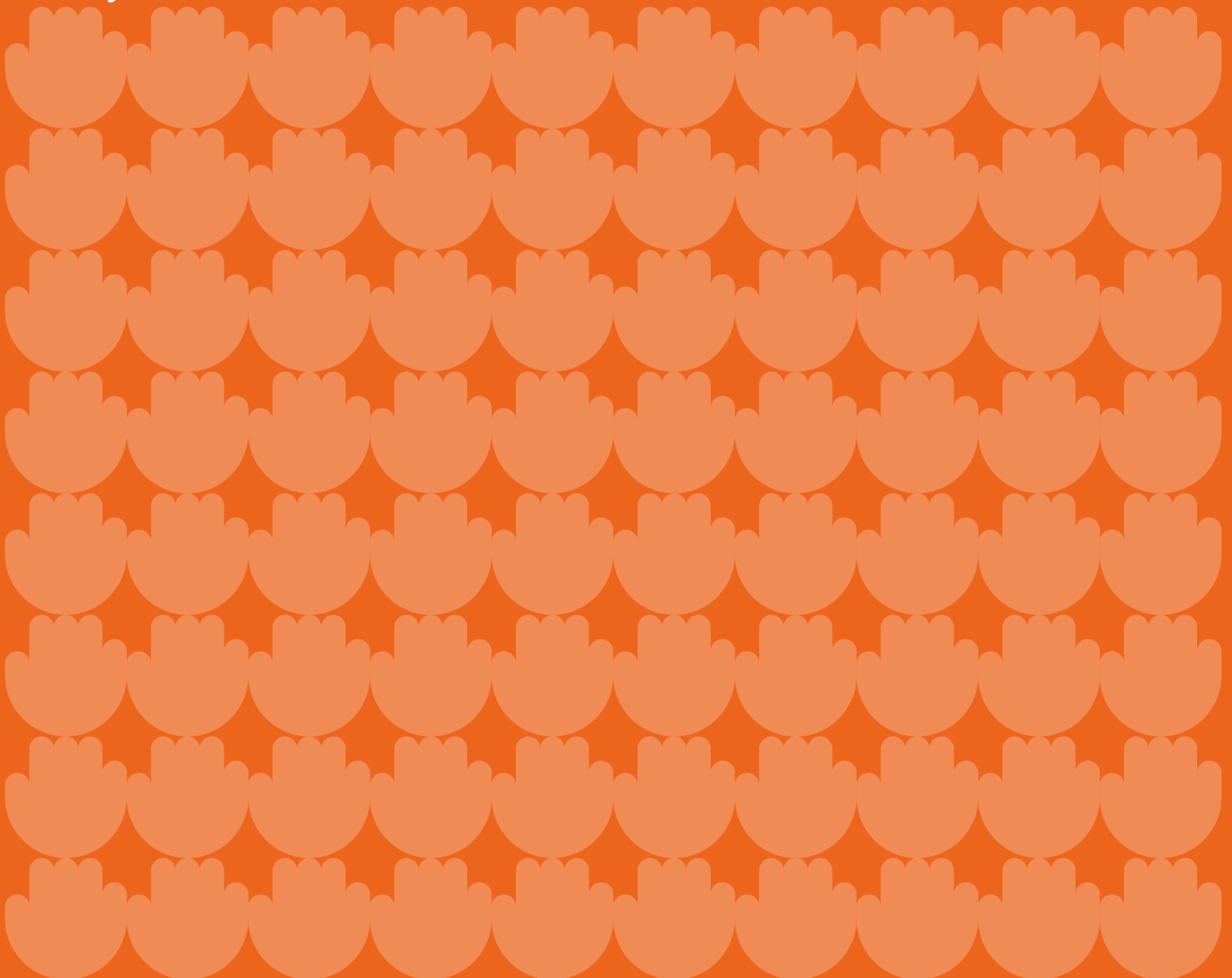


Industry Skills Intelligence Report:

