the incentives to retain staff who have been furloughed and to take on new apprentices.

The importance of the health and social care sector has been recognised in the New Anglia Learning and Enterprise Partnership Recovery and Re-start plan and the LEP are facilitating partnerships across all parts of the local economy to redirect resources and capacity, create supply chains and stimulate growth.

<https://newanglia.co.uk/covid-economic-recovery/>



5.0 Challenges

There has been closer cross-boundary working between health and social care. Many social care providers report positive and more collaborative relationships with GPs, Quality Improvement nurses, social workers and the re-formed NCC/N&W CCG Integrated Quality Service. Together colleagues are working collegiately to resolve problems around use of PPE, infection control, testing and outbreak management. Opportunities for closer working will increase with programmes such as the Enhanced Health and Wellbeing in Care which includes an expansion of 'home rounds' and with new ideas about peripatetic health and social care teams and roles that straddle traditional boundaries between health and care.

A growing number of social care workers are now regularly delivering services such as wound dressing and changing which were, pre-COVID, undertaken by district nurses. They are also involved in clinical observations and monitoring activity thereby continuing to blur the boundaries between health and social care workers. This raises issues of clinical supervision and even whether professional indemnity insurance is available for social care workers undertaking a wider range of tasks. There has long been a debate around parity of esteem including pay differences between health,

local authority and independent care workers and such changes have highlighted the need for another look at how social care is funded. Such 'organic' role development challenges us to re-think accountability and governance if we are to develop a robust system-wide change in ways of working.

We are currently in the middle of a 2nd COVID wave. This was anticipated and contingency planning has been linked with work to mitigate the usual winter pressures including the expansion of the annual flu vaccination programme in 2020. More recently the announcement of a COVID vaccination programme has again presented logistical challenges requiring a joined up response which should benefit the whole system going forward.

5.0 Challenges

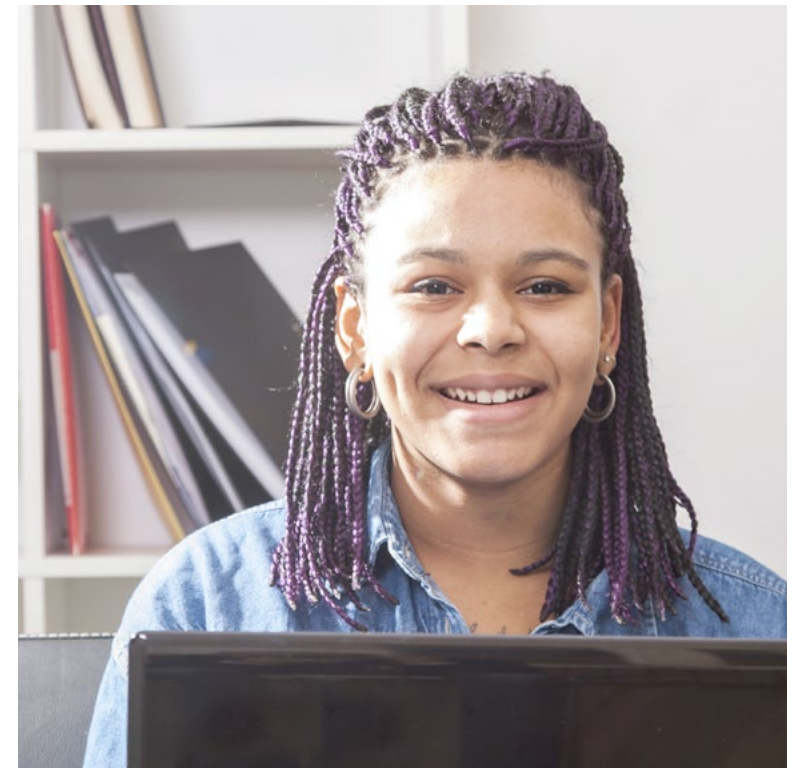
Summary of Service Specific challenges

This section looks at some of the workforce challenges faced by different elements of our social care system. There is considerable overlap but there are also differences in degree and emphasis, reinforcing the importance of developing a range of options to meet those challenges.

Day Services and Volunteer Workforce – Working Age Adults and Older People

Day Service: Workforce Challenges:

- High staff turnover, vacancy rates and numbers of applicants in some areas
- Ageing workforce heading towards retirement
- Developing a more highly skilled workforce able to work alongside people with behaviour that challenges in a reabling, responsive way, understanding professional and personal boundaries, delivering safe and yet less-rule bound care



5.0 Challenges

Volunteers: Workforce Challenges:

Recruitment

Raising retirement age has mean older people have less time to give in active retirement. Older generations are increasingly supporting younger family members with childcare or looking after elderly relatives

Recognising the value of volunteering: there are many reasons why people volunteer including building self-confidence, reducing social isolation and working through mental health challenges in a safe and supportive environment. Through volunteering, they develop skills, confidence and networks that reduce dependency on statutory services. These 'recovery model' projects are often not directly funded and overly dependent on cross-subsidy, philanthropy or the energy of committed individuals

Recognising the true cost of recruitment, support and co-ordination of volunteers including workforce development. Overheads increase disproportionately with a dispersed, part time workforce

Referral – there has been a reduction in referrals from traditional sources such as Jobcentre Plus which is reflected in the number of younger and working-age people coming forward to volunteer

Understanding the workforce – there is no robust and regularly refreshed data on numbers of actual volunteers and how they are deployed. This is made more difficult by the shifting and widely dispersed nature of this workforce. Many volunteer groups are unincorporated organisations. It is estimated (VCSE Sector Led Plan 2018) that there are over 3,000 community organisations 'under the radar'

Individual perception acting as a barrier to taking up volunteering opportunities: some potential recruits may believe they do not have the skillset required, worry about having to undertake extensive training or being dropped in at the deep end without support

Valuing and supporting our volunteer workforce, offering opportunities for progression into paid employment for those that wish to do so

COVID-19. Temporary, and sometimes, permanent closure and transformation of services to ensure safe participation has impacted significantly on this part of the sector. Many volunteers have also had to withdraw because of risks to their own health. Others have not been able to play the part they would wish because of social care provider lock-down.

5.0 Challenges

The full impact on business resilience, workforce and volunteering opportunities will not be known for some time but is a part of the sector particularly at risk.

Support to live at home

– Working Age Adults and Older People

In 2018-19 six home care providers providing services across Norfolk & Waveney closed. Financial viability was the most common reason for closure. As a result of the above closures an estimated 280 Council funded people who receive services had to be moved to alternative packages of care.

Workforce Challenges:

- High staff turnover and vacancy rates – difficulty of recruiting in places where there is need
- Balancing flexible working (e.g. rotas) with sustainable business models
- Ageing workforce: both issues of retirement and risks to health. Data from Suffolk County Council's Home First (reablement) services show that sickness is often related to stress or muscular skeletal problems. In addition, time is lost due to other age-related conditions such as glaucoma
- Challenges of international recruitment/risk of over-dependency on EU/non-EU workers
- Gender imbalance: a large number of female workers, statistically more likely to take up informal or family caring roles and leave the care profession
- Increasing demand for care workers who can work with people presenting with complex, multiple conditions often overlaid with challenging behaviours
- Dispersed workforce – difficulty and additional costs involved in bringing people together for training, arranging cover, dissemination of information
- Recruitment of young people who cannot get to work or move between locations because of lack of public transport or the cost of passing a driving test and maintaining a car

5.0 Challenges

Individual Employers/Personal Assistants *- Working Age Adults and Older People*

Workforce Challenges:

- Dispersed workforce – both Individual Employers (IEs) and Personal Assistants (PAs). In February 2020 approximately 2500 PAs (working with children and adults) were registered with Norfolk County Council Direct Payment Support Service and around 125 Waveney customers with PAs were registered with Suffolk Independent Living. The total numbers employed by self-funders are unknown. Individual Employers are also people who receive services and may find it difficult to attend training/meetings/peer support forums
- Difficulty in finding cover to release PAs for training
- Bespoke nature of training that may, on occasions, need to be delivered on site for both Personal Assistants and Individual Employers
- Support and guidance for Individual Employers as managers and employers re employer/employee relationships and workforce practices
- Maintaining a supply of appropriately qualified and experienced PAs
- Isolation of the role and lack of opportunities to share issues



5.0 Challenges

Care Home and Nursing Home – Older People

From April 2017 to end July 2020 there were 35 Care Home/Nursing Home closures with a loss of 640 beds in Norfolk. 529 beds were in Older People's Care Homes. A few new homes have opened but most are small and cater for working age adult residents (learning disabilities, mental health and physical disabilities).

