

**Health and Wellbeing Board  
13th March 2014**

**Agenda item no. 12**

**Doncaster's Adult Social Care  
Workforce Strategy 2013 - 2018**

**DRAFT**

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# 1 Executive Summary

For the first time in history, there are more people over 65 than children under 16 in England. In the next 20 years it is estimated that the number of people in England over 65 will increase by nearly 50%, the number over 85 will almost double and there will be four times as many people living to over 100 years old.

This has significant implications for Adult Social Care (ASC) services, what services are available and who will provide this care and support while the numbers of people working decreases. As well as demand for support growing generally, people will have increasingly complex, age related and longer term health and care needs that will require staff to have different skills and knowledge to understand and respond to these needs.

Attitudes and expectations of public services, whether provided by local government, independent or third sector organisations are also changing. The expectations of people who will reach old age over the next 35 years will be very different to many of those held by older people now.

Increasingly, people are looking to be more in control of their own lives and want to have a greater say in the ways in which they are supported. People will achieve greater control through employing their own workers and accessing a broader range of staff who will work much more closely together across local government, health, independent and voluntary sectors.

The paid workforce play a key role in supporting the vital and substantial contributions of family carers, neighbours and volunteers who provide support for people using services every day. The amount of work these informal carers undertake play a vital role in delivering care. In time, as the take up of personal budgets increase, their role will increase and become part of what is seen as the established workforce. Support for people to balance working with the demands of a caring role is essential.

Overall, this means change, not just for how people in each organisation work, but how organisations need to work together, in partnership, to better connect with people who use services and their carers to meet their needs.

It means change for people who provide direct care as well as those who lead, manage, commission and train people in services. The aim of this strategy is to help make this transformation happen, support all staff through the changes and for people who use services as well as carers to experience better care and outcomes as a result.

The scale and nature of change means that the social care workforce of the future will be significantly different from that of today.

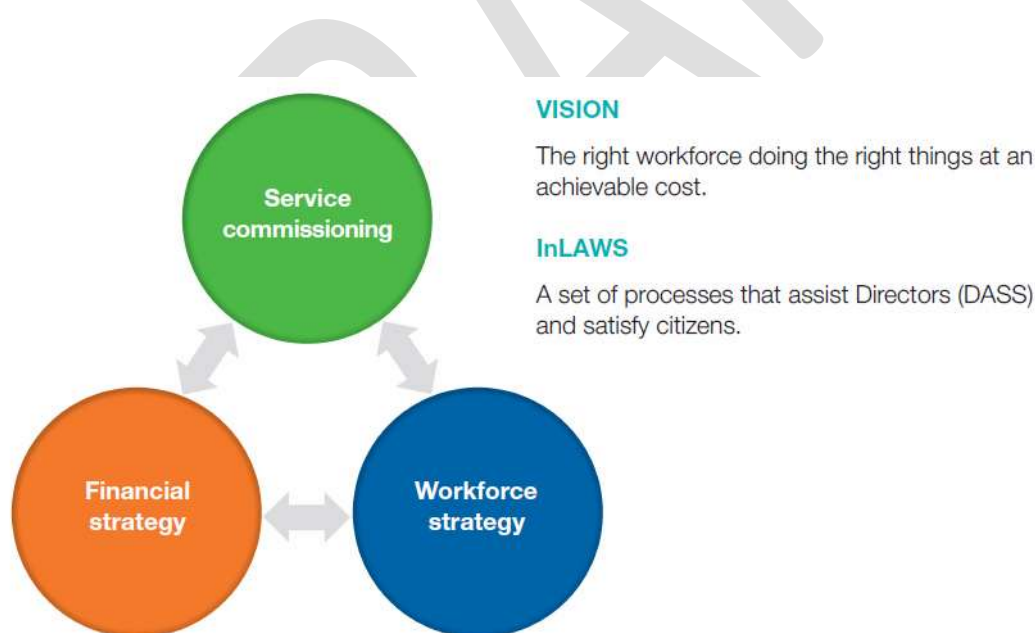
This strategy outlines the likely workforce impact and the actions needed to achieve the necessary workforce reform.

## 2 Introduction

This document sets out Doncaster's five year strategy to work collaboratively with our partners across health and social care to ensure:

- The effective supply, recruitment and retention of our current and future workforce;
- A strong, confident and skilled workforce fit for the future;
- A vibrant and responsive health and social care sector able to meet the changing expectations of people using health and social care support

To assist with the development of this strategy we used the InLAWS (Integrated Local Area Workforce Strategy) approach, devised by Skills for Care and the Association of Directors of Adult Social Care (ADASS). It aims to bring together service commissioning with workforce and financial strategy across the health and social care sector in a structured way.



The health and social care landscape is rapidly changing bringing with it many unfamiliar characteristics and uncertain times. Even with this uncertainty there are some givens and the challenges of delivering a high quality workforce with even tighter resources remains a key priority for all involved in the commissioning and the delivery of care and support.

This Workforce Strategy has a clear vision, priorities and outcomes providing an excellent foundation for action over the course of the next five years setting out

our direction of travel and putting us in a strong position to effectively deliver and develop a workforce capable of responding to the workforce challenges set out under the Governments “Vision for Adult Social Care: Capable Communities and Active Citizens” and the Department of Health’s “Working to Put People First: The Strategy for the Adults Social Care Workforce in England” which aims to develop a strong, confident and competent workforce across the whole sector.

It underpins our approach to how we can work collaboratively across health and social care and fulfils the statutory responsibilities of the Director of Adult Social Services (DASS) to ensure a workforce fit for the future.

This is the first joint workforce strategy covering statutory, independent, private and voluntary sector providers as well as service users, their families and carers and those organisations in supporting roles, such as housing, leisure and training providers. This strategy is about achieving consistency across all services, for the benefit of people who use services, carers and local communities, regardless of who provides the services.

This strategy will continue to develop alongside changes in the sector. It is an adult’s social care workforce strategy that should be considered alongside partner organisation’s workforce strategies where there is a connection in the support or provision of an adult’s health and social care.

### **3 Our Vision for the workforce**

Our vision is to have a workforce that can provide care and support with skill, compassion and imagination. They have the freedom and support to deliver truly person centred care within which people will:

- Be treated with dignity and respect
- Be supported to live independently wherever possible and desired
- Have maximum control over their lives
- Be part of families and social networks that are safe and supportive
- Be included as equal citizens
- Enjoy good quality life

We want to create a way of working where someone needing help can choose their support from a variety of providers either funding that themselves or where eligible with Council funding through a personal budget.

### **4 Target audience and Scope of the Workforce**

To achieve the vision and ensure that we develop a workforce strategy that responds to the needs of the whole ASC sector, we need to have a clear view of how the workforce is made up and who this document refers to.

The scope of the “social care workforce” relating to this strategy is far reaching and difficult to define, in that it covers all those working with and in contact with

people who need support to continue to live their life as independently as possible in Doncaster. This is whether in their own homes, care homes, day care, health establishments or in the wider neighbourhoods or community.