Health and Social Care Sector

May 2021



Contents

Industry Skills Intelligence Report:	1
Contents.....	2
Purpose of report	3
Executive Summary	6
Health and social care in GM	13
Case study: Health Innovation Manchester – Care homes quickly adopting new technology.....	17
Case study: Addressing increased staff well-being needs as a result of the pandemic	
Existing and future workforce	20
Case study: Step into Care	25
Case study: The Fed, Prestwich	33
Case study: Approaches in other sectors which could be applied to H&SC –	
Increasing males working in early years education	37
Case study: Building Leadership for Inclusion.....	40
Career pathways	41
Case study: Promoting HSC as a career choice	50
Summary and Next Steps	51

Purpose of report

The vision for the industry labour market and skills intelligence work is to guide in the development of a fully aligned labour market response in GM where there is credible, current, employer led and shared understanding of the jobs, talent and competencies employers need across our Local Industrial Strategy (LIS) frontier and foundation sectors.

This report provides an employer led and current understanding of skills and talent needs across our Health and social care (HSC) Sector in Greater Manchester (GM). The intelligence has been gathered from a large variety of sources including discussions with employers of all sizes; considering current and credible data around the sector; existing Public Sector networks and key stakeholders who work within the HSC environment. **Thank you** to everyone who has contributed to this work, we hope you will continue to be involved in future talent development activity related to Health and social care and across the Greater Manchester Public Sector Landscape.

This intelligence is an accurate reflection of the labour market and wider skills landscape at the time it was published. It is a continuous piece of work and this is the first version. It is also worth noting that this sector is vast and so it has been necessary to focus on specific sub-sectors as directed by the intelligence. Labour market data both locally in GM, and nationally, suggests that there is a huge shortage of nurses, therefore this report focuses on alternative progression pathways into nursing. Work is already underway across the region, to strengthen retention and traditional routes into the role, this report aims to highlight key gaps and issues in GM as well as highlight good practice in training and development.

The Covid-19 pandemic continues to affect many aspects of life, and roles within this sector are evolving and adapting; GMCA understand the need to regularly update this intelligence accordingly. This is evidently a first version and not intended to be a definitive all-encompassing report of all roles in the vast health and social care industry. There are examples of good practice which have been highlighted which could be upscaled and set good examples for working practices in other industries.

This report supports and feeds in to wider GMCA policy and strategy including but not exclusive to:

- [Greater Manchester Strategy](#)
- [Greater Manchester Local Industrial Strategy](#)
- [Greater Manchester COVID Recovery](#)
- [Greater Manchester Work and Skills Strategy](#)
- [Greater Manchester Independent Prosperity Review Adult Social Care](#)

We have also been very keen that the report incorporates and builds on many of the reports produced by the Health and Social Care Partnership. This includes:

- [Taking charge of our Health and Social Care](#)
- [Taking Charge – the Next Five Years](#)
- [HSCP Annual Reports](#)
- [The Population Health Plan 2017 - 2021](#)

The report also adds local intelligence and detail to National Health and social care policies, reports and studies including:

- [The State of the Adult Social Care and Workforce in England](#)
- [The Health Care workforce in England; Make or Break](#)
- [The State of Health Care and Adult Social Care in England 2019/20](#)
- [The NHS Long Term Plan](#)

Further work will need to be done to identify key messages within this labour market and skills intelligence report and translate messages for the following audiences:

- Young people
- Influencers – teachers, parents, careers advisors and work coaches
- People looking to switch careers or looking for work
- Those in work looking to progress
- Skills providers of all types
- Employers

Recommendations made as part of this report are intended to act as guide and evidence base for collaborative skills initiatives as well as provide strategic direction of commissioned skills and work initiatives where GMCA has devolved budgets. It is

hoped that sharing this intelligence and particularly identifying successful projects will help improve the health and social care landscape.

There are multiple other outcomes which we hope to achieve through this work:

- Careers and inspiration activity including promotion using the GMACS and Careers Hubs websites
- Curriculum Development both Pre and Post 16
- Development of technical education / apprenticeships
- Facilitating targeted labour market initiatives with networks
- Development of all level career pathways
- Holistic sector specific support written into commissioning
- Pilot projects using this intelligence delivered by partner organisations.

A detailed action plan will be published to sit alongside this report by Summer 2021. It is worth noting there have been other action plans developed for the sector and this one is intended to compliment and facilitate these.