NCC Market Position Statement 2020-2021

Workforce Challenges:

- High staff turnover and vacancy rates
- Balancing flexible working (e.g. rotas) with sustainable business models
- Ageing workforce – Direct Care Workers and Registered Nurses – heading towards retirement
- Challenges of international recruitment/risk of over-dependency on EU/non-EU workers
- Gender imbalance: a large number of female workers, statistically more likely to take up informal or family caring roles and leave the care profession
- Role specific shortages: registered nurses
- The introduction of Trainee Nursing Associates (TNAs) into the workforce has caused difficulties with backfill costs and a lack of appropriately regulated professionals to supervise/oversee the training in residential settings
- Increasing demand for care workers who can support people presenting with complex, multiple conditions often overlaid with advanced dementia challenging behaviours
- Reduction in number of registered nurses in nursing homes. This role showed a bigger decline than any other area of the workforce, down 20% since 2012/13

5.0 Challenges

Mental Health/Learning Disability and Autism/Physical Disabilities – Working Age Adults

Workforce Challenges:

- High staff turnover and vacancy rates
- Balancing flexible working (e.g. rotas) with sustainable business models
- Ageing workforce heading towards retirement
- Challenges of international recruitment/dependency
- Gender imbalance: a large number of female workers, statistically more likely to take up informal or family caring roles and leave the care profession
- Not enough skilled workers to provide support for those with higher or challenging needs
- The need for better training and awareness of learning disability and autism
- Implementation of forthcoming mandatory training on learning disability and autism for all staff



5.0 Challenges

Unpaid carers

Among the many challenges facing unpaid carers, those particularly relevant to our workforce strategy include:

- The dispersed and highly individual nature of the unpaid carer
- The lack of information about numbers and nature of this workforce, outside the census data
- Identifying 'hidden' carers: people who carry out caring responsibilities do not always recognise themselves as 'carers'
- The limited formal recognition of unpaid carers as a workforce in terms of benefits, allowances, employer-friendly practices
- Unpaid carers have been identified as at particular risk of social anxiety, isolation and depression – all of which might be alleviated by appropriate and timely support in
- Navigating the health and social care system (funding, benefits, assessments, next steps) and having to do so at a time of crisis
- Planning and getting respite care
- Getting a speedy resolution to something impacting on the cared-for person
- Training and emotional support: many unpaid carers are willing to undertake a wide range of tasks for the person they are supporting but often they need ongoing support and training to give them confidence. Too often a clinical routine is demonstrated once in a hospital setting and the unpaid carer is expected to remember and repeat that routine in the different home environment without further support
- A thorough assessment of the support the unpaid carer feels able to offer: whilst many are willing to undertake personal care roles, not all are confident or willing. Some unpaid carers find themselves under pressure to provide intimate care or double-up care alongside the paid care worker. At its worst this can lead to family/carer breakdown and further crisis
- Significant delays in receiving a carer's assessment

5.0 Challenges

Additional Factors

Across all these groups there are some additional factors which increase workforce vulnerability.

These include:

Geographic location – recruitment in north and south Norfolk and south Waveney are currently proving particularly difficult

Full employment – competition from other employers and sectors – this risk may be reduced with multiple redundancies in other sectors as a result of the COVID-19 pandemic

Unintended consequences – public perception of the relative value of working for different types of organisation in a health and social care system. This hierarchy is often caused by marketing messages (e.g. working in health and as part of the NHS is regarded as giving better status, higher pay and better terms and conditions)

Uncertainty about the status of international workers, the fluctuating value of sterling and more attractive options elsewhere in Europe or the world

Rurality – particularly where the public transport infrastructure is poor

Many care workers/potential recruits do not have the levels of literacy and numeracy required (e.g. record keeping)

The more extensive induction and training requirements (e.g. Care Certificate) can act as a disincentive to some recruits

Small organisations can face multiple challenges:

- Difficulties in cross subsidising and planning for long term developments
- Economic uncertainty that arises from short term projects and contracts
- Lack of capacity and expertise to capitalise on opportunities, complete commercial tender documentation or introduce effective HR practices
- Difficulty and expense of providing on-going training and supervision
- The potential isolation of single specialist roles without access to peer support.
- Lone working and unsociable hours

5.0 Challenges

Growing and transforming business – particularly small and medium size enterprises (SMEs) – may underestimate the capacity required to develop a robust infrastructure alongside expanding their business. (e.g. supervision systems, regular team meetings, training etc). The family feel of small tight knit organisation can get lost.

COVID-19 – all businesses have had to adjust to working with additional costs (i.e. equipment, testing, infection control measures, PPE, staffing rotas) and lower income. Whilst many have been protected to some extent by government support, this is short term and subject to ongoing review creating considerable uncertainty within the sector. Similarly concerns for wellbeing of staff, volunteers and carers and putting additional measures in place to mitigate the impact of the pandemic on mental health have added to the demands on providers as good employers.



6.0 Approach

For this Adult Social Care Workforce Strategy to be effective we need to recognise the realities of the sector it aspires to support and respond flexibly.

The social care sector is diverse, multi-layered, multi-functional and differently regulated. Across Norfolk and Waveney there are in the region of 1,000 CQC registered locations or units (a provider may have more than one unit) and over 200 day services. In addition are the many hundreds of community groups, associations and registered charities providing services in their local areas.

Some social care organisations are part of multi-national organisations, others are local, and owner led. At least 2,600 personal assistants across Norfolk and Waveney are employed by the individual they support.

Each organisation within the sector is at a different point on their journey towards quality and sustainability and every employer is already funding workforce development as part of business as usual.

Elsewhere resource is already committed or in the gift of collaborative commissioning partnerships such as the Integrated Care System. This means that the total resource for workforce planning and development is widely dispersed and not in the gift of any one person or organisation.

At the moment there is an imbalance in the funding available for workforce development across health and social care. For example, whilst health and social care workforce numbers are broadly equal, the respective total annual budgets (19-20) for *Skills for Care and Health Education England* are £29 million and £4.5 billion. Given the fundamental importance of social care to the health economy, it is even more important to engage with our partners to ensure a more equitable distribution across the system.

A diverse, dispersed workforce, variation in the size and maturity of social care providers and the total resource available to support workforce planning and development are significant when thinking about how we deliver a system-wide workforce strategy.

Our approach has four elements:

- Communication
- Representation
- Collaboration
- Investing in What Works
- Strengthening the quality of these elements will be part of our approach to implementation of this Strategy.

6.0 Approach

1) Communication

We need to develop and maintain effective two-way communication and engagement channels with all providers so that we can understand need, adapt our strategy and plan ahead. Providers have told us in discussions about COVID-19 how much they value clarity, consistency and simplicity in communications and guidance and how confusing they find a multiplicity of voices and messages.

The medium, style and language of the communication is as important as the engagement. Given the diversity of our social care workforce and the range of interests, our communication strategy should reach out to everyone. This will include meeting accessibility standards and developing easy read versions of key publications.

2) Representation

Representation is linked to communication but goes a step further

and is about how we use the information to represent the provider voice with commissioners, politicians, partners and key stakeholders to inform strategic planning and improve services at both local and national level.

3) Collaboration

To unlock resources, we need to collaborate: This means supporting individuals and organisations who are part of the social care sector to come together to share ideas, facilities and good practice. It also means working with colleagues from health, housing, education, community and other services. One size doesn't fit all and often, bespoke place-based initiatives are the answer to local problems. Whilst acknowledging the potential tension between collaboration and business intelligence, finding ways to bring people together to develop local solutions, share good practice and bring in additional workforce investment will be key to effecting change.

4) Investing in what works

We need to focus our energy, capacity and resources where they will have the biggest impact. Funding is always limited. We should invest in what works and act quickly to re-direct funds from initiatives that fail to deliver.

As part of our commitment to working in partnership, a draft version of this workforce strategy has been shared with the workforce, providers, stakeholders and other partners. In November 2020, a consultation was held to determine whether the most significant workforce challenges had been identified and to prioritise actions to address those challenges.

This consultation was led by Norfolk and Suffolk Care Support and took the form of an online survey, a telephone survey and a Virtual Registered Managers Forum. This Strategy and the priorities identified have been updated in the light of the outcomes of the consultation.

7.0 What's working well?

The values underpinning 21st century social care: living well, early intervention, person-centred care, promoting independence and reablement are increasingly part of the DNA of social care. So too are place-based working and the importance of integrated service delivery. Especially now, the profile and importance of social care has never been higher both with politicians and the public. Moreover, there is a growing recognition of the important contribution that social care makes to the local economy, estimated to be £740 million in purchased care across Norfolk and Waveney.

Our Adult Social Care Workforce Strategy needs to acknowledge and build on what is already working. Whilst there are many challenges, there are also many successes. We need to ensure we develop, promote and celebrate existing good practice as well as look for new ideas.

Examples of success stories are given below. Several of the initiatives outlined below have been put on hold because of COVID-19. Elsewhere the pandemic has been a catalyst for introducing new ideas, bringing forward existing proposals (e.g. virtual consultations) or improving relationships across the system as providers, commissioners and partners work together to resolve unprecedented challenges.

Attraction and Recruitment

- **I Care..... Ambassadors** – care staff who work with students in schools and colleges, and attend Careers Fairs, to promote social care opportunities
- **Sector Based Work Academies with JobCentrePlus** – providing social care placements and job interviews
- **Prince's Trust: Get Into Programmes** – Get Into and Get Hired – work placement opportunities
- **Get Me Out The Four Walls** – offering support and opportunities to perinatal mums
- **Apprenticeship support and transfer of levy** across the health and social care system
- **Step Into Health and Social Care** – a programme run with health to recruit ex-military personnel
- **Health and Care Academies – Junior and Senior** – Year 12/13. This project supports the national work to encourage and expand the numbers of entrants into health and social care careers, particularly nursing and midwifery

7.0 What's working well?

- **Increased use of technology** to support recruitment – video conferencing and telephone interviews have become more common particularly since the onset of the pandemic. Virtual job fayres have also been trialled.

Retention and Career Development

- **Registered Managers** Local Network meetings (maintained and developed as virtual meetings and What's App groups during the pandemic) - co-ordinated by *Norfolk and Suffolk Care Support and Care Development East*
- **Level 2 Specialist Award** for chefs in Health and Social Care - a 17-week course being delivered at *City College Norwich*
- **Skills for Care** Workforce Development Fund supports care workers completing courses and qualifications – administered in Norfolk by *Norfolk and Suffolk Care Support and in Suffolk by Care Development East*
- **Trainee Nurse Associates (TNAs)** - bridging the gap between registered nurses and social care workers/health care assistants. TNA placements are across all settings

- **Norfolk Positive Lives: Positive Behaviour Support (PBS)** training for residential and supported living care workers helping people with learning disabilities and/or autism with a mental health problem, or behaviour that challenges. The recently published PBS Strategy (Norfolk Positive Lives) aims to establish PBS as an approach for all people living with a learning disability, autism and mental health even where a dedicated PBS plan is not required
- **Workplace Champions** (e.g. dignity, dementia, infection control, nutrition and hydration, safeguarding) – a person within a workplace who takes on an additional role to provide colleagues with support and advice around an aspect of practice
- **Champions Network** - a programme of additional support for Champions in safeguarding, nutrition and hydration and medication administration/management



7.0 What's working well?

- **Plugging the gaps:**
- A wide and continuously updated range of free training in important/topical areas including Mental Health First Aid for social care, falls prevention awareness, respiratory conditions, continence awareness, digital awareness, end of life, support and supervision and infection control measures.
- **Training Exchanges:** advertising and searching for training spaces.