The workforce includes:

- Local authority ASC workforce
- Independent and Private sector social care workforce
- Staff in Voluntary and community sector (including social enterprises, user led organisations) providing social care
- Social Care staff in a Health setting
- Individual employers (with paid Carers or Personal Assistants etc.)
- Personal Assistants, unpaid Carers, family and friends

Therefore the target audience includes the entire workforce mentioned above as well as:

- Neighbourhoods and citizens (responding to the Big Society Agenda)
- Universal Services e.g. housing, leisure
- Future partnerships which are developed alongside changes in the sector

## **5 Context and drivers for change**

### **Doncaster's Borough Strategy and business plans for 2010-2015**

The Council and our partners share a desire for Doncaster to be one of the most successful boroughs in England by being a gateway to opportunity locally, nationally and worldwide with a strong local economy that will support progressive, healthy, safe and vibrant communities. All residents will feel valued and should be able to achieve their full potential in employment, education, care and life chances. Pride in Doncaster will have increased further.

Doncaster's Borough Strategy and business plans for 2010-2015 set out seven outcomes to improve quality of life by:

1. Creating a strong, connected and inclusive economy
2. Developing stronger communities
3. Increasing and improving housing
4. Protecting and improving all our children's lives
5. Improving health and support for independent lives
6. Tackling crime and anti-social behaviour
7. Creating a cleaner and better environment

**National policies driving change and supporting the changing needs of the population are:**

- A Vision for Adult Social Care: Capable Communities and Active Citizens<sup>1</sup>
- Putting People First and Think Local, Act Personal<sup>2</sup>
- Working to Put People First: the Strategy for the Adult Social Care Workforce in England<sup>3</sup>
- The Localism Bill<sup>4</sup>
- Equity and Excellence: Liberating the NHS<sup>5</sup>
- Practical approaches to improving the lives of disabled and older people by building stronger communities<sup>6</sup>
- Living Well with Dementia - A National Dementia Strategy<sup>7</sup>
- Caring for our Future - Reforming Care and Support July 2012.<sup>8</sup>

A summary of these documents can be found in appendix 1.

## Workforce Guidance and Standards

These national guidelines and standards are in place for the regulated workforce to comply with and engage in. For the unregulated workforce these represent good practice. These include:

- The Common Core Principles to Support Self Care
- Care Quality Commissions (CQC) Essential Standards of Quality and Safety
- Qualifications and Credit Framework (QCF)
- The Refreshed Common Induction Standards
- Social Work Task Force
- National Minimum Data Set-Social Care (NMDS-SC)
- National Competence Framework for Safeguarding Adults

For more detail of the Workforce Guidance and Standards see appendix 2.

## Financial Strategy

The Governments 2010 Comprehensive Spending Review (CSR) provided a budget challenge to Doncaster<sup>9</sup>. This sets out substantial reductions in public

<sup>1</sup>(DoH, Nov 2010)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121508](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508)

<sup>2</sup> A sector-wide commitment to moving forward with personalisation and community-based support January 2011, [http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/THINK\\_LOCAL\\_ACT\\_PERSONAL\\_5\\_4\\_11.pdf](http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/THINK_LOCAL_ACT_PERSONAL_5_4_11.pdf)

<sup>3</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_098481](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098481)

<sup>4</sup> <http://www.communities.gov.uk/publications/localgovernment/localismplainenglishguide>

<sup>5</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)

<sup>6</sup> [http://www.thinklocalactpersonal.org.uk/library/PPF/NCAS/Practical\\_approaches\\_to\\_Building\\_Stronger\\_Communities\\_12\\_November\\_2010\\_v3\\_ACC.pdf](http://www.thinklocalactpersonal.org.uk/library/PPF/NCAS/Practical_approaches_to_Building_Stronger_Communities_12_November_2010_v3_ACC.pdf)

<sup>7</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094058](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058)

<sup>8</sup> <http://www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/>

<sup>9</sup> [http://www.hm-treasury.gov.uk/spend\\_index.htm](http://www.hm-treasury.gov.uk/spend_index.htm)

sector funding over the CSR period. For Doncaster Council the revised gross savings required for the financial period 2011/12 to 2014/15 is estimated at £103m. The impact of this will be across all Council services and for Adults means a careful analysis of priorities, which will necessitate changes in the delivery of services. In addition there is the need to address the impact of demographics. The detailed proposals, to date, are set out on the Council's budget setting papers. The reductions are somewhat off-set by additional funding provided via the NHS for social care also during the CSR period of £4m per year. Spending plans for this are in the process of being developed.

As local authorities face restrictions in public finances, the most significant challenge will be to further develop efficient and effective ways of working to support the increasing demands on statutory services.

There is potential for higher efficiency through workforce planning and integration with health colleagues in the redesigning of care pathways as part of new ways of working so that they are as efficient as possible whilst still providing quality services. This will include supporting the workforce to focus on re-ablement, early intervention and prevention to create greater efficiencies by helping people stay healthy and active in their own homes for longer and reducing unnecessary dependency on ASC services.

This will include investing in assistive technologies as a growth area where low cost solutions can deliver efficiencies, such as fall detectors and making sure community based activities are available to help people to do the things they want to do.

Within the resources that are available we will work in partnership with individuals, communities and organisations to make sure people receive the best possible care they need. There will also be an increased drive to build community capacity and harness assets already in the community where individuals help each other without public sector intervention.

A grant to facilitate ASC workforce development is available through the local authority in addition to a range of other funding streams available to Independent, Private and Voluntary (IPV) partners. This will enable access to appropriate development programmes for all, but as finances are diminishing we need to look for alternative ways of developing the workforce and access alternative funding sources and resources and working more collaboratively with all providers.

## **6 Doncaster's demographics**

Doncaster's total population is predicted to rise from 303,400 in 2012 to 312,500 by 2020 (+9%) of these, people aged over 65 is set to grow from 53,000 to 61,200 in 2020.



During the same period the number of over 85 year olds are projected to increase from 6, 600 to 8,400. This age group will make up 2% of the total population of the borough.

This means over a quarter of Doncaster's population will be over the age of 65.

In addition to these significant rises in population growth there will be proportionate increases in our black and minority ethnic (BME) communities, people with learning disabilities, physical and sensory impairments, mental health and emotional well-being issues, carers, people with dementia and people living with long term health conditions, smoking, drug and alcohol related problems.

These demands call for an increase in the quantity and quality of skilled workforce either paid or unpaid to be equipped to deal with this growth.

Information from the Office of National Statistics indicates that over 18,000 people are unemployed in Doncaster. In August 2012 there were 149 job vacancies within social care making this the 4<sup>th</sup> highest job type available. This suggests that there are social care jobs available across Doncaster but the possible recruitment and retention rates of people in these jobs need to improve.

In Doncaster we have a particularly high number of 18-24 year olds claiming Job Seekers Allowance and Key Out of Work Benefits. Raising awareness of the work opportunities within the sector and attracting all age groups; especially 18-24 year olds from the available labour market needs to be a priority if we are to fulfil the needs of the growing elderly population.

Qualification levels in Doncaster are lower than the regional and national averages. Appropriate training and qualifications for the ASC workforce to fulfil the growing complexity of needs for people accessing care services is important and will improve skill levels within Doncaster.

The average hourly rate of pay across Doncaster is £11.28 which is less than regional and national comparators. In social care the median salary for a care worker is £13,357 with an hourly rate of pay £6.50 which is 31pence above the national minimum wage for a 21 year old of £6.19.

Doncaster's population, worklessness, employment, skill and earnings are detailed in appendix 3.