CONTACT OFFICER:

Phil Pennill, GMCA, philip.pennill@greatermanchester-ca.gov.uk

Executive Summary

The health and social care sector is of huge importance both nationally and regionally. It was swiftly identified as a sector where there would be value in a report from the Skills Intelligence Team. A healthy population is one of the nation's most important assets¹. It allows people to participate in family life, the community and the workplace. It must be underpinned by a strong support from the health and social care sector. Unfortunately, there is **huge concern and shortages across the workforce, with the combination of an ageing population and ageing workforce there is a need to increase the talent pipeline for the industry**. Even prior to Covid-19, the Greater Manchester Independent Prosperity Review stated, "Health needed to feature far more prominently in discussions of labour market participation and productivity"². When updated during the pandemic, the Local Industrial Strategy states 'improving health and health outcomes must be the focus of future work in Greater Manchester and nationally. Building on the devolution deal, the need to reform the social care system is now clear and closer integration with the NHS is key to building the UK and GM's resilience and capacity to deal with future pandemics.

The GM public sector and wider public service is the largest employer in the region. In its broadest sense it can be said to include 10 Local Authorities and the Greater Manchester Combined Authority, 15 NHS Trusts, 10 Clinical Commissioning Groups, Greater Manchester Police, Transport for Greater Manchester and the Greater Manchester Fire and Rescue Service.

It was employees from these organisations who identified health and social care as a priority area to explore for understanding skills priorities. **There was concern regarding deep seated issues within the sector such as low pay, staff retention and existing workforce shortages, largely linked to underinvestment in the sector**. These challenges have been exacerbated by COVID-19. Although the Skills Intelligence team has limited scope to influence employee terms and conditions, it is vital that we still reflect and record this feedback from those within the sector.

¹ [The nation's health as an asset](#)

² [GM Independent prosperity review](#)

As a growing industry there is a need for **residents of all ages to understand and be able to navigate their route into health and social care** and be confident in seeing it as a viable career. Employers have told us that many people perceive jobs in care as a quick fix or a last resort and a not as a career with great opportunity. Residents need to be able to understand the occupations and progression pathways as well as the technical, personal skills and attributes required to succeed. Also needed is an understanding of how the future industry will look.

In the current fast-changing economic landscape it will be important to review and refresh skills intelligence for the health and social care sector to remain credible and accurate. The vast size of the sector; and multitude of roles within it, means that primary focus has been given to the progression pathways identified as being most crucial. Labor market data was used to assess where there were key workforce shortages and intelligence was gathered in these areas. Further explanation around this is given within the report.

Key findings

The main findings from the report are listed below. These are linked to a series of recommendations. These recommendations are not likely to be short-term fixes, and several require a long-term systemic change around the sector. They act to summarise key areas of activity based on the greatest need – activity which will need input from all corners of the sector, including employers, skills providers, schools, local government, and sector bodies. A full action plan will be produced by GMCA during 2021.

- The HSC sector is of huge importance and impacts on virtually everyone's life as either an employer or service user. Around **177,000 people make up the GM NHS and Social Care workforce**, meaning the sector employs just under 13% of the GM labour market.³
- The workforce includes those working at large NHS trusts but also many at smaller organisations. Within GM, **hospitals are major employment** sites accounting for just under 40% of all people working in the sector.

³ [GM health and social care workforce](#)

- An **ageing population** means that there is likely to be increased demand on the sector. It is forecast that the GM health and social care sector will need to employ around 200,000 people by 2035. However much of the sectors need for labour will not come from expansion but from ‘replacement demand’ – job churn caused by retirements, job moves, migration and so on. This means there is expected to be between 16,000 and 18,000 jobs that need to be filled each year. It is critical that work is done around improving both recruitment and retention.
- The **demographics of the workforce are imbalanced**. In care work for example, over 80% of staff are female. As with other areas of the Public Sector, it should be hoped that staff are representative of the communities in which they serve.
- A growing trend towards **value-based recruitment** is positive. Employers feel that for many roles, employing those with the correct character is more important than having particular experience / qualifications.
- Training is delivered internally by employers, and externally by a high number of colleges, universities and private training providers. There are now **multiple progression routes** for many of the 350+ roles within the sector.
- **Investment in training** and development is second only to employee pay as the most important factor influencing a member of staff to stay at an organisation
- Apprenticeships are embedded within the sector and there are **numerous apprenticeship standards available for the sector**. However, the off the job learning requirement remains a challenge for the sector. A further issue is **the entry requirement of apprenticeships to be capable of attaining a certain standard of math’s and English**. There are employees that have the necessary ability and experience to succeed and progress practically but are restricted by this foundation skills need. Many apprenticeship training providers are unwilling to provide this support particularly when funding is restricted.