Information, Advice and Guidance

- **Norfolk and Suffolk Care Support** - information and advice service and learning portal

<https://norfolkandsuffolkaresupport.co.uk/>

<https://norfolkandsuffolkaresupport.co.uk/learning-portal>

- **Norfolk and Suffolk Care Support careers site.**
A website aiming to support everyone helping to promote social care as a positive career choice.

<https://norfolkandsuffolkaresupport.co.uk/promoting-careers-in-care>

- **Norfolk Care Careers** <https://www.norfolkcarecareers.co.uk/> a dedicated website to promote working in care. It shares the stories of people who currently work in the sector and what motivates them, as well as providing a central location for employers in the sector to advertise vacancies at no cost. In recent months considerable energy has gone into developing and promoting this site. Reinforced by a proactive and targeted approach to contacting and supporting social care providers by Norfolk and Suffolk Care Support and links with the national recruitment and matching system, visitor numbers have doubled and there has been a significant increase in the number of providers placing vacancies.
- **Care Development East and Care Careers Suffolk** - information, advice, vacancy and career development portals.

<https://caredevelopmenteast.co.uk/>

<http://carecareerssuffolk.co.uk/>

7.0 What's working well?

- **ICANBEA** - <https://www.icanbea.org.uk/> Careers and job information for young people across Norfolk and Suffolk supported through The Mason Trust
- **Skills for Care** - national website packed with information, toolkits, online training and resources. It includes the Adult Social Care Workforce Data Set (formerly NMDSC) which helps us understand changes in the structure and nature of our workforce. www.skillsforcare.org.uk
- Other national information/support sites include **SCIE** (Social Care Institute for Excellence, www.scie.org.uk) and **SCILS** (Social Care Information and Learning Services) www.scils.co.uk
- **When you care, every day makes a difference - the Department of Health and Social Care's** national recruitment campaign toolkit for employers and service providers. www.everydayisdifferent.com/resources
This site has been developed following the COVID-19 pandemic and now incorporates a national matching system for those seeking employment in social care. Registered providers will also be able to search for candidates in their local area, view video interviews, start the DBS check and training process, create shortlists and make conditional offers before on-boarding candidates directly into their service.
- **The Knowledge Anglia** site supports health and social care professionals by providing information and resources needed on a daily basis to support patient care www.knowledgeanglia.nhs.uk/
- **New Anglia Local Enterprise Partnership** works with businesses, local authority partners and education institutions to drive growth and enterprise in Norfolk and Suffolk. They aim to transforming the economy by securing funds from government to help businesses grow, support, skills development and create infrastructure needed to flourish. More specifically they support apprenticeship and pre-apprenticeship schemes, work with schools and colleges to raise awareness of career opportunities in different sectors, offer business health checks and a recruitment portal. www.newanglia.co.uk

7.0 What's working well?

Celebrating our workforce

- Annual Care Awards events in both Norfolk and Suffolk
- Dedicated Support for Unpaid carers
- **Suffolk Family Carers** – information, advice and support for unpaid carers
- **Carers Matter Norfolk** – offers an advice line, one to one support, counselling service, a Family Carers Self Help Hub with over 450 online learning resources and videos.

Dedicated Support for Volunteers

Voluntary Norfolk manages a range of projects for local healthcare providers, recruiting, training and supporting over 600 volunteers for healthcare roles in GP surgeries, in hospitals and with individual clients in the community. They also provide advice and information to organisations using volunteers and have a portal to advertise volunteering opportunities.

Community Action Suffolk: Volunteer Suffolk - Support for volunteering in Suffolk

Community Action Norfolk - has links to over 5,000 organisations, volunteers and community champion and provides practical support to VCSE organisations on all aspects of running a business.

Dedicated Support for Individual Employers/Personal Assistants

Norfolk County Council's Direct Payment Support Service (DPSS):

Provides support to Individual Employers receiving a direct payment from Norfolk County Council who wish to recruit and employ their own PA (recruitment, payroll, HR services)

<https://www.norfolk.gov.uk/care-support-and-health/support-for-living-independently/money-and-benefits/direct-payment-support-service>

Provides training for Individual Employers and PAs. The training for PAs is extended to anyone earning less than £16K who wishes to become a PA.

Provides through the Norfolk Community Directory – a 'Find a PA service' where PAs can advertise their availability.

<https://communitydirectory.norfolk.gov.uk/Search?CategoryId=18&SM=ServiceSearch&UDG=True&SME=True>

7.0 What's working well?

Suffolk County Council also offers an information service and will direct Individual Employers to organisations that help to recruit, employ and train PAs.

<https://www.suffolk.gov.uk/care-and-support-for-adults/paying-for-care/personal-budgets/>

Representation

Norfolk Care Association Ltd (NorCA)

www.norfolkcareassociation.org.uk

Suffolk Association of Independent Care Providers (SAICP)

<https://www.saicp.org.uk/>

These Care Associations represent social care providers in their areas. The area of Waveney is in Suffolk but within the Norfolk and Waveney CCG and part of the Norfolk and Waveney Health and Care Partnership.

Collaboration and joint working

In response to COVID-19, providers have cited as a positive outcome the further development of good working relationships with

- Health and social care commissioners
- Health providers at primary, community and acute levels
- SCC quality assurance and contract monitoring teams
- The NCC/N&W CCG Integrated Quality Service, and
- Quality Improvement Nurses

There is a sense of working together to resolve unprecedented challenges.



7.0 What's working well?

What's new and in the pipeline?

The Developing Skills in Health and Social Care project has secured up to £7.58 million with 50% coming from the European Social Fund, to provide fully funded education and training to our existing social care workforce in:

- Functional skills (maths, English and ICT)
- Strengths-based and person-centred approaches
- Specialist Level 2 units in dementia, end of life, mental health, learning disabilities and autism
- Aspiring managers programme
- 1-1 mentoring and support
- **Suffolk's Adult Social Care workforce training group** – a reference group for social care workforce development matters
- The **#WeCareTogether People Plan** – Norfolk and Waveney Integrated Health and Care Workforce Plan (see Section 8 for more detail)
- The promotion of unpaid carer-friendly employment practices as part of the *Carers Matter Norfolk* initiative
- The new T-levels in health and social care (2-year, Level 3 programmes equivalent to 3 A' levels) involving placements. Trial placements for students at Great Yarmouth and City College Norwich planned for 2020.
- The New Anglia Learning and Enterprise Partnership Recovery and Re-start plan to redirect resources and capacity, create supply chains and stimulate the local economy in the aftermath of COVID-19.
<https://newanglia.co.uk/covid-economic-recovery/>
- **ImpACT** – A UEA project team dedicated to ensuring health and social care that is person-centred, safe, effective and enables everyone to flourish, effecting transformation through sustainable practice development. One initiative in the pipeline is the rollout of Teaching and Learning Care (Nursing) Homes which has been the subject of a national pilot and which, it is hoped will, be rolled out regionally.

7.0 What's working well?

- **Kickstart:** The Kickstart Scheme provides funding to create new job placements for 16 to 24 year olds on Universal Credit who are at risk of long term unemployment. Promotion of placements in social care settings.

A focus on resilience, mental health and wellbeing for managers, care workers and businesses encouraging the use of technology to facilitate action learning sets, tutorials, peer support groups and supervisions.

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8.0 Health and Social Care Integration

One of the key principles of this Adult Social Care Strategy is 'better together'. Wherever possible it makes sense to collaborate: across social care providers, with health, housing or other sectors. The importance of joint working has been critical to national and local responses to COVID-19 and has accelerated many of the initiatives already in train locally.

Reducing demand

There are many ways in which social care already contributes to the health and social care system. Pre-COVID, both nationally and locally there was and remains a focus on

- Reducing unnecessary hospital admissions
- Reducing delayed transfers of care from hospital to home/step down facilities
- Reducing the length of stay in hospital

Within Norfolk and Waveney, we aim to reduce accident and emergency attendances and unplanned admissions by at least 20% and the length of unplanned hospital stays by 35%.

Such ambitious targets are only achievable by working together. Shorter acute, mental health and community hospital stays are only possible if there is immediate access to

the care and support needed by people following a hospital admission. Agile, social care services, able to respond flexibly in times of emergency, and the provision of 24-hour cover are part of the solution as is increasing the use of technology to monitor and identify deterioration in someone's condition at an early stage and to prompt early intervention.

There are already some success stories. Norfolk and Waveney are one of seven national accelerator sites in England for the Ageing Well programme. Ageing Well currently has three workstreams including Urgent Community Response: supporting hospital discharge and reducing hospital admission through rapid response services and the Discharge to Assess service where assessment takes place in the individual's home. Such initiatives are reducing demand on social care reablement services, improving access to medication, clinical results (such as blood tests) and transport home. It also means that hospital staff are working more in the community, improving their understanding of risk in the home and the quality of the overall assessment.