## **7 The Current Adult Social Care Workforce**

A number of key points about the workforce stand out both nationally and regionally:

- The social care workforce is growing in size. In 2012, the paid ASC workforce in England is estimated to be about 1.65 million<sup>10</sup> a rise of 50,000 since 2009. This is predicted to grow even more quickly to meet increased demands
- Over two thirds of ASC jobs (69%) are employed in independent, private and voluntary organisations
- The number of Personal Assistants is expected to grow significantly. With a predicted nine fold increase in this type of worker by 2025
- Staff employed in residential settings still makes up nearly half of the workforce – the growth in Personal Assistants is not predicted to change this as they will impact primarily on home care provision.
- 58% of employers nationally employ 10 or fewer employees and a further 29% have less than 50 employees
- It is estimated that there are six million people nationally providing unpaid care for friends and relatives; 1.25 million working over 50 hours per week
- The care workforce is predominantly female aged over 35 which is unrepresentative of the general working population with regard to gender and age balance

### **The National Minimum Data Set for Social Care (NMDS-SC)**

The NMDS-SC is a data recording system developed by Skills for Care to provide a profile of the social care workforce. This acts as a primary data source on workforce issues.

In January 2012 there were approximately 61% of registered providers in Doncaster who had submitted data to NMDS-SC. However, continuing to working closely with Skills for Care to implement the NMDS-SC and to make it a requirement across the sector will be vital in improving the quantity and quality of information available. This data will enable us to develop a comprehensive approach to workforce planning and achieving the required workforce for the future.

The data collected so far for Doncaster shows:

- 3566 people are employed, 50% working full time, 39% part time
- 969 are temporary staff including agency, pool staff and volunteers
- Turnover rate is 23% with 71% of leavers destination not known, 15% stay in either health or social care
- 83% are female workers
- 70% are over age 35 (of those 35% are due to retire in 15-20 years)
- 84% of workers are White British
- The median salary of Care workers is £13,357
- 50% of Registered Managers have an NVQ level 4 qualification, 8% are working towards qualifications
- 28% of Care Workers have NVQ level 2 qualification and 30% are working towards qualifications.

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<sup>10</sup> State of the Adult Social Care Workforce, Skills for Care, 2010a

The ASC workforce is large and diverse and includes anyone who supports Doncaster citizens with their care and support needs. There are both paid and unpaid people working in a variety of roles. A significant number of people work in the private and voluntary sectors with the majority working in small organisations.

**The occupational groups supporting social care include:**

Primary frontline roles	Social workers, residential care workers, home care workers, unpaid carers, day care workers, registered managers, personal assistants, occupational therapists, support workers and volunteers.
Other occupational groups who form part of the wider frontline workforce supporting social care	Nurses and other health practitioners, physiotherapists as well as workers in others sectors such as housing, leisure and transport.
Groups working alongside frontline staff in key leadership, management and support roles across the statutory, Independent, private and voluntary sectors	Elected members, chief executives, directors and managers of IPV sector providers, directors of Adult Social Care, HR Directors in local authorities, PCT's and independent organisations, User led organisations and Individual employers, Workforce commissioners, learning and development managers and staff, finance managers and other technical, administrative and clerical groups.

**Unpaid/Informal Carers**

In Doncaster there are at least 33,364<sup>11</sup> unpaid carers, i.e. friends, relatives and volunteers caring for people alongside the traditional, paid workforce. Unpaid carers who are not 'managed volunteers' are a significant yet largely invisible group. It is predicted that there are 6,109 unpaid carers aged 65+. This is 12% of this age group. Numbers may increase to 6,899 by 2020.

8165 provide over 50 hours of care per week and is predicted to rise by 15% to 9419. 1 in 8 juggles care with work and 1 in 5 give up work altogether.

70% of carers are women.

In 2012 DMBC had around 1,250 carers in receipt of services, 916 of those being over the age of 65. This is projected to rise to 1266 by 2030

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<sup>11</sup> ONS 2001 Census Data

Although participation in training and attaining measurable levels of knowledge is not mandatory for this group of carers, training and development opportunities are available to them.

Additional support for carers to empower and enable them to enjoy a good quality of life is essential for the maintenance of quality support of others.

### **Summary of the challenges**

- Meeting the challenges raised in national strategy and workforce guidance and standards
- The need for a sufficient, skilled and qualified workforce to meet the increasing demands and diverse, complex needs of the growing population while increasing service user choice and control.
- Attracting a diverse workforce, increasing the number of young, male and BME workers to the sector
- Improving retention rates in the sector
- Improving the qualification achievement levels of staff
- Supporting the entire workforce through the changes required to transform services
- Increasing engagement of NMDS-SC
- Supporting carers and engaging them in development and training opportunities

## **8 Strategic Workforce Priorities**

To respond to the challenges and to deliver services, we need a workforce that can provide responsive, flexible and safe services. This will have an impact on the workforce both now and in the future. Working to Put People First: The Strategy for Adult Social Care Workforce in England (Department of Health 2009) identifies six key priorities for the workforce which we are using in this strategy to provide a framework for action.

### **The six priority areas to support workforce planning and people's development are:**

Priority 1: There is strong leadership in workforce planning whether in the public, independent, private or voluntary sectors.

Priority 2: Staff are recruited and retained and have clear career pathways to provide the many talents the workforce needs.

Priority 3: Workforce remodelling and commissioning is producing a wider labour market of choice meeting the local neighbourhood and community needs.

Priority 4: The workforce is developed so we have the right people with the right skills, knowledge and behaviours delivering personalised, preventative and safe services

Priority 5: Social, health care and other sectors are working in a joint and integrated way

Priority 6: The workforce is regulated for quality in services as well as public assurance.

Through consultation with people at Doncaster Council, those working in the IPV Sectors, Health, Service Users and Personal Assistants we have identified the outcomes we want to see within these six priorities that aim to support the development of people involved in ASC. These will be supported by a plan of action and are underpinned by four cross cutting key values.

### **Four key values are:**

#### **1. Person Centred Approaches**

Personalisation is at the heart of transforming care. Everything we do to develop people and the workforce as a whole should increase our ability to provide person centred, self-directed individualised care and support.

#### **2. Involving service users and carers**

We must put people who use services and carers at the heart of what we do and provide the support and information they need to make informed decisions and choices about their lives, wherever possible. Their views and experiences should be central to our work - coproducing services in the future together.

#### **3. Equalities and Diversity**

We embrace the underpinning values of equality and diversity in everything we do. We recognise that people have a broad range of skills, knowledge and expertise and this difference is valued. We have non-discriminatory practices and provide fair access to care, employment and development opportunities. People are treated with dignity and respect. The workforce is able to respond to the diverse needs of the community.

#### **4. Safeguarding**

The workforce and providers share a concern and commitment to safeguarding and the balance between freedom, choice and protection from abuse and neglect is paramount.

We have high quality safeguarding systems and processes in place to ensure that vulnerable people are safe in care and in their local community – whether support is provided by statutory, private or voluntary sector organisations.

Agreed multi-agency safeguarding procedures are being consistently implemented and quality assurance of frontline practice is robust.

## 9 The Difference We Will Make

In the next five years, our aim is to make a real difference to people's lives – people who use services, their families and friends as well as all staff involved in ASC who work in the statutory, independent, private and voluntary sector. Here are the main outcomes that we will aim to achieve and the actions we will take to achieve them.

### Priority 1

#### **There is strong leadership in workforce planning whether in the public, independent, private or voluntary sectors.**

##### **This means:**

Clear leadership and governance arrangements exist across the sector to improve the ways in which decisions are taken.