- There **are issues around pay, terms and conditions** particularly in entry level positions. Low pay and zero-hour contracts remain common in GM. These contribute towards a high turnover of staff – especially for new starters. Sickness and stress rates are also high for many positions. There are differences in the level of support afforded to staff, depending on by whom they are employed.
- True integration of health and social care, and career pathways that cut across both are desired. This must be balanced though against a concern that there is **a gravitational pull towards the NHS and its better employment conditions**
- The health and social care sector has been greatly impacted by the COVID-19 pandemic. There has been huge strain placed on the sector with many people working longer hours and in extremely challenging circumstances. The already high staff sickness has increased partly due to isolation requirements and positive tests. **New roles have emerged** whilst other members of the workforce have adapted to work in a different way.

Skill gaps and recommendations

Feeling within the sector is that there are skill gaps, and opportunities for improved training. There are some employers who have spoken of a desire to see larger apprenticeships and training courses broken up when specific skills rather than the whole qualification are needed.

- **Management and leadership training** is mixed across the sector. Staff are often promoted into management and leadership positions and not given any formal training on the principles of good people management. This report and others have found the need for **compassionate management skills** and **professionalism training** where some standardisation of practice would be beneficial. Also, wider understanding of how to **recruit staff using values-based methodology** and managing **staff remotely**. There is work to be done around **cultural sensitivity** and ensuring that diversity is celebrated and allowed to flourish.

- Work should be done around removing barriers into employment. **Application processes should be changed to open the sector to a more diverse workforce.** For roles where NHSJobs is used, the application form is often cumbersome and difficult for those without experience. Values-based recruitment has been shown to be successful but isn't always understood. Projects that help to **remove barriers to application** should also be encouraged. There are many entry level jobs requiring experience / Maths and English qualifications and a driving license. For the right candidates some flexibility around these essential qualifications is needed
- Holistic support can open the sector to wider demographics. Schemes such as **subsidised driving lessons or vehicle loans** have a wider societal benefit than simply filling an employment gap. Ultimately by increasing the capacity of staff to deliver home care, patients are more able to be treated at home and not unnecessarily kept in hospital beds.
- The perception of the sector must be changed, and **HSC promoted as a career choice** with good prospects and progression and not just as a short-term role/last resort. This includes **building better links** with schools and colleges, career and employability support organisations and job centres, **dispelling myths, highlighting positive role models** and key skills and values which make people successful in the role. Also ensuring that there are adequate work experience and placement opportunities
- There are clear issues around **pay, terms and conditions** particularly around entry level positions. At a National Level it has been stated that 'the challenges of recruiting and retaining workers in the sector is inextricably linked to low pay and poor working conditions⁴'. GMCA and the HSCP would like to see more employers from the Sector sign up to the **Greater Manchester Good Employment Charter** and look at how this can immediately be **linked to the procurement process**. Commissioning practices will have to also be considered as providers are restricted by what they are paid for their services.

⁴ [MMU review – work and productivity](#)

- There is the need for **a sector specific language course**. Communication skills are essential within the sector. Some intelligence suggests that it is a barrier preventing people (particularly non-EU) getting jobs despite them having suitable skills, the sector is currently missing out on talent. There are existing English as Second Language courses (ESOL) available, but lack of anything HSC specific. Development of some **technical language training** would aid with recruitment and progression of staff.
- Many staff **have indicated a desire for upskilling** and to be given additional responsibility within their role. **Successful pilot projects should be rolled out across GM**. For example, a Primary Care specific reception training package development available for reception staff to progress into supervisor/manger roles has been successfully piloted recently and should be upscaled.
- Further **operation of multi-disciplinary teams is recommended**. For example, pilot schemes involving care workers assuming some district nurse roles and supporting with some designated healthcare tasks have (anecdotally) improved job satisfaction helped recruitment and retention. This type of re-design helps strengthen more integrated career pathways.
- **The development / upscaling of L4 Pre-Apprenticeship training is necessary to bridge the gap between L3 and L5 apprenticeships degree courses**. Currently the academic jump from Level 3 to Level 5 apprenticeships can be significant. This would strengthen the Nursing pathway and make it more achievable for many employees. Many people enter the sector with few formal qualifications and so a Level 5 (foundation degree) can be challenging. Providing a stepping-stone would strengthen the pathway and make it more accessible and achievable. There was a Level 4 Lead Practitioner in Adult Care Apprenticeship standard approved for delivery in 2020 which will help combat this issue⁵, but a 'full apprenticeship' may not always be desired.