The provision of "flexible and responsive" social care services with 24/7 availability across Norfolk and Waveney has major workforce implications. There were, pre-COVID, approximately 100 cases of unmet need (of which 60 were in North Norfolk) where care providers do not have the

8.0 Health and Social Care Integration

workforce capacity to deliver the required services. A secure pipeline of skilled care workers in the right place is a pre-requisite to changes in the way service is delivered.

Responding to COVID

The impetus of the national and local response to COVID-19 has also been about reducing demand on the NHS by slowing the rate of infection and hospital admissions. In embracing guidance on social distancing, infection control, testing and use of PPE, social care providers have played an enormous part in both helping contain the outbreak and enabling rapid and safe discharge from hospitals.

Local Authorities and CCGs have also played their part. NCC/N&W CCG Integrated Quality Service and Quality Improvement nursing teams have expanded the remit of their services to help co-ordinate advice, supplies, testing arrangements and support to social care providers, including training in areas such as infection control and use of PPE.

During the COVID-19 pandemic, the Integrated Quality Service has been heavily engaged as part of the Outbreak Management Team (a multi-disciplinary function responding to COVID-19 situations and outbreaks in care homes). Since March 2020, the Service has provided a seven day a week

response to provider notifications of any concern arising from or related to the virus. Between April and September 2020, the Service also managed the distribution of Personal Protective Equipment (PPE) across the County.

NCC Market Position Statement 2020-2021

Some planned initiatives have been brought forward. For example, the Enhanced Health and Wellbeing in Care programme (formerly Enhanced Health in Care Homes) includes 'home rounds', multi-disciplinary teams and nominated GPs for Care Homes. There are proposals to extend these support systems to cover other social care settings. Five priority areas are recommended for the future:

- Improving pathways between hospital & residential care
- Rehabilitation, reablement, physical & mental wellbeing in Care
- Education & training for care providers & residents
- Primary Care and care providers

Post-COVID 19 emerging health & wellbeing needs in care settings

8.0 Health and Social Care Integration

Joint contingency plans in anticipation of a second wave of COVID-19 were part of an overall response to business as usual winter pressures which have included expansion of the annual flu vaccination programme. And work is currently underway in anticipation of the roll out of a COVID-19 vaccine.

Since September 2020, a new governance structure has been introduced across Norfolk and Waveney with oversight of the many programmes and initiatives in support of health and social care integration by a new Care Market Programme Group. The governance structure includes a wide range of stakeholders including providers who are fully involved in co-designing and overseeing the work programmes. And, across the entire system, workforce planning and development is seen as key to successful implementation of these initiatives.



8.0 Health and Social Care Integration

Promoting Positive Life Choices

According to Public Health England (2014-16/2015-17), the difference between healthy life expectancy and life expectancy is around 16.5 years for men in Norfolk and Suffolk and 19 years for women. There are significant differences between the more affluent and most deprived areas of our locality.

	Norfolk (Men)	Suffolk (Men)	Norfolk (Women)	Suffolk (Women)	England (Men)	England (Women)
Average Life Expectancy from Birth (years)	80	80.9	83.7	84.1	79.5	83.1
Average Healthy Life Expectancy from Birth (years)	64.7	63.2	64.4	65.1	63.3	63.9

Social care has an important part to play in encouraging positive life choices around diet and exercise, leisure activities and connection with the local community.

These choices can help reduce the gap between life expectancy and healthy life expectancy, enabling a better quality of life for those in need and their families as well as reducing the overall demand on health and social care services.

The pandemic has had a massive impact on the availability and provision of social and leisure services, and it is not yet clear how they can continue to be provided at pre-COVID levels. The potential impact of the reduction or loss of these services is not yet quantifiable but there are concerns around social isolation, wellbeing and mental health for our most vulnerable residents, their families and carers.

8.0 Health and Social Care Integration

#WeCareTogether People Plan (2020)

The **#WeCareTogether People Plan** is the workforce strategy that underpins integrated working across the health and care system in Norfolk and Waveney. It draws together a raft of measures and initiatives that will be introduced system wide.

This Adult Social Care Workforce Strategy endorses and supports the key priorities identified in that publication.

1. Creating new opportunities, roles and ways of working in health and care;
2. Promoting better health and wellbeing for our workforce (paid and unpaid), so they remain in their current roles and develop into future roles to support the system.
3. Maximising the skills of the workforce and developing and implementing new roles: with appropriate supervision and governance, individuals will be enabled to work to the top of their skillset, allowing other functions to be delivered by supporting roles.
4. Creating a positive and inclusive culture for staff, developing strong leadership at all levels and promoting an ethos of inclusion and diversity

We will ensure social care continues to be a key partner in planning for and delivering on these priorities, thereby ensuring the social care perspective is considered and unlocking resources for our sector. Some of the specific areas we will be involved in are given below:

- Consolidating and growing the Trainee Nurse Associate role especially in social care
- Developing flexible career pathways across health and social care
- Promoting the health and wellbeing of our workforce including widening access to existing, effective health and wellbeing initiatives
- Expanding supervision, coaching and mentoring opportunities and developing a consistent approach to delivery
- Promoting and encouraging participation in Quality Improvement initiatives to support workers to take ownership of their health and social care system, developing new skills in innovating and designing new models of integrated working, and building stronger working relationships across Norfolk and Waveney

8.0 Health and Social Care Integration

- Promoting the use of apprenticeships and the transfer of apprenticeship levy
- Encouraging consistent approaches and collaboration when it comes to recruitment, induction and retention initiatives
- Supporting co-operative and compassionate leadership development at all levels
- Creating new opportunities in and through volunteering
- Extending the Norfolk Positive Lives Positive Behaviour Support competency framework as a model of excellence – flexible, person-centred, solution focused practice
- Increasing the numbers of social care workers with a relevant health and social care qualification
- Creating and promoting a system-wide talent management pool that allows flexible movement across the health and social care system
- Developing more formal and informal integrated training programmes to support system pressures (e.g. rotation of additional nursing staff and use of educational placements to add capacity in care homes)
- Actively promote the greater use of technology and the understanding of its potential - digital, assistive and equipment across all aspects of working life
- Developing, establishing and promoting training passports for staff working in health and social care to facilitate the movement of staff between providers.
- Delivering bespoke training to social care staff to enable them to monitor and support the needs of those in their care. This will be particularly important for those recovering from COVID-19 where fatigue, anxiety and depression can be features. Equally improving care for those living with diabetes, nutrition and pulmonary and cardiac rehabilitation may be necessary for those either at risk of COVID-19 or recovering.

9.0 The Adult Social Care Workforce Strategy 2021 - 2026: Key Ambitions and Enablers

The research behind the New Anglia Local Enterprise Partnership (NA LEP) Sector Skills Plan (2016), the consultation for the Norfolk Care Association (2018-2019) and the research undertaken as part of the Norfolk and Waveney *#WeCareTogether People Plan (2020)* identified the same workforce challenges and solutions.

The consultation on the draft workforce strategy (November 2020) has confirmed and further refined these ideas, identifying specific activity that will make (or has made) the greatest difference to the supply and quality of the workforce.

These are:

1. Training and particularly specialist training
2. Information, Advice and Guidance
3. Funding generally
4. Pay and conditions
5. Staff wellbeing
6. Apprenticeships
7. Targeted recruitment campaigns

We have taken this learning as the basis for our Adult Social Care Workforce Strategy and grouped the priorities identified into two Key Ambitions which will be our focus over the next five years.