All organisations have robust, outcome based performance management approaches that are person centred. These are aligned to regulatory frameworks and are informed by the views of people who use services and their carers.

Workload and capacity issues are well planned and managed so that service outcomes are met. Staff surveys are routinely used which indicate that people feel valued and are proud to work in social care as well as improved levels of staff satisfaction, motivation and engagement.

All organisations proactively manage health, safety and wellbeing to deliver excellent business and organisational performance. They have fair, flexible, competitive pay and reward structures that encourage high performance.

All organisations get things done quickly and effectively using appropriate people policies, processes and systems. They provide better information, communication and engagement across and within provider organisations.

All organisations are more responsive to individual and carers issues, by resolving complaints as early as possible and acting on suggestions to improve services. Best practice is shared effectively across partner organisations, leading to service improvement.

All those entering or progressing through supervision, management and leadership positions are receiving high quality personal development, support and programmes of learning. Continual assessment of leadership and management skills take place and targeted development is offered in priority areas.

Leaders and managers are empowered and have the necessary knowledge, skills, capacity and capability across the sector and take shared ownership of the process to deliver service priorities and the transformation and culture change required to deliver personalised services. They have both business skills and entrepreneurial skills to manage their business in a challenging economic

environment. They work together strategically, engaging workers to deliver change, placing outcomes for people at the heart of new approaches.

Commissioners and workforce planners have the skills, experience and qualifications to carry out their role effectively.

**We will achieve this by:**

- Developing and promoting a clear agreed vision underpinned by a culture change programme to support the workforce in the transformation to a personalised system
- Developing a leadership and management competency framework with clear standards and expectations.
- Assessing and mapping out the needs of leaders and managers against the competency framework and developing appropriate plans to meet these needs through joint approaches with partners.
- Establishing a leadership and management programme that reflects service needs and fulfil the requirements of Care Quality Commission
- Developing and embedding mentoring and coaching strategies that will support the sector with culture change
- Developing and establishing a Succession Planning Framework.

**Priority 2**

**Staff are recruited and retained and have clear career pathways to provide the many talents the workforce needs.**

**This means:**

Recruitment and retention issues in all partner organisations are addressed and improved as demand for a highly skilled, flexible workforce continues to grow.

There are clearly defined roles and career pathways with higher degrees of flexibility in entry routes that make it easier for people to understand how to enter the workforce, what type of jobs there are, how to progress and what experience or qualifications they need.

Best practice advertising and recruitment processes are being used across organisations to attract and retain motivated, engaged, competent staff from all sectors of the community; increasing diversity in the workforce which is representative of the local labour market, wider community and unpaid workforce. People who use services are involved in the recruitment process and staff are retained especially those in hard to fill areas e.g. domiciliary care in rural areas.

All organisations have clear values, competencies and expected behaviours across the ASC Workforce. There is an increasing consistency across the sector, where poor performance is addressed, high performance, positive attitude and behaviour is recognised and rewarded. We focus on 'what we can do' not 'what we can't do'.

Increasing numbers of apprenticeships and traineeships are invested in and on offer in social care settings for all age groups.

Employers have strong and effective relationships with education providers, and successfully inform and shape future education, training and qualifications for the social care sector.

Individual employers are effectively supported to become proficient employers and managers. They understand the importance and significance of effective recruitment, workforce development and work-life balance and have the knowledge and skills to recruit and manage workforce and employment issues.

Effective and consistent inductions take place across the sector

Good workforce health and wellbeing is important to quality and productivity in social care and sickness absence rates have reduced.

Workers who wish to stay in their current role feel valued and continue to receive learning opportunities.

**We will achieve this by:**

- Continuing to monitor areas of recruitment and retention difficulty across the sector; developing proactive, creative strategies to attract and maintain an appropriate, diverse workforce in order to deliver culturally sensitive services
- Working collaboratively with organisations/partners on recruitment initiatives and campaigns driven nationally, regionally and locally
- Developing the care ambassador scheme further to promote working in social care. Encouraging young workers, males, black and minority ethnic workers, volunteers and retired workers back into the sector.
- Providing support, advice and guidance on workforce recruitment and retention to the independent, voluntary and community sector and those wishing to become individual employers
- Further improving flexible entry routes that support new entrants into the sector
- Developing skills and career pathways and that are transferable across the health and social care sector to tackle skills shortages.
- Working with Job Centre Plus and other key stake holders to create employment opportunities and job related experience for disadvantaged groups



- Working with sector skills councils and education providers to influence and develop curriculum content relating to health and social care qualifications
- Developing and promoting quality commissioning for fair workforce terms and conditions for Personal Assistants and when services are commissioned
- Continuing to develop approaches to managing sickness absence and improving health and wellbeing across the paid or unpaid workforce
- Addressing poor performance and recognising and rewarding the contributions and high performance of individuals, groups or teams.

### **Priority 3**

#### **Workforce remodelling and commissioning is producing a wider labour market of choice meeting the local neighbourhood and community needs.**

##### **This means:**

Remodelled services have new, different, generic and flexible roles and types of working and working patterns that bring innovation and flexibility. These workforce changes are effectively planned, introduced, supported and evaluated. As we continue to redesign jobs and roles to transform services, new workforce issues and challenges come to light and are overcome.

Flexible, innovative working practices enable the practical delivery of personalised care, implementation of individual budgets and self directed care.

Workforce plans are created jointly between partner organisations to deliver workforce changes. An agreed, shared vision for service transformation provides the starting point, giving clarity and empowering all partners to play their part in whole system planning. Clear understanding of staff profiles is being used to inform borough wide workforce planning and development.

All provider organisations have a shared understanding about personalisation and what it means for service providers, service users, carers and others and they know how to deliver it in practice.

##### **We will achieve this by:**

- Considering workforce implications as a fundamental element of commissioning services
- Further developing workforce commissioning strategies to ensure the alignment of service, workforce commissioning and learning and finance.
- Identifying and implementing new ways of working that support innovation and personalisation

- Developing effective performance and quality management systems to ensure staff are working effectively and that service users are receiving high quality services
- Supporting the completing and utilisation of NMDS-SC to gain a more accurate understanding of the workforce in Doncaster, in turn providing valuable information to support strategic workforce planning and commissioning.

## **Priority 4**

### **The workforce is developed so we have the right people with the right skills, knowledge and behaviours delivering personalised, preventative and safe services**

#### **This means:**

People who use services play a key role in shaping what learning is needed. There is a balance between the needs of the person being supported, the needs of the learner, and the learning required to keep people safe at work. People who use services are champions of change.

Workers have the skills they need as co-producers of outcomes working in partnership and in different ways with people who use services in a process of two-way communication, negotiation and decision making. Family members and carers are treated as experts and care partners including the care navigator role. Both the individual and the care professional contribute to the support planning process to achieve the best possible outcomes for the individual.

Strategic plans to support people development are informed by a clear understanding of current capacity, capability, knowledge, skills and qualifications which are mapped against informed future workforce needs.

The workforce is well trained, qualified and supported and is capable, competent and confident to meet the current and future needs of people who use services. All minimum qualification, professional, registration and equality standards are met.

Generic and specialist knowledge and skills are more consistent across the sector but more diverse and flexible in range to deliver high quality personalised services.