⁵ [Level 4 Lead practitioner apprenticeship standard](#)

- **Increasing the capacity of the Step Into Care skills model, with potential to streamline the offer.** This is a scheme currently being used in GM with considerable success and has gained national support. Its value-based recruitment offers improved retention of staff. A mechanism to enable this to be upscaled would have huge impact and provide an easily quantifiable increase in numbers of people employed within the sector. It is particularly important in the current climate where there may be people considering a switch into health and social care.
- **Resilience and wider Health and Wellbeing training should be available to all staff** since burnout and stress are often attributed to high turnover and retention issues.
- Digital transformation is a trend in all industry sectors and there have been some enforced changes within health and social care due to the pandemic. Virtual appointments have become common and there is a requirement for staff to have the ability to facilitate patients interacting with technology. **Having digital skills is likely to become more important for employees to succeed.** It had previously been felt by stakeholders that technological innovation in the social care sector was way behind the health sector.
- **Work to ensure that Health and Science T Levels are promoted and positioned as a leading option** with both further education colleges and employers. Work should be done to promote them for the SME market as well as larger employers, and also with career leads as a strong career option. Whilst the academic route, particularly towards Nursing remains invaluable, a broader technical pathway allows the sector to recruit from a wider demographic. For T Levels to be an attractive option for the sector, employers feel that its important students completing the qualification are equipped with the practical skills to start employment.

Health and social care in GM

GM's Health and Social Care Partnership outlines its vision within its strategic plan,

To ensure the greatest and fastest possible improvements to the health and wellbeing of the 2.8 million population of GM"

Key to achieving this vision is having the **right GM workforce**, which is resilient sufficiently motivated, supported, empowered, and equipped to deliver safe and effective services, drive sustainable improvements and positively influence the health & well-being of the population.⁶

The wider contexts of GM's specific health and social care issues should be considered when thinking about workforce and skills implications. In our region **people still die younger** than in many other parts of England. The five-year strategic vision, Taking Charge of our Health and Social Care in GM⁷ highlighted that the high prevalence of long-term conditions such as cardiovascular and respiratory disease mean GM people not only have a shorter life expectancy but can expect to experience poor health at a younger age than in most other parts of the country. Many areas within GM suffer from multiple deprivations, where HSC services are particularly needed. Equally, many residents have complex medical and care requirements covering multifaceted mental and physical health problems, long-term unemployment, and wider social and financial issues.

Size of the sector in GM (and UK)

About 177,000 people work in the HSC labour market, according to the Greater Manchester Forecasting Model (GMFM). Manchester, with 47,000 employees, is the district with largest number of staff. However, as a share of the local labour market the HSC sector accounts for the largest proportions in Bury and Oldham with almost 20% of people working in this sector.

The HSC labour market has witnessed substantial expansion, and this is expected to continue. Over the last 30 years, total employment in HSC has grown by around 50% compared with 12% in the GM labour market overall. Although Manchester has

⁶ Workforce strategy implementation

⁷ [Taking charge of health and social care in GM](#)

experienced the highest overall growth in job numbers, as a proportion of its labour force Oldham has seen the most growth.

About one in 10 people in HSC are self-employed – a slightly lower rate than the overall economy. However, HSC has a high rate of part-time working. In the GM labour force, about a quarter of workers are part-time, but in HSC, 38% are part-time – and in care and social work rates are as high as 45%.

About 105,000 people work in health-related employment, such as for the National Health Service. About 31,000 work in residential care and about 41,000 are employed in social work.