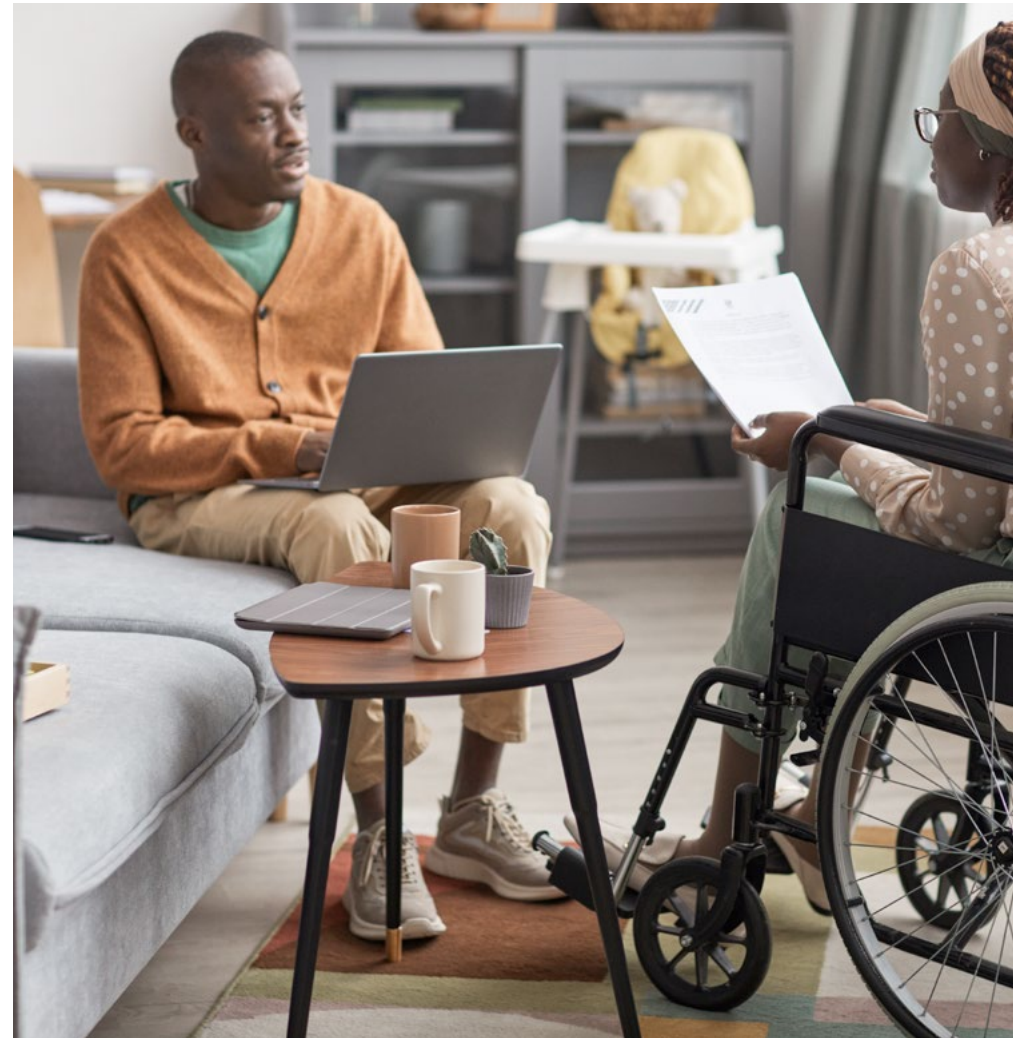


9.0 The Adult Social Care Workforce Strategy 2021 - 2026: Key Ambitions and Enablers

Growing and Transforming our Workforce

(9.1) Growing and Transforming our Workforce

This means ensuring we have the right people with the right skills and values in the right places at the right time and that there is a good and steady pipeline of new entrants to our sector. It is about attracting people into the social care sector and developing and retaining those already working here. It also means being clear what is expected from a future adult social care workforce. For registered managers and owners, it means having the business skills and processes in place to expand and develop their services and to invest in their workforce.



9.0 The Adult Social Care Workforce Strategy 2021 - 2026: Key Ambitions and Enablers

- Attraction, recruitment, retention (including professional development opportunities) and succession planning initiatives and campaigns targeted, where appropriate, on specific roles and places. These will be undertaken in collaboration with partners wherever possible
- Information, Advice and Guidance to ensure the workforce and providers are equipped with high quality and trusted information to support their decision making
- Peer support networks – face to face and virtual
- Upskilling unpaid carers and care workers to perform a wider range of tasks under the supervision of specialists so that they can work more effectively with people who receive services and their families. In particular, we will ensure workers feel more confident supporting those living with dementia, autism, mental health or who are socially isolated or on end of life pathways
- Developing more pro-active and bespoke support and learning opportunities for our unpaid carers
- Maximising the potential offered by workplace champions
- Supporting and growing our volunteer workforce and the range of volunteer opportunities available
- Promoting apprenticeships and making effective use of the apprenticeship levy so that the whole social care system benefits
- Offering business health checks and the development of business skills in our managers and providers
- Exploring new models of care and new worker roles that cross the boundaries of health and social care
- Using technology: sharing data; developing our understanding of equipment and assistive technology for the benefit of people who receive services; and helping providers make good use of video-conferencing and other systems to expand and enhance training, development and supervision as part of their workforce development offer
- Supporting the development and expansion of Health and Care (Talent) Academies for our future workforce
- Mapping the social care workforce - their numbers, needs and hotspots to help with workforce planning

9.0 The Adult Social Care Workforce Strategy 2021 - 2026: Key Ambitions and Enablers

Valuing our Workforce

(9.2) Valuing our Workforce

This means showing our workforce that we care and value them as our greatest asset.

It will include:

- Supervision, coaching, mentoring, and professional development and governance systems that enables people to work at the top of their skillset, develop specialists and support others new into the sector.
- Career pathways so that the caring profession is seen as a dynamic, exciting space full of potential and opportunity.
- Access to health and wellbeing initiatives that support physical, emotional and mental wellbeing and meet work-life balance needs.
- Promoting carer-friendly employment practices to help unpaid carers meet their caring needs and still have fulfilling jobs.
- Developing HR practices and minimum employer standards that support flexible working and embrace diversity.
- Developing leaders who are compassionate and collaborative with a person-centred, solution-focused philosophy.
- Building a culture of collaboration and sharing for the benefit of all.
- Ensuring commissioning incentivises good workforce and business practices.
- Maintaining and improving the quality of learning opportunities, workplace experiences and training.
- Addressing some of the structural issues that get in the way such as poor transport links and weak broadband connectivity.
- Promoting parity of esteem between health, local authority and independent sector care workers including pay.

9.0 The Adult Social Care Workforce Strategy 2021 - 2026: Key Ambitions and Enablers

Enablers supporting the development of our workforce strategy and its implementation.



We will adopt the approach outlined in Section 6, recognising the importance of engagement: listening to and representing the voice and perspective of the social care sector. We will collaborate wherever it makes sense to do and invest in what works to ensure what we deliver has maximum impact and that this Strategy remains as relevant in 2026 as it is in 2021.

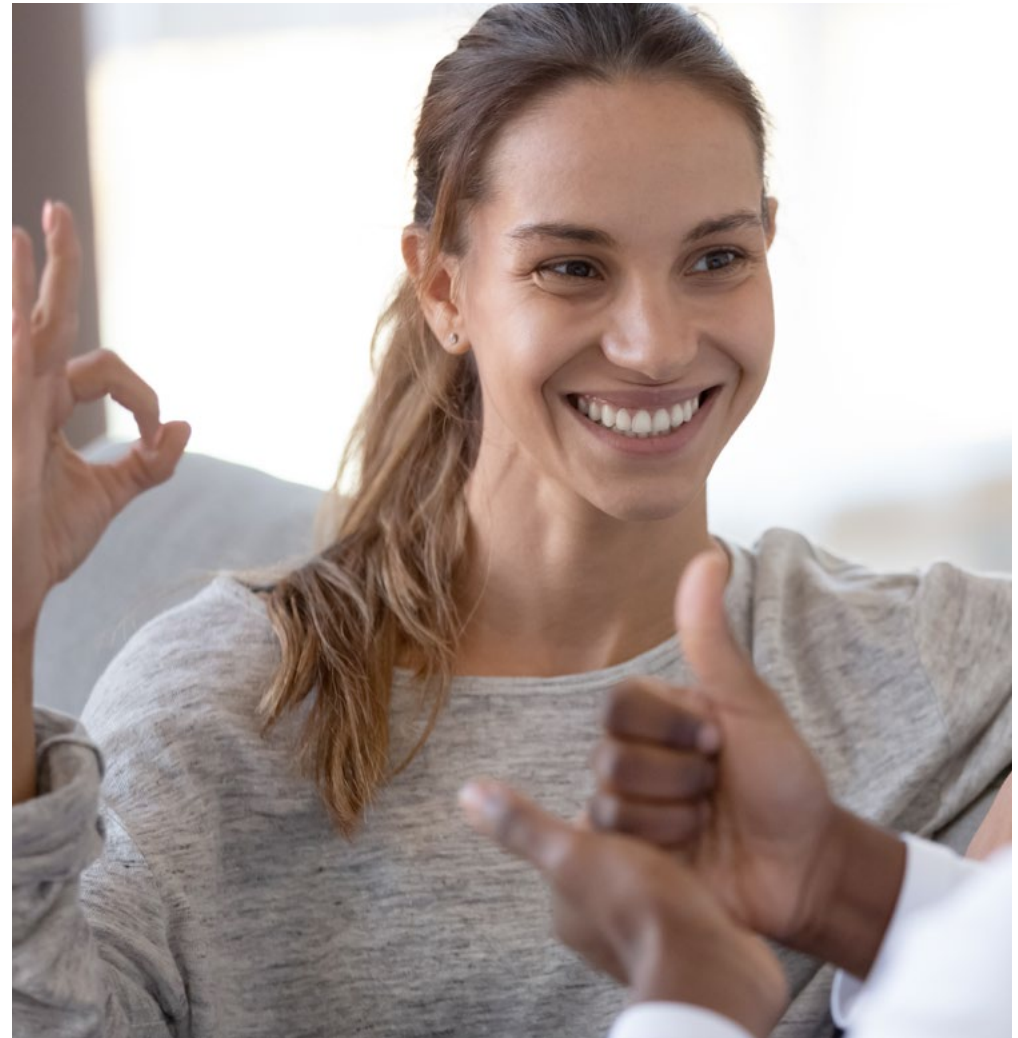
9.0 The Adult Social Care Workforce Strategy 2021 - 2026: Key Ambitions and Enablers

Bespoke and specific support

The social care workforce is both diverse and dispersed. Localities and service providers may have shared needs but different solutions to their workforce challenges.

Sometimes the energy and impetus for resolving workforce issues will come from above but often the expertise and solutions reside with the workforce themselves. We risk over-simplification if we identify a global problem such as recruitment and assume there is a single answer.

This Strategy, consequently, is not just about actions and activity, recruitment campaigns and funding new projects. It is also about finding ways to bring providers and workers together to share good practice and generate ideas. It is about communicating opportunities and facilitating contacts. And it is about understanding the nuances of each workforce challenge, not assuming one size fits all.