Workers clearly understand, lead and champion new models of service delivery and they have the relevant skills to successfully undertake new types of roles. Skills of those working in traditional care roles have been re-focussed and there is an increased importance on values based development for workers to drive tangible culture change and service transformation away from traditionally brokered services.

New training and development requirements emerging for the sector is targeted to priority areas to provide effective service provision e.g. developing awareness and

understanding throughout communities of people with social care needs. As the need for other non-traditional social care services and universal services grow their involvement with people is a way of identifying potential needs early and preventing, recognising and reporting abuse and neglect.

There is adequate supply and choice of high quality, affordable, diverse and blended learning and development opportunities and methods available that meet business and individual needs. These include formal qualifications, work-based learning, coaching, mentoring and on-line learning accessible by all. Increasing amounts of learning are quality assured and accredited.

Opportunities for jointly funded and coordinated learning and development programmes across sectors are maximised. Workers have the skills, capacity and abilities to deliver effective partnerships and integrated working which supports service development.

The workforce is comfortable working with new technologies to support service users at home. This includes information communication technology (ICT), assistive technology and telecare, partnership working and skills in community capacity building

#### **We will achieve this by:**

- Developing a Workforce Development Framework that includes competencies, skills, behaviours and qualifications for the ASC workforce to meet both a required minimum standard and specialist skills.
- Developing information systems and processes to record and analyse skills, qualifications and training profiles
- Producing a development plan which contributes to identifying the new roles and competencies required to deliver social care support in a more flexible way.
- Carrying out Annual performance and development reviews (PDR's) with an agreed and reviewed continuous professional development plan.
- Developing flexible, blended approaches to delivering learning and development programmes that address legislative requirements and enhance the knowledge, skills and competencies of the workforce to support the delivery of ASC and promote effective culture change
- Developing and implementing learning strategies to:
  - ❖ Improve the basic skill levels of English and Maths throughout the current workforce.
  - ❖ Improve skills to support advances in information, communication and technologies that will change the way people work
  - ❖ Support the role of Personal Assistants and their employers
- Working with partner organisations to deliver and implement strategies that achieve the recommendations of the Social Work Reform Board

- Continuing to access funding which will support the implementation of the learning and development plans
- Maximising resources through joint commissioning and delivery of learning and development with partners

## **Priority 5**

### **Social, health care and other sectors are working in a joint and integrated way**

#### **This means:**

Greater partnership working across organisations and traditional social care and health boundaries provides better and more integrated care. Services are challenged and new forms of joint support and service provision is generated.

We find ways to enhance productivity and develop clear relationships that respect and support people's roles and responsibilities providing a sound foundation for innovative change.

The experience of people who use services is improving and they get the personal attention and kind of support they need across housing, employment, health and social care.

Partnerships bring together providers, the workforce, people who use services, families and their support networks with the resources of their neighbourhood. This ensures that people can benefit from all community assets. These include the skills and knowledge of residents, businesses and trade, voluntary, community and faith groups that bring the diversity of services, whether public or independent.

We find ways to ensure the smooth transition for children moving from Children's services to Adult services.

Working closely with Individual employers to identify and make sure the PA workforce have the skills they need

#### **We will achieve this by:**

- Engaging new partners and further developing existing partnerships to improve joint and integrated working across organisations providing social care services around workforce
- Identifying and further developing opportunities for joint training and workforce development
- Developing stronger partnerships around information, raising awareness and advice
- Developing closer regional cooperation, links, resources and plans for small and micro business development

## **Priority 6**

### **The workforce is regulated for quality in services as well as public assurance.**

#### **This means:**

A risk aware culture exists with an effective balance between creative and innovative solutions and proportionate regulation with risk management.

Organisations providing services work together to apply robust quality assurance processes.

The Essential Standards of Quality and Safety inform workforce regulation.

Workers engage in the College of Social Work learning and development frameworks for the social care profession.

All Social Workers/Occupational Therapists/Nurses are registered with the Health and Care Professional Council (HCPC) and maintain ongoing continuing professional development records and evidence.

Quality education programmes are in place and have been developed in conjunction with employers, partners and the Social Work Reform Board.

Ensuring we are aware of and embed future developments regarding registration of care workers into practice

#### **We will achieve this by:**

- Ensuring effective quality management systems are in place that ensure adherence to workforce regulation requirements.
- Developing and implementing plans to develop workforce skills to safeguard service users including understanding risk management and inter-agency working.
- Progressing the developments of the Safeguarding Adults Board and its workforce sub board to embed safeguarding principles in social care.
- Further develop 'Connect to Support' to enable people who use services to access information, buy services and equipment on line and rate the services they have received. This will provide some safeguards to vulnerable people.
- Promoting best practice regarding safeguarding, worker registration and employment.
- Develop a forum responsible for quality assuring the safety of practice, and facilitating feedback between front line staff, management and the Chief Social Worker
- Social Workers maintaining their professional registration

- Implementing the Assessed and Supported Year in Employment scheme (ASYE) for Social Workers
- Putting in place a partnership agreement with Universities to provide social work student practice learning opportunities and meet placement targets

## **10 Responsibilities and Governance**

### **Health and Well Being Board**

The Health and Well Being Board will:

- Approve this strategy and associated action plan
- Visibly demonstrate that they support the aims of this strategy
- Ensure that appropriate resources are available to deliver this strategy
- Ensure that the strategy is communicated positively across partner agencies
- Agree performance targets for this strategy and oversee progress against these

### **Commissioners of Care**

Commissioners of care have a particular role in reinforcing the vision and outcomes in this strategy through their formal and informal relationships with care providers by:

- Ensuring that the vision and outcomes identified in this strategy are reflected, where appropriate, in contractual arrangements with providers
- Working with providers to assist them with the workforce implications of adjusting to new ways of working including access to appropriate training
- Encouraging providers to work together to address common workforce issues such as the profile of the care workforce and commissioning training
- Including the requirement to complete NMDS-SC data in all contracts with providers

### **Providers of Care**

Every effort will be made for this strategy to reach all relevant care providers in Doncaster and that care providers will:

- Look for opportunities to work together to address common workforce issues
- Provide data on their workforce to the NMDS-SC recognising the importance of complete and accurate data to plan and address care workforce issues
- Respond positively to the changes required in the provision of care services to meet the transformational changes set out in 'Putting People First'
- Strongly advocate service delivery which is person centred and strive for continuous improvement in the outcomes for people who use services

## **Workforce development service providers**

The aspirations within this strategy are that workforce development service providers will:

- Understand and recognise the skills required to deliver new and emerging models of care provision and ensure that appropriate learning opportunities are available to support the development of a highly skilled quality workforce
- Increasingly provide learning interventions based on individual need and challenge the concept the one solution is appropriate for all
- Consult with people who use services to determine what learning is needed

## **Workforce Strategy Group**

The Workforce Strategy Group will:

- Progress the actions to achieve this strategy
- Provide updates on the progress of actions and the impact of these to the Health and Well Being Board

## **11 Monitoring and Evaluating Progress**

We will use action plans, which set out how we will work towards achieving the vision and outcomes for each priority that are described in the strategy.

Data for Doncaster held in the NMDS-SC will be used to benchmark key indicators relating to the care workforce and to track longer term progress against these.

The Workforce Strategy Group will be responsible for overseeing progress to put the strategy into practice and monitor and evaluate the impact of the strategy.