Nationally, around 1.3million people are employed by the NHS and about 1.52million people work within Social Care.⁸ The number of Adult Social Care jobs has increased by around 10% over the last 10 years

Why GM is different?

In February 2015, NHS organisations and local authorities in Greater Manchester signed **a landmark devolution agreement** with the government to take charge of health and social care spending and decisions in the city region. Greater Manchester Health and Social Care Partnership took responsibility for the devolved £6 billion health and social care budget for Bolton, Bury, Oldham, Manchester, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan and were also given an extra £450 million to help transform services.

A range of changes were, and are, to be implemented that would enable GM health care to be more joined up. Since devolution, the number of GM residents working in HSC has increased from 163,000 in 2015⁹. This has included new opportunities to integrate care across public, private, and voluntary services.

⁸ [ASC Workforce](#)

⁹ [Labour Market Profile](#)

Greater Manchester: Our health and social care system



3

Figure 1 - GM health and social care system

Creating an integrated model is about joining up the different services patients may receive to ensure they experience it as one seamless service, with their needs placed at the centre. NHS England and NHS Improvement published a document in December 2020¹⁰ that set out guiding principles for the future of integrated care systems (ICSs) in England and outlined two proposals for how ICSs could be embedded in legislation by April 2022, subject to parliamentary decision. The document furthered the road map detailed in the NHS Long Term Plan, for health and care to be joined up locally around people's needs. It signalled a renewed ambition for how we can support greater collaboration between partners in health and care systems to help accelerate progress in meeting our most critical health and care challenges. Integrated Care Systems enable NHS organisations, local authorities, and clinical commissioning groups to work together to improve the health and wellbeing of a population in a particular area.

This is an obvious strength within GM and for example the cross-organisation and cross-locality relationships that exist have helped in collecting shared intelligence for this report. From a skills perspective this is likely to **see more multi-skilled and multi-disciplinary roles as a more holistic approach emerges**. Future training should reflect this by making sure that GM staff are equipped to carry out tasks that

¹⁰ [Next steps to integrating care](#)

reduce the number of visits a patient may receive. The existing integration across GM is a great strength, with cross sector and cross locality networks already existing. This has for example, helped collect shared intelligence for this report.

Challenges which affect how skills and staffing needs can be met

Change within the sector implies the need for new ways of working. These include:

- **The blended and multi-skilled roles which will require staff trained across traditional disciplines.** Qualifications should be transferable and accessible to support cross-sector and flexible working. The need to balance specialisation with a core competency skillset is a particular challenge.
- Also needed is **improved digital and ICT skills** across the sector. It has been said for example that ‘within 20 years, 90% of all jobs in the NHS will require some element of digital skills. Staff will need to be able to navigate a data-rich healthcare environment’. ¹¹
- Anecdotally it is said that most HSC staff have been employed due to their technical competence and that there are soft skills lacking across the system. Skill gaps in the workforce identified by Skills for Health include **oral communication skills, problem solving, teamwork and leadership and management skills**
- Significant skills shortages have been highlighted around **supporting patients with mental health concerns**. This is expected to be of even more importance post COVID-19 and staff feel there is lack of skill across the sector. Specialist skills such as **dementia care** are highly valued, and demand is likely to increase.
- One of the main issues around skills shortages is high staff turnover. Difficulties in recruitment and retention means that **quality of service, and staff morale are affected**. Local and national recruitment challenges for key roles such as Nurses, Social Workers, GP’s and hospital based medical staff cause significant financial and service delivery challenges, with reliance on expensive agency workers.

¹¹ [The Topol Review 2019](#)

- Some employers have stated that the ability to **speak more than one language is valued** in diverse communities and can be an important skill.

Impact of COVID-19

There were adaptations around the way of working and learning within HSC that were expected to take years – increased flexibility and remote consultations for example – that **were transformed very quickly**. A challenge remains in keeping the best aspects of these new ways of delivering services whilst making sure that no one is disadvantaged in the process.

Case study: Health Innovation Manchester – Care homes quickly adopting new technology

‘technology innovation has gone from a luxury to a necessity within the last year’

Health Innovation Manchester are working with social care partners with an aim to provide care homes with greater access to technology, tools and patient information so that they are better equipped to protect and care for vulnerable residents.