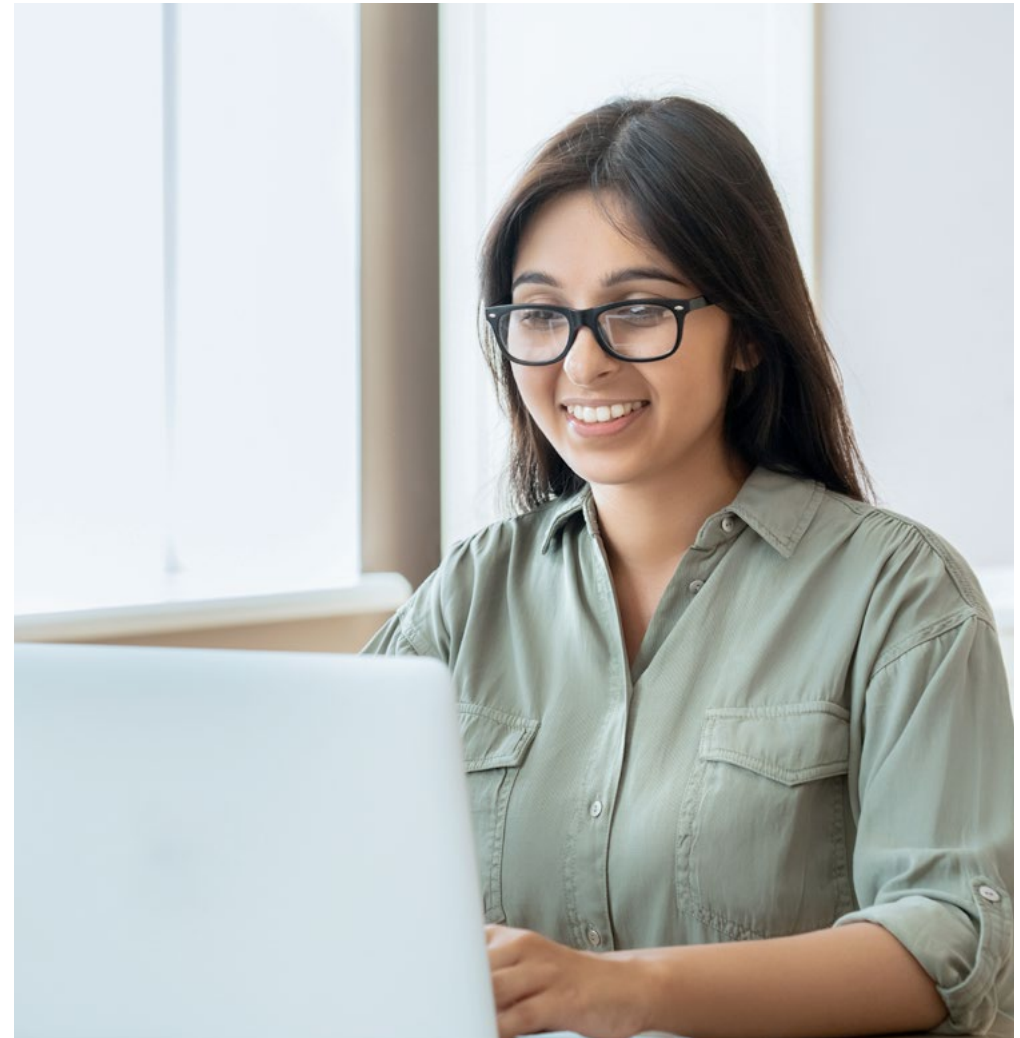


10.0 Measuring success

Our Adult Social Care Workforce Strategy is all about sustainable change: developing person-centred, enabling cultures, embracing technology, working effectively with others and feeling confident that our workforce has the skills required to deliver compassionate and person-centred care.

We will use a range of methods and indicators to measure our impact.

The 2017 Integrated Workforce 'I' Statements (IWIS) were originally developed to benchmark and measure success in integrated service delivery across health and social care. The statements, challenge questions and methodology provide clarity about what good looks like and how far partners have come on their journey towards workforce excellence. Using the IWIS work as a starting point, we have developed our own 'I' Statements based on the nine themes of the Strategy.



10.0 Measuring success

Norfolk and Waveney Adult Social Care Workforce Strategy: 1 Statements

The following statements reflect the aspirations of the Norfolk & Waveney Adult Social Care Workforce Strategy. They provide a conceptual framework that enables the identification of Key Performance Indicators (KPIs) to establish a baseline and measure progress.

The statements work at the level of the:

- Individual worker (paid/unpaid/volunteer)
- Manager
- Individual provider
- Provider group/type
- Commissioner/strategic planner

Knowing our Workforce: I understand the makeup of our workforce, its skill levels, experience and diversity and how best to gather that data. I can access up to date information on workforce challenges and I am confident this information is being used to maintain and develop the workforce we need to deliver excellent care.

Engaging, Consulting and Representing: I am confident that I am consulted on changes which may impact on me and the way I work. I am listened to and receive feedback on decisions made and the reasons behind those decisions.

Supporting and Informing: I know where to go to get accurate, credible and up to date information to support my learning and development needs and career development.

Raising the Profile of Social Care as a Career: I see adult social care as a vibrant, interesting, and rewarding career option which is valued, offers job satisfaction and opens doors to new opportunities.

Recruitment: I am confident that the systems and processes we have in place will meet our recruitment needs and ensure we attract people with the right values and attitudes into social care.

Retention: I have the right values, knowledge, skills and approach to deliver excellent care. I enjoy my job. I am well supported. I have job security. I have opportunities to progress if I wish to do so. I wish to stay in the social care sector.

Succession Planning: I am confident we are growing and developing people with the right values, skills and experience to deliver the care needed both now and in the future.

Business Resilience, workplace practices and employee wellbeing: I work in an organisation that is healthy, thriving, looks after its people and delivers excellent care and support. I have the right tools, processes and systems in place to do my job well.

System-wide Education and Training: I believe the learning and development I receive, provides me with the skills, knowledge and approach to do my job effectively.

10.0 Measuring success

The Strategy and accompanying 5-year plan are multi-faceted and multi-layered. Some actions are relevant across Norfolk and Waveney, others will be service, locality (eg Primary Care Network level) and provider specific. In addition to establishing key indicators against which we can measure our progress against each of the nine themes of the strategy, we will commission specific reports that allow us to drill down and help us identify when issues are impacting on a specific service or geographical area.

- The list of indicators below is illustrative.
- Qualification levels of workers
- Attrition rates
- Diversity of workforce
- CQC inspection and local audit outcomes
- Data on retention, turnover, vacancy rates and points of exit where possible by provider type and locality
- Self-reports from workforce and providers
- Satisfaction surveys from customers and unpaid carers

- Surveys on image of social care
- Numbers of volunteers and volunteering activity
- Numbers and location unpaid carers and personal assistants

Some of this workforce data already exists through, for example, Skills for Care and the Adult Social Care Workforce Data Set. However, information is neither regularly scrutinised for what it tells us about the social care workforce in Norfolk and Waveney nor used systematically to inform our workforce support activity. Having described the outcomes we are seeking to achieve through the 'I' Statements our next step will be to determine the essential performance indicators that underpin those statements. Where information is not readily available and has to be commissioned, we need to be clear the data will be used in ways that justify the outlay.

11.0 Governance and Oversight

The Norfolk and Waveney Workforce Strategy Steering Group (WSSG) will have oversight of our Adult Social Care Workforce Strategy, 5-Year Plan and annual action plans. They will receive reports on progress and take the lead in ensuring the Strategy is regularly reviewed and refreshed.

The membership of the WSSG is regularly reviewed. Current members are:

- Norfolk County Council (NCC)
- Suffolk County Council (SCC)
- Norfolk Care Association (NorCA)
- Suffolk Association of Independent Care Providers (SAICP)
- Care Development East (CDE)
- Norfolk and Suffolk Care Support (N&SCS)
- The Norfolk and Waveney Health and Care Partnership

Norfolk Care Association (NorCA) was established in January 2020 and represents different parts of the social care system across Norfolk and Waveney. The new Care Association will establish provider subgroups to ensure ongoing engagement and communication with the full spectrum of social care providers. As one of the sponsors of this Adult Social Care Workforce Strategy, workforce planning and development

be a regular agenda item at both Board and provider subgroup meetings.

Waveney is part of Suffolk as well as being within the footprint of Norfolk and Waveney CCG and The Norfolk and Waveney Health and Care Partnership. Waveney providers are already supported by the Suffolk Association of Independent Care Providers (SAICP) and, in relation to workforce matters, by Care Development East. There is also the county-wide Suffolk Adult Social Care Workforce Group which acts as a reference group for views on workforce matters.

Norfolk Care Association (NorCA) and Suffolk Association of Independent Care Providers (SAICP) will work together to ensure that Waveney social providers are represented in all forums across the two counties.

The Workforce Strategy Steering Group (WSSG) will also ensure that social care has a voice in discussions with partners and that the diverse needs of this complex sector are not overlooked in system-wide or place-based planning. Any issues that cannot be resolved by the WSSG will be escalated to other groups such as the Care Market Programme Group, The Norfolk and Waveney Health and Care Partnership Local Workforce Action Board and the Health and Wellbeing Boards for Suffolk and Norfolk.

12.0 Working with our Partners

Social care is pivotal to the health and wellbeing of Norfolk and Waveney residents, and crucial to the effective operation of the NHS with the role it plays in admission avoidance, hospital discharge, promoting independence and living well. It is also a key contributor to the economy with a paid workforce of over 30,000. As of November 2020, Skills for Care estimate the Gross Value Output (the value of goods and services produced by the social care economy) at £710 million for Norfolk and £600 million for Suffolk.

If this Strategy is to succeed we will need to draw on the resources and expertise of all elements across the local health and care system as well as ensuring our voice is heard at a national level.

Our local partners will include:

- Those receiving care and their families
- The workforce (paid and unpaid)
- The provider community (both health and social care) – delivering regulated and non-regulated services
- SCC and NCC as commissioners of care and community leaders
- Other local authorities and providers of accommodation and housing support

- The Norfolk and Waveney Health and Care Partnership as drivers of integrated care
- The Norfolk and Waveney Clinical Commissioning Group as commissioners of health services
- The New Anglia Local Enterprise Partnership as a driver of economic development in the locality and champion of skills development and apprenticeships
- Schools, Colleges of Higher Education and Further Education and training providers
- Organisations supporting those directly delivering social care with information, advice and guidance and other specialist services
- JobCentre Plus
- The Care Associations – SAICP and NorCA
- Local MPs and Councillors

All those involved in supporting the social care workforce will need to work collaboratively to ensure that we maximise existing capacity and resource, access new funding, avoid duplication and minimise waste. It will be through our combined efforts that we achieve the ambitions of this workforce strategy.