An annual report will be produced for the Health and Well Being Board highlighting and ensuring that there is a collective understanding of progress against outcomes and that all partners have the opportunity to contribute to future planning and activity. The report will also include an updated action plan for the following year, reflecting on what has already been achieved.

**A Vision for Adult Social Care: Capable Communities and Active Citizens<sup>12</sup>**

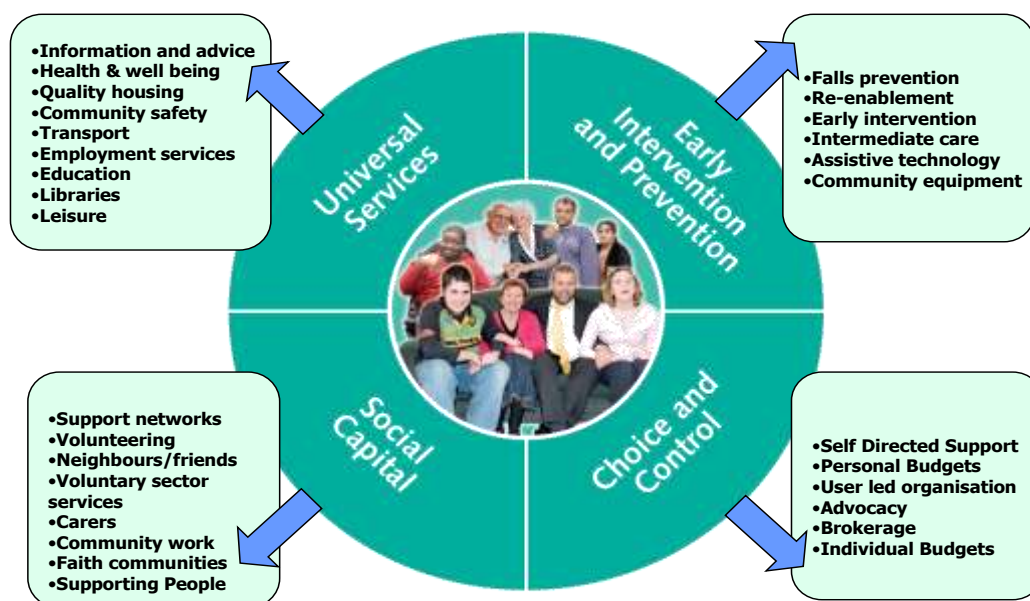
Published in November 2010 by The Department of Health, this vision sets out how the Government wishes to see services delivered for people; a new direction for ASC, putting individuals in greater control of their care, promoting a vibrant social care market, and contributing towards significant efficiency savings. It aims to do this by focussing on prevention, and delivering more cost effective care and support. This will help support more people to stay independent for as long as possible. The vision is based on seven principles of Prevention, Personalisation, Partnership, Plurality, Protection, Productivity and People.

This vision supports the concept ‘Nothing about me without me’ which involves service users contributing in equal measure at the highest level of service planning and decision making.

**Putting People First and Think Local, Act Personal<sup>13</sup>**

The governments ‘Think Local, Act Personal’ agenda, continuing from ‘Putting People First’ sustains the drive to transform services to a personalised system, building stronger communities and developing the market and providers. It set out:

**Putting People First**



<sup>12</sup>(DoH, Nov 2010)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121508](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508)

<sup>13</sup> A sector-wide commitment to moving forward with personalisation and community-based support January 2011,

[http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/THINK\\_LOCAL\\_ACT\\_PERSONAL\\_5\\_4\\_11.pdf](http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/THINK_LOCAL_ACT_PERSONAL_5_4_11.pdf)



‘Think Local, Act Personal’, this sector-wide commitment to moving forward with personalisation and community-based support calls on councils and their partners to develop and facilitate workforce skills and activity to help people use their personal, family and community capacity.

It also identifies the current financial context and consequent reductions in public sector funding now presenting an even greater challenge.

The principles of personalisation remain at the centre of this change, underpinning a leaner, more outcome focussed and outward facing role for the public sector. The overall aim is to secure a shift to a position where as many people as possible stay healthy and actively involved in their communities for as long as possible, delaying or avoiding the need for targeted services. Those however who do need such help, including many people at the end of life, should have maximum control over this, with the information, means (financial and practical) and confidence to make it a reality.

This has significant workforce remodelling implications for the existing ASC workforce both with DMBC services, across commissioned and non-commissioned services provided by independent, private and voluntary (IPV) sectors. It also requires us to ensure we engage a future workforce sufficient to respond to the demand forecasts.

### **Working to Put People First: the Strategy for the Adult Social care Workforce in England**<sup>14</sup>

This is the Department of Health’s Adult Social Care Workforce Strategy. It outlined the workforce implications of ‘Putting People First’ and providing a high level framework to support the transformation of ASC through a programme of action to recruit, retain, manage and lead the workforce needed in the future.

### **Localism Bill**<sup>15</sup>

This builds on the principles set out in the government’s vision for social care, aiming to shift power from central government back to individuals, communities and councils and to people to take charge of their own lives. Fostering and supporting a new culture of community involvement and opening up public service to new providers and supporting cooperatives, mutuals and social enterprises has greater emphasis.

### **Equity and Excellence: Liberating the NHS**<sup>16</sup>

This is the White Paper devolving power from Whitehall to patients and professionals regarding health services. Patients will get more choice and control with services being more responsive to patients and designed around them rather

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<sup>14</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_098481](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098481)

<sup>15</sup> <http://www.communities.gov.uk/publications/localgovernment/localismplainenglishguide>

<sup>16</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)

than patients having to fit around the services. Local authorities will be given statutory responsibility for bringing health and social care together. It is planned that primary care trusts and strategic health authorities will be abolished by 2013.

### **Practical approaches to improving the lives of disabled and older people by building stronger communities<sup>17</sup>**

This briefing, published in November 2010, sets out why building strong and resilient communities is a key component of social care transformation. It aims to make community capacity building integral to personal budget support plans and the redesign of all personalised services. The document highlights the need for:

- Secondments/staff exchanges or free/subsidised access to public sector training for voluntary organisations;
- Developing different skill sets for staff including personal assistants and the wider social care workforce – including skills in facilitating community connections;
- Working with providers to encourage and help them to build community capacity as core to their service offer;
- Removing barriers that get in the way of the contribution of small enterprises or charities.

In order to achieve the vision the document suggests the use of tools such as neighbourhood workforce planning, community skills development and neighbourhood apprenticeships.

### **Living Well with Dementia. A National Dementia Strategy<sup>18</sup>**

This strategy is particularly significant due to the projected increase in the number of people with dementia over the coming years. Its aim is to ensure that significant improvements are made to dementia services across three key areas:

- Improved awareness,
- Earlier diagnosis and intervention
- A higher quality of care.

It identifies 17 key objectives which should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia.

A core component of the strategy is the development of a skilled workforce, which is able to communicate more effectively with people with dementia and their carers, and to support them to live well with dementia. It also identifies the need to improve public awareness and understanding of dementia as well as improved community support services for people with dementia.

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<sup>17</sup> [http://www.thinklocalactpersonal.org.uk/library/PPF/NCAS/Practical\\_approaches\\_to\\_Building\\_Stronger\\_Communities\\_1\\_2\\_November\\_2010\\_v3\\_ACC.pdf](http://www.thinklocalactpersonal.org.uk/library/PPF/NCAS/Practical_approaches_to_Building_Stronger_Communities_1_2_November_2010_v3_ACC.pdf)

<sup>18</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094058](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058)

This strategy also supports and underpins strategies and initiatives including No Secrets (Safeguarding), Carers Strategy, Stroke Strategy, New Horizons, Social Work Reform Task Force.