Health and care professionals from Greater Manchester have worked to develop a UK-first digital innovation that will help care homes to track COVID-19 and coordinate care with GP practices, social care and hospitals to optimally support vulnerable residents. The tool allows care homes staff to input information about a residents’ COVID-19 related symptoms into a tracker to ensure that a swift assessment and response can be put in place. It also means that the NHS can more closely monitor how care homes are doing across the locality more easily thanks to a visual dashboard that displays the information at an aggregate level.

COVID-19 has been felt more **severely by those who were already likely to have poorer health outcomes** including people from BAME backgrounds, people with disabilities and people living in more deprived areas; populations where GM has proportionally higher than national numbers. This includes members of the workforce

from these demographics who may be affected. The 'soft' skills desired within HSC have become more important within these challenging situations. It is important to recognise how this diversity is dispersed across GM as this can lead to significant inequality with COVID-19 having the potential to affect this even further.

The pandemic has put **unprecedented pressure on people working in health and social care**. Some of the data to this point shows that even before the COVID-19 outbreak staffing was the biggest single challenge for the HSC sector in England and was having a direct impact on patient care and staff experience.

Among the many challenges faced by providers in recent months, services have had to make sure they have enough **employees with the right skills to cope with new and increased demands**. A key challenge for providers has also been maintaining a safe environment, for all health and care services, this includes maintaining the highest standards of infection control in all areas, as well as mitigating the challenges caused by social distancing rules, reduced capacity in waiting rooms and reception areas, and challenges of isolating patients. This has meant different ways of working for many staff.

The lowest paid staff had an enormous burden put on them. They had to care for large numbers of people faced with a new and complicated illness, understand complex guidance, and often be the only one to be with the person as they died, sometimes relaying families' messages of comfort to the dying person. Since the start of the pandemic there has been huge excess deaths among care home residents, with social care staff more than twice as likely to die from COVID-19 as other adults.

In the 12 months since the first lockdown the percentage of days lost to sickness was around 7.5% between March and August 2020, compared to 2.7% pre-COVID-19. Sickness days will include those self-isolating and shielding, as well as those who were unwell including COVID-19 and non-COVID-19 related illness. ¹²

Other National reports have been done on the effect of COVID-19 which have closely aligned with our findings. The Social Care Institute for Excellence has considered the effect of COVID-19 on the Adult Social Care sector and published

¹² [Staff sickness during COVID](#)

their own set of recommendations¹³. Particularly relevant for regional skills needs were their suggestions to:

- **Fund a new leadership programme on asset-based leadership and coproduction**, for directors and aspiring directors from local government, voluntary and community and social enterprises, NHS and people with lived experience in asset-based forms of working.
- **Fund, develop and roll out psycho-educational support for care home managers to help them and their staff manage trauma**. This support would be freely available and accessible online for managers to access when they most need them.
- Conduct a **review of ‘burnout’ and wider wellbeing across the social care workforce**.

GM staff were amongst those who participated in the second wave of a UK-wide survey on the wellbeing of health and social care professionals during the pandemic, which ran from November 2020 to the end of January 2021. This followed a similar survey from May to July 2020. The major change is that overall wellbeing scores have decreased across all occupational groups since the summer. Wellbeing levels were lowest among respondents who said they were overworked and/or overwhelmed¹⁴

¹³ [Social Care recommendations](#)

¹⁴ [Social worker wellbeing during pandemic](#)

Case study: Addressing increased staff well-being needs as a result of the pandemic

A Greater Manchester Wellbeing Task and Finish Group was established in October 2020 with a particular focus on improving access to wellbeing resources within primary care, social care and the voluntary sector. The work of the group identified the urgent need for a single point of access to wellbeing support to improve access and parity across Greater Manchester as a priority. The Wellbeing Toolkit for our Greater Manchester workforce has been developed by GMHSC Partnership for the benefit of our diverse health and care workforce. It was launched in April 2021.

Existing and future workforce

During the pandemic, many sectors have been decimated with furlough staff redundancies, a pause and/or stop on recruitment. Other sectors have been more robust. The health and social care sector continued to recruit through necessity and within GM regularly had more **jobs advertised than any other sector**.