13.0 Further Sources of Information

2016 North Anglia LEP Sector Skills Plan for Health and Social Care

2017 Integrated Workforce 'I' Statements

2018 – 2021 Hertfordshire Adult Social Care Workforce Strategy

2018 European Social Fund Bidding document (Norfolk and Suffolk)

2019 JSNA for Suffolk
<https://www.healthysuffolk.org.uk/jsna/state-of-suffolk-report/sos19-ill-life-expectancy>

2019 JSNA for Norfolk and associated briefings (social isolation, dementia, mental health)
<https://www.norfolkinsight.org.uk/health-and-social-care/>

2019 Shaping a Care Association for Norfolk – consultation report
<https://www.norfolkcareassociationconsultation.com/>

2019 Transforming Care: Workforce Action Plan

2020 #WeCareTogether People Plan – the Norfolk and Waveney integrated workforce strategy for health and social care

Care Development East Ltd – information advice and guidance

Care Careers Suffolk
<https://caredevelopmenteast.co.uk/>

<http://carecareerssuffolk.co.uk/>

Carers Matter Norfolk
<https://carersmatternorfolk.org.uk/>

Community Action Norfolk Sector Led Plan
<https://www.communityactionnorfolk.org.uk/sites/content/sector-led-plan>

Director of Public Health Annual Report (Norfolk) 2018
http://www.norfolkinsight.org.uk/wp-content/uploads/2018/12/DPH_Annual_Report_2018.pdf

13.0 Further Sources of Information

ImpACT – UEA

www.uea.ac.uk/uea-health-and-social-care-partners/research-groups/impact

Kings Fund (March 2017) Housing and Health: Opportunities for Sustainable and Transformation Partnerships

The New Anglia Learning and Enterprise Partnership Recovery and Re-start plan

<https://newanglia.co.uk/covid-economic-recovery/>

Norfolk and Suffolk Care and Support Ltd – information, advice and guidance

<https://norfolkandsuffolkcaresupport.co.uk/>

<https://norfolkandsuffolkcaresupport.co.uk/learning-portal>

<https://norfolkandsuffolkcaresupport.co.uk/promoting-careers-in-care>

Norfolk and Waveney Workforce Strategy Consultation (Main and Executive Reports) Nov 2020

Norfolk Care Careers

www.norfolkcarecareers.co.uk

Norfolk County Council 2018-19, 2019-20 and 2020-21 Market Position Statements

<https://www.norfolk.gov.uk/business/supplying-norfolk-county-council/norfolk-care-market/information-resources-and-engagement/information-to-help-you/market-position-statement>

Norfolk Insight

<https://www.norfolkinsight.org.uk/population/report/view/ece628a76c854c31a741de0fcaec0a0e/E10000020>

Skills for Care: Adult Social Care Workforce Data Set

<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/ASC-WDS/Discover-the-Adult-Social-Care-Workforce-Data-Set.aspx>

<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-authority-information/Local-authority-comparison.aspx>

Skills for Care: The size and structure of the adult social care workforce and sector in England, 2020

Skills for Care (2017) Recruitment and Retention in Adult Social Care: Secrets of Success

13.0 Further Sources of Information

Skills for Care (2019). Values-based recruitment

<https://www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Recruiting-the-right-people-section/Key-findings-infographic-2019.pdf>

Suffolk County Council 2015-16 Market Position Statement

<https://www.suffolk.gov.uk/assets/Adult-social-care-and-health/information-for-service-providers/ACS-Market-Position-Statement-HR.pdf>

Suffolk Family Carers

<https://suffolkfamilycarers.org/>

Suffolk Observatory

<https://www.suffolkobservatory.info/>

<https://www.suffolkobservatory.info/population/population-projections/>

<https://www.suffolkobservatory.info/population/report/view/58c15b936d884c36a190554b4fa45ee7/E54000022/>

<https://www.suffolkobservatory.info/health-and-social-care/report/view/e91c194a3ea24def8ecdbb4014824986/E54000022>

Appendix One: Developing a 5-Year Plan

This Workforce Strategy 5-Year Plan (2021-2026) includes workforce activity which is already underway (E) or has been Planned (P) as well as proposals for new work (N).

The activity within the Plan is based on existing research and discussions with key stakeholders and partners.

It has been divided into nine Themes linked to our two Key Ambitions:

- Knowing our workforce
- Engaging Consulting and Representing
- Supporting and Informing
- Raising the Profile of Social Care as a Career
- Recruitment
- Retention
- Succession Planning
- Business Resilience, workplace practices and employee wellbeing
- System-wide Education and Training

A draft Strategy and 5-year plan were shared through a consultation exercise in November 2020 to get a clearer view on which actions would make the greatest difference.

There were 3 elements to the consultation:

- A system-wide online survey (51 participants)
- A telephone survey for social care providers (77 participants), and
- A virtual Registered Managers Forum (4 participants)

All the activities suggested in the draft 5-Year Plan were recognised as beneficial to social care with the following areas of focus felt to have the greatest impact.

1. Training and particularly specialist training
2. Information, Advice and Guidance
3. Funding generally including through care commissioning models and for training
4. Pay and conditions
5. Staff wellbeing
6. Apprenticeships
7. Targeted recruitment campaigns

More detail can be found in the Consultation Main and Executive Reports.

Five Year Plan: 2021 – 2026

The 5-year plan accompanying this workforce strategy is ambitious and involves many partners. The areas proposed under each of the nine Themes are ones that are felt to have greatest value, a view endorsed by the consultation participants. Some build on existing services, whilst others require new thinking and planning with partners across the health and care system. We recognise that priorities and circumstances change over time and the plan will be regularly reviewed so that it continues to reflect the changes in the sector.

Using this Strategy and 5-year plan together with the outcomes of the consultation and discussions with partners and stakeholders our next step will be to draw up a more detailed action plan for 2021-2022.

Five Year Plan: 2021 – 2026

Theme	Aspirations
<p>1. Knowing our Workforce</p> <p>Ambition: VW</p>	<p>Scope, commission and regularly update key workforce metrics on social care workers and providers: numbers, qualifications, turnover, diversity, working patterns, existing/future workforce requirements; areas of risk</p> <p>Receive reports/commission deep dives into specific aspects of workforce to inform ongoing/emergency workforce planning.</p> <p>Scope the work required/Undertake a baseline review of current volunteering activity and capacity across N&W, identifying areas of opportunity and challenge</p> <p>Scope work required/quantify and map unpaid carers and personal assistants across Norfolk and Waveney</p> <p>Maintain and increase completion rate of the Skills for Care Adult Social Care Workforce Data Set</p> <p>Work with partners (especially health) to clarify our expectations on future roles and skillsets</p>
<p>2. Engaging, Consulting and Representing</p> <p>Ambition: VW</p>	<p>Establish Norfolk Care Association Ltd (NorCA) as the voice for social care organisations providing services to residents in Norfolk and develop close links with Suffolk Association of Independent Care Providers to support providers in the Waveney area</p> <p>Develop NorCA provider subgroups covering the full spectrum of adult social care providers</p> <p>Develop links with the Suffolk Adult Social Care workforce training group – a reference group for social care workforce development matters which includes Waveney providers</p> <p>Establish cross-sector start and finish groups to look at key challenges facing the sector and recommend solutions</p>

Five Year Plan: 2021 – 2026

Theme	Aspirations
<p data-bbox="185 496 376 555">3. Supporting and Informing</p> <p data-bbox="185 592 338 683">Ambitions: GTW VW</p>	<p data-bbox="454 496 1982 555">Maintain and enhance dedicated support, advice and information for providers and workforce (paid and unpaid) through telephone helplines, face to face support, E-bulletins and on-line portals</p> <p data-bbox="454 592 1532 619">Maintain and expand peer support forums for sharing and exchange of good practice</p> <p data-bbox="454 655 2007 715">Maintain and develop the Direct Payment Support Service for Individual Employers and Personal Assistants, extending the service for self-funders as well as those in receipt of Direct Payments</p> <p data-bbox="454 751 1899 810">Develop and extend information and advice to promote 'good neighbour/worker/citizenship' amongst Norfolk and Waveney residents</p>
<p data-bbox="185 868 398 959">4. Raising the profile of social care as a career</p> <p data-bbox="185 995 322 1054">Ambition: GTW</p>	<p data-bbox="454 868 1693 895">Maintain and develop Talent (Health and Care) Academies offering links with schools and colleges</p> <p data-bbox="454 932 1104 959">Maintain and develop I Care.... Ambassador service</p> <p data-bbox="454 995 1984 1086">Develop and promote the CARE brand to help positively re-frame careers in social care building on the national campaign 'When You Care - Every Day Makes a Difference' - ensuring that the communication channels, images and media chosen are differentiated according to target group</p> <p data-bbox="454 1123 1928 1182">Promote and showcase routes into social care and flexible career pathways across social care and health that include volunteers and Personal Assistant roles</p> <p data-bbox="454 1219 1330 1246">Introduce a brokerage/matching system for work-related experiences</p>