### **Caring for our Future – Reforming care and support July 2012.<sup>19</sup>**

This White Paper builds on: The Vision for Adult Social Care: Capable Communities and Active Citizens. Its aim is to introduce initiatives that will lead to a workforce that is better led, better qualified and has sufficient numbers to meet the challenges of the future system.

It contains four main workforce themes: Leadership, Capacity, Capability and Social Work Reform. The areas it will concentrate on developing are:

- Leadership
  - Leadership Forum to lead transformation
  - Registered Manager
  - Leadership Qualities Framework
- Capacity
  - Apprenticeships
  - Care Ambassadors
  - Online tool to support recruitment
- Capability
  - Code of Conduct and recommended minimum trading standards
  - Sector Compact
  - Personal Assistants
- Social Work Reform
  - Commitment to the reform programme
  - Social Work Practice Pilots evaluation
  - Chief Social Worker appointment
  - Principal Social Workers role

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<sup>19</sup> <http://www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/>

### **Workforce Guidance and Standards**

#### **The Common Core Principles to Support Self Care**

This sets out the underpinning value base for the health and social care workforces in practising self care and promoting people's self direction

#### **Care Quality Commissions (CQC) Essential Standards of Quality and Safety**

Highlights the importance and value of strong and comprehensive induction and ongoing learning and development

#### **Qualifications and Credit Framework (QCF)**

This replaced the National Qualifications framework and provides a new way of recognising skills and qualifications. This is done by awarding credit for qualifications and units' enabling people to gain qualifications at their own pace along flexible routes throughout their career

#### **The Refreshed Common Induction Standards**

These reflect current policy and practice across the ASC sector, with eight new standards mapped to the mandatory units of the new Health and Social Care Diploma.

#### **Social Work Task Force**

Fifteen recommendations were made for the comprehensive reform of the social work profession. The Social Work Reform Board has brought together key partners from across the sector to develop the taskforce's recommendations for implementation, monitor and report on progress, and to advise and influence the sector and Government. The Reform Board has now published Building a safe and confident future: One year on – progress report giving an overview of Social Work Reform Board activity. The five areas of reform are overarching professional standards, standards for employers and a supervision framework, principles that should underpin a continuing professional development framework, proposed requirements for social work education, and proposals for effective partnership working.

#### **National Minimum Data Set-Social Care (NMDS-SC)**

This gathers information regarding services and information about the social care sector. It provides a single source of basic information about services and workers that will enable employers to plan their business activity and determine the skills needed by the workforce now and in the future. The NMDS-SC will provide reports for employers that will enable informed business decisions, planning at a strategic level, guidance for workforce commissioning and enabling employers to access different staff development or business development funding.

For Commissioners, the NMDS-SC provides information about services, capacity and workforce skills. For contracting officers it provides up to date workforce information to support contracting and reviewing processes linked to the Care

Quality Commission's guidance document, Essential Standards of Quality and Safety.

**National Competence Framework for Safeguarding Adults**

This provides detail of the skills, knowledge and experience required for an individual's role and responsibility.

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### Demographic challenges supporting the increase and changes in demand for service

Information taken from the Department of Health using 2011 Census information with projections from Projecting Older People Population Information (POPPI), Projecting Adult Needs and Service Information (PANSI) data analysis tools<sup>20</sup>, National Social Care Intelligence Service (NASCIS) and Doncaster Joint Strategic Needs Assessment shows:

#### Nationally

- In the next 20 years it is estimated that there will be four times as many people living to over 100 years old.
- By 2041 the number of people over 85 in England will almost double from 1.055m to around 3.2m
- By 2025 the number of people in England over 65 will increase by 42%
- The number of people with long term conditions will rise by 3m to 18m
- The number of people living with dementia is expected to double over the next thirty years.
- By 2021 the number of people over 50 with learning disabilities is projected to rise by 53%.

#### Locally

The JSNA for Doncaster provides critical information for the commissioning strategy and this workforce strategy. The significant demographic challenges that it highlights will have a major impact on both service delivery and the workforce needed to deliver those services. Some of its highlights are:

#### Population

- Doncaster has a mix of both affluent and deprived areas as measured by the National Index of Multiple Deprivation (IMD). It has 17% of its regions classified as rural and 83% as urban.
- Doncaster is the 41<sup>st</sup> most deprived out of 345 boroughs in England with 21% of the population residing in areas considered to be part of the 10% most deprived areas in the country.
- Doncaster's total population is predicted to rise from 303,400 in 2012 to 312,500 by 2020 (+3%), of these, people aged over 65 are set to grow from 53,000 to 61,200 in 2020 (+13). This age group will make up 20% of the total population.

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<sup>20</sup> Doncaster figures taken from 2011 Census information with projections from POPPI (Projecting Older People Population Information) and PANSI (Projecting Adult Needs and Service Information)  
S:\Legal\_Committees\2013-14\HEALTH AND WELLBEING BOARD\Final reports\130314\Item 12 Draft ASC Workforce Strategy 2013-18 and Appendices.doc

- During the same period the number of over 85 year olds is projected to increase from 6,600 to 8,400 (+21%). This age group will make up 2.7% of the total population of the borough.
- There are more older people aged 65 and over, and 85 and over are in care home accommodation than in neighboring Yorkshire and Humber authorities, and in England, per 10,000 population, and per 1,000 people age 65
- The number of people aged 65 and over and classified as moderate which means they are unable to 'manage at least one self-care activity on their own' will increase from 17,639 in 2012 to 20,504 in 2020
- The number of people aged 65 and over living alone will rise from 7,200 to 8,240 by 2020

We know that there will be significant rises in population growth, and in particular, the number of older people. Equally there will be demographic impact on learning disabilities, autism, dementia, physical and sensory impairments, mental health and emotional well-being, carers, long term health conditions, black and minority ethnic (BME) communities and smoking, drug and alcohol related problems.

#### Learning Disabilities and Autism

- In Doncaster it is predicted that by 2020 we will have 5,702 people aged 18-64 with learning disabilities, an increase of 2%.

Wider factors affecting adults (including older people and people with disabilities) include:

- We are experiencing an increasing demand for domiciliary care, with peoples' needs becoming more complex and their packages of care becoming larger.
- Isolation and limited social networks are major issues for older people, people with disabilities and people with mental health issues.
- Employment and income – There is a need to improve support for people with social care needs to remain in or return to employment in order to deliver better outcomes for individuals and for families.
- Housing affordability and adequacy. A better range of housing options are needed for older and disabled people, including extra care; supported living; different tenure choices; etc.
- Estimates of population for adults with an autism spectrum condition are 1654 males and 180 females in 2020, a total of 1834 people. This is slightly lower than current figures but support for people with autism is likely to increase as more people with autism are identified, assessed and supported.

## People with a Sensory or Physical Disability

- There are around 14,635 people aged 18-64 with a moderate physical disability in Doncaster and another 4,346 with a serious physical disability totaling 18,981. These figures are expected to rise to 14,766 and 4,446 respectively, totaling 19,212 (+1%) by 2020.
- The number of people with a sensory impairment will rise from 28,986 in 2012 to 33,656 (+14%) by 2020

## Mental Health

- The most significant challenge to mental health services is the rise in the number of people with dementia. Around 3,600 people aged 65 and over currently have dementia, this is approximately 7%. By 2020 this is projected to rise to 4,317.
- It is also predicted that 4,594 people are predicted to have depression increasing to 6,313 by 2030
- The number of people aged 18-64 affected by mental health issues will fall slightly over the next 10 years. However the numbers of older people with depression is likely to rise as the older population increases

## Carers

- Within the population, the number of unpaid carers has increased - 31,944 in 2001 to 33,364 in 2011 (+4%). Those providing 50+hrs increased 8,165 to 9,419 (+15%)
- It is predicted that there are 6,109 unpaid carers aged 65+. This is 12% of this age group. Numbers may increase to 6,899 by 2020.
- In 2012 DMBC had around 1,250 carers who are receiving services, of whom 916 are over the age of 65. This is projected to rise to 1266 by 2030

## People living with long term conditions

- Increasingly people are living longer and are therefore more likely to develop long term conditions. As medical and assistive technologies improve people will live longer with more complex conditions



- In 2012 there were 29,721 people over 65 in Doncaster with a limiting long-term condition, 10% of the population. By 2020, it is estimated that this will rise to 34,344.

### Black and Minority Ethnic Communities

- There is a relatively small (8.2%) minority ethnic population with the biggest change in the ethnic make up being a rise in Polish and other East European nationalities. The number of gypsy/travellers resident at any time in the borough is between 4,000 and 6,000

## Labour Market Demographics

### National Context

In 2007, for the first time in history, there were more people over 65 than children under 16 in England.

As the large birth cohorts of the 1950's and 60's move into retirement, the number of adults above pension age as a percentage of the working age population will continue to increase. In 2000, the average age of a worker in this country was 40: by 2020 this will be 44 and one in five workers will be 55 or older.

Increased life expectancy presents the challenge of remaining economically productive and competitive, whilst providing healthcare and other services to an increasingly elderly population.

Changes to the 65 age limit at which men and women can retire will have significant impact on the labour market, employment and occupation mix.

As the proportion of the workforce with degrees continues to rise, people with low skill and qualification levels will find it increasingly difficult to find and hold down sustainable work. Around 2.4 million workers by 2020 will be graduates – 28% of the workforce.

Over the next two or three years, unemployment will remain high; there will be far fewer job opportunities in the public sector; many people who have been out of the labour market for a long time will be under increasing pressure to find employment.

### Local labour market demographics

#### Worklessness

- The number of job seekers in Doncaster is 10,727 which is 5.8% of Doncaster's working age population.
- There were 31,100 working age people (16.9% of Doncaster's working age population) claiming Key out-of-work benefits in Feb 2012. This compares with

the Yorkshire & Humber (Y&H) average of 13.4% and the Great Britain (GB) average of 12.5%.

- Out of Doncaster's 26,000 18 to 24 year olds around 3,555 were claiming Jobseeker Allowance (JSA) in August 2012 and just over 6,000 were claiming a Key out-of-work benefits in February 2012
- Doncaster has the highest rate of 18-24 year old JSA claimants in the Y&H. 18-24 year olds account for a third of all JSA claimants in Doncaster. 610 have been claiming for more than 52 weeks.
- 1 in 7 of Doncaster's 18-24 year olds are claiming JSA. When other Key out-of-work benefits are added the rate increases to 1 in 4. JSA claimants make up more than half of the out of work benefit claims.
- In August 2012 Doncaster had 1,636 unfilled Jobcentre vacancies. This equates to 89 unfilled vacancies per 10,000 population aged 16-64, which is higher than the Y&H average (87) but less than the GB average (92). This vacancy level means that there were 6.6 JSA claimants per unfilled Jobcentre vacancy in August 2012. This is a higher claimant to vacancy rate than both the Y&H average rate (5.4) and the GB average rate (4.2).

There is a great deal of evidence to suggest that the impact of worklessness is much more acute amongst young people, and that early detachment from the labour market can cause lasting harm.

## Employment

- Doncaster's employment rate is 62.8% of Doncaster working age residents in comparison to the Y&H average of 67.6% and the GB average of 70.2%.
- 68 % of Doncaster's male working age population are in employment whilst 57.5 % of Doncaster's female working age population are in employment. Both male and female employment rates are lower than the regional and national averages.
- There are around 116,000 people employed in Doncaster, approx. 66% are employed full time and 34% are employed part time. Fewer people are employed full time than the Y&H average (67%) and the GB average (69%) whilst more people are employed part time than the Y&H average (33%) and the GB average (31%).
- 27% of the people, employed in Doncaster, are employed in the Public sector whilst 73% are employed in the private sector.

Given that employment opportunities overall will be in short supply over the next few years, and that there will be potentially more older people in the labour market, young poorly skilled labour market entrants risk becoming long term unemployed. Despite the challenges of the coming years, more local job growth is required to meet the needs of a growing population, and to avoid higher levels of worklessness and deprivation.

Business Services, Health and Social Care, Construction and Retailing have the best chance of seeing employment growth over the medium term.  
The top ten types of vacancies notified to Doncaster's Jobcentre in August 2012 were.

<b>Job Type (by Jobcentre classification)</b>	<b>Number</b>
Sales representatives	271
Heavy goods vehicle drivers	249
Other goods handling and storage occupations	243
Care assistants and home carers	149
Cleaners, domestics	86
Scaffolders, staggers, riggers	73
Retail and wholesale managers	58
Packers, bottlers, canners, fillers	56
Fork-lift truck drivers	54
Accounts and wages clerks, book-keepers, other financial clerks	53

### **Skills and earnings**

- 20.1% of Doncaster's working age population have qualifications at NVQ4 and above, compared to the Y&H average of 27.5% and the GB average of 32.9%.
- 42.6 % have an NVQ level 3 qualification and above compared with Y&H average of 48% and GB average of 52.7%
- 63.9 have an NVQ level 2 qualification and above compared with Y&H average of 66.6% and GB average of 69.7%
- 78% have an NVQ level 1 qualification and above compared with Y&H average of 81.1% and GB average of 82.7%
- 6.8 % have Other qualifications compared with Y&H average of 7% and GB average of 6.7%
- 15.2% (27,400 people) of Doncaster's working age population have no Qualifications this compares to the Y&H average of 11.9% and GB average 10.6%
- 2,100 (7%) of Doncaster's 32,000 16 to 24 year olds have a qualification at level 4 or above (degree or equivalent). Doncaster has the lowest rate, in Y&H, of 16-24 year olds with a level 4 qualification. At 6.7% it is less than half of the Y&H average (14.5%).
- Only 600 (2%) of 16-24 year olds have a trade apprenticeship.
- Less than 1 in 10 of Doncaster's 18 year olds are Not in Education, Employment or Training (NEET) but more than half of Care Leavers, at age 19, are NEET.

- 24 out of 42 Care Leavers who were looked after on 1 April in their 17th year, who were aged 19 on the 31/03/2012 were NEET.
- Full time employees in Doncaster earn an average of £11.28 an hour compared to the Y&H average of £11.64 and the GB average of £12.77.
- The gross weekly pay for male full time workers, in Doncaster, is £497 compared to the regional average of £499.80 and GB average of £540.90.
- The gross weekly pay for female full time workers, in Doncaster, is £417.80 compared to the regional average of £410.12 and GB average of £445.70

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