Five Year Plan: 2021 – 2026

Theme	Aspirations
<p>5. Recruitment</p> <p>Ambition: GTW</p>	<p>System-wide recruitment campaigns focused on:</p> <ul style="list-style-type: none"> • place, • particular roles (e.g. home care workers), • demographics (e.g. school leaver/career changer/return to work) • increasing workforce diversity (e.g. ethnicity, gender) <p>ensuring that the communication channels, images and media chosen are differentiated according to target group</p> <p>Link recruiters in a specific area (e.g. role/geography)</p> <p>Build a system-wide copyright free database of images and content for use in promotion and recruitment work</p> <p>Support providers to extend and develop their use of technology and understanding of social media in recruitment</p> <p>Maintain and develop existing local recruitment portals (eg Norfolk Care Careers and Care Careers Suffolk)</p> <p>Enable access to other recruitment sites (e.g. NHS Jobs) for all social care service providers</p> <p>Support and re-direct unsuccessful but suitable candidates to other jobs across the health and social care system</p> <p>Increase take up of apprenticeships for new and existing workforce through promotion with providers and the general public</p> <p>Work with partners to develop a collaborative approach to using and transferring the apprenticeship levy with non-levy paying organisations</p> <p>Work with partners to develop an overseas recruitment route</p> <p>Develop and improve Personal Assistant web-based matching (advertising and recruitment) service to ensure a steady supply of Personal Assistants in Norfolk and Waveney to the workforce</p> <p>Work with local neighbourhoods and micro-enterprises to increase the supply of Personal Assistant services</p> <p>Maintain and develop the Workplace Champion role (e.g. dignity, dementia, autism, end of life, nutrition and hydration)</p>

Five Year Plan: 2021 – 2026

Theme	Aspirations
<p>6. Retention</p> <p>Ambitions: GTW VW</p>	<p>Use European Social Fund and matched funding to develop and deliver programmes in:</p> <ul style="list-style-type: none"> • Functional skills • Strengths-based and person-centred approaches • Specialist Level 2 units in <ul style="list-style-type: none"> • dementia, • end of life, • mental health, • learning disabilities and autism • Mentoring service • Aspiring managers programme <p>ensuring independence, personalisation and dignity are an embedded part of the approach to these subjects.</p> <p>Upskill care workers to support people living with multiple conditions and sensory deprivation to live as independently as possible</p> <p>Roll out training in reablement approaches to maximise independence across all care providers</p> <p>Extend positive behaviour support training for workers in residential or supported living who are supporting people with learning disabilities and/or autism with a mental health problem, or behaviour that challenges in line with the Norfolk Positive Lives strategy</p> <p>Maintain and extend registered managers meetings, facilitating peer support and sharing of good practice</p> <p>Work with partners to extend, catalogue and 'join up' the range of e-learning material available to support our respective workforces including unpaid carers, volunteers and Personal Assistants</p> <p>Develop our collective understanding of the potential of assistive technology and equipment available for the benefit of people who receive services, particularly those wishing to remain in the home</p>

Five Year Plan: 2021 – 2026

Theme	Aspirations
<p>6. Retention</p> <p>Ambitions: GTW VW</p>	<p>Improving our digital literacy: Help social care providers develop their use of video-conferencing and other systems to expand and enhance training, development and supervision as part of their workforce development offer</p> <p>Improving our digital literacy: Ensure that all care workers (paid and unpaid) can develop their digital literacy skills</p> <p>Maintain and promote training exchanges whereby smaller organisations can access individual places on training and development programmes for all groups of staff including volunteers and Personal Assistants</p> <p>Work with partners to develop system-wide mentoring and coaching initiatives that all providers can access</p> <p>Maintain and extend access to e-learning through the on-line learning portal for unpaid carers, personal assistants, volunteers and students</p> <p>Support unpaid carers to undertake care tasks through bespoke in-home face to face training and ongoing supervision – including support to deal with mental health/behavioural management issues</p> <p>Maintain/Enhance the support offered to the Personal Assistant workforce through Skills for Care with a bespoke and targeted learning offer that begins from induction</p>

Five Year Plan: 2021 – 2026

Theme	Aspirations
<p data-bbox="185 475 371 534">7. Succession Planning</p> <p data-bbox="185 571 336 662">Ambitions: GTW VW</p>	<p data-bbox="450 475 2011 534">Support the expansion of the Trainee Nursing Associate programme to 3,000 plus TNAs and registered Nursing Associates within Norfolk & Waveney working across health, social care and primary care.</p> <p data-bbox="450 563 1839 592">Work with partners to explore new worker roles and teams that cross the boundaries of health and social care</p> <p data-bbox="450 624 1917 683">Map existing and planned collaborative leadership programmes for different levels of staff: identify and fill any gaps in provision</p> <p data-bbox="450 715 2029 743">Introduce a work experience portal to encourage secondments and exchanges between health and social care organisations.</p> <p data-bbox="450 775 1962 834">Work with providers and partners to map and understand the range of IT/digital training available in order to plug gaps, reduce duplication and identify future skills needs</p> <p data-bbox="450 866 1440 895">Explore with health the feasibility of a system-wide 'future leaders' talent pool.</p> <p data-bbox="450 927 1442 956">Support the development of a system wide approach to volunteer recruitment</p> <p data-bbox="450 987 1924 1046">Support the development and implementation of a system that enables volunteers to move freely between roles and organisations within Norfolk and Waveney</p> <p data-bbox="450 1078 1939 1137">Work with partners to increase the number of opportunities for volunteer roles across health and social care, focusing in particular on:</p> <ul data-bbox="450 1169 1912 1310" style="list-style-type: none"> <li data-bbox="450 1169 1144 1198">• the prevention agenda in our most deprived areas. <li data-bbox="450 1225 1912 1254">• improving access to volunteering opportunities for young people and those with protected characteristics; and <li data-bbox="450 1281 1912 1310">• developing existing or new roles across health and social care which are attractive to potential future volunteers

Five Year Plan: 2021 – 2026

Theme	Aspirations
<p>8. Business resilience, workplace practices and employee wellbeing</p> <p>Ambition: VW</p>	<p>Work with providers to agree Care Workforce Standards for Norfolk and Waveney (minimum employer standards) and promote self- assessments/peer audits to inform continuous improvement</p> <p>Support providers with toolkits and advice, enabling the sharing of good HR and OD practice including values-based recruitment through workshops, online/face to face peer forums</p> <p>Offer business health checks to help managers and owners develop business skills, build organisational resilience and financial sustainability</p> <p>Work alongside Commissioning and Contract Management teams to look at new commissioning frameworks and fully funded models of care incentivising:</p> <ul style="list-style-type: none"> • reablement and outcomes-based care planning. • best practice in recruitment and retention. • effective governance, marketing and business planning <p>to help reduce inefficiencies, improve quality, build and maintain a thriving provider market.</p> <p>Work with partners to develop and promote effective health and wellbeing strategies targeting initiatives at different age groups within the workforce</p> <p>Work with partners to develop and facilitate access to mental health and well-being schemes, recognising and addressing worker fatigue resulting from the COVID-19 pandemic</p> <p>Promote unpaid carer-friendly employment practices</p> <p>Facilitate sector-led improvement by providing a matching/brokerage service whereby providers with particular strengths and experience across all aspects of business development can support others</p> <p>Maximise take up of existing sources of funding for workforce development programmes and qualifications</p> <p>Develop and target support for Individual Employers as managers of staff</p>

Five Year Plan: 2021 – 2026

Theme	Aspirations
<p>8. Business resilience, workplace practices and employee wellbeing</p> <p>Ambition: VW</p>	<p>Work with partners to ensure that organisations delivering basic clinical routes are operating safely (e.g. training, governance, accountability)</p> <p>Celebrate and promote success (e.g. the annual Care Awards, showcasing excellent providers or innovative practice)</p> <p>Consult with a view to supporting, extending or introducing car sharing schemes in local areas</p> <p>Work with partners to look at and resolve infrastructure issues such as affordable housing and public transport routes where these are identified as major blocks to recruitment and retention of care workers or delivery of care services</p> <p>Investigate ways of sharing staff across organisations - banks, secondments, temporary staff loans. Identify and scale-up good practice</p> <p>Promote the greater use of technology and an understanding of its potential - digital, assistive and equipment through the provision of training, workshops, provider IT-health checks and the sharing of good practice at peer forums</p> <p>Investigate how parity of esteem (including pay) can be achieved for similar roles across NHS, LA and PVI Social Care providers</p> <p>Investigate opportunities for joining up support to Individual Employers receiving either Personal Health Budgets and/or Direct Payments for social care</p>

Five Year Plan: 2021 – 2026

Theme	Aspirations
<p data-bbox="185 596 398 691">9. System-wide education and training</p> <p data-bbox="185 724 320 818">Ambition: GTW VW</p>	<p data-bbox="454 596 1921 627">Scope and implement Education passports (e.g. Care Certificates) that are portable and recognised by all employers</p> <p data-bbox="454 660 1223 691">Develop a scheme to kitemark and approve in-house trainers</p> <p data-bbox="454 724 1585 754">Promote and extend the system of endorsed learning providers to create a Care Academy</p> <p data-bbox="454 788 1939 818">Work with partners to develop and extend the range of place-based, system-wide multi-agency training opportunities</p> <p data-bbox="454 852 1664 882">Develop a system-wide consistent approach to inclusion, diversity and equality through training</p> <p data-bbox="454 916 1921 978">Review the education and training offer for our workforce and increase awareness of diversity and inclusion through conversations on topics such as discrimination and anti-racism</p> <p data-bbox="454 1011 2022 1074">Work with FE, HE and other education providers to review programmes for social care practitioners, ensuring they reflect current best practice in promoting independence, using asset-based and reabling approaches and outcome-based planning</p> <p data-bbox="454 1107 1899 1169">Work with HE providers to ensure all health and social care vocational degrees incorporate a community/hands-on care placement</p> <p data-bbox="454 1203 1995 1265">Regular reviews with partners and commissioners to identify 'hot spots': new skills and roles needed within the social care workforce and pro-actively planning how to meet those needs</p>