The UK population is projected to pass 70 million by mid-2031 with an increasing number of older people. The proportion aged 85 years and over is projected to almost double over the next 25 years.¹⁵ This means that there is going to be a requirement for more jobs in the sector. Within Adult Social care, this equates to over ½ million extra jobs needed by 2035 nationally.¹⁶

As GM's population is ageing, more people have developed multiple long-term conditions and the focus of healthcare has shifted from curing illnesses to helping people live with chronic ill health. This means that the **skills needed by staff in the sector must adapt**. As well as an **ageing population, the HSC workforce itself is also getting older**. As the workforce gets older, and more staff retire, there is a

¹⁵ [Population projection](#)

¹⁶ [Adult social care workforce projection](#)

significant risk of loss of knowledge, skills and experience. Some roles in GM are more vulnerable. In residential care for example almost half of staff are aged over 50, a higher proportion than national norms.

As well as our growing and ageing population, there are other reasons why demand for Health and Social Care services continues to grow. There is growing visibility and concern about areas of longstanding unmet health need, for example in young people's mental health services. Also, the work that has been done – particularly in GM – to redesign healthcare and ensure that people get the right care at the right time in the optimal care setting is potentially a driver for increased demand.

Increased demand for services is reflected by increased need for skills across the sector. It is expected that growth is likely to continue going forward. Using the best available current information and projections, **it is expected that the HSC sector will account for over 200,000 jobs by 2035**¹⁷. Forecasting suggests the GM HSC sector needs about 17,000 people a year largely driven by replacement of staff rather than the expansion of the sector. Research carried out by Geek talent in summer 2020 for GM identified health and social care as a high growth sector.

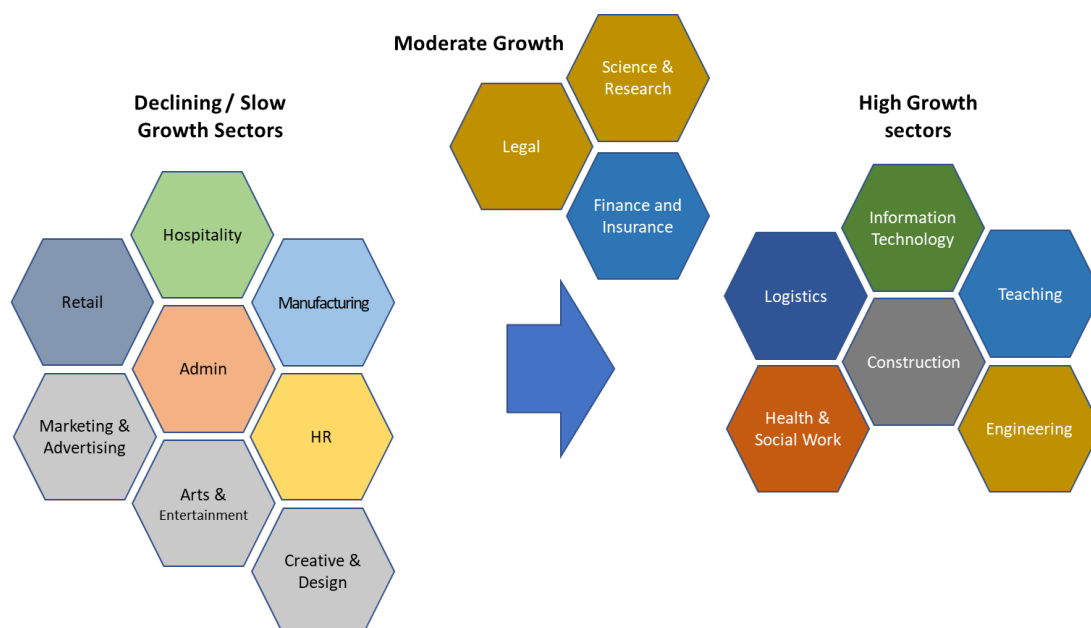


Figure 2 - GeekTalent 2020 data into growth state of GM sectors

¹⁷ [HSC workforce for the future](#)

Labour Market Information

Shortages affect the following areas the greatest:

- Nursing and midwifery with about 1,200 needed each year in GM
- Areas of medical practice where about 300 doctors needed and professional practice areas such as radiology and radiography and children's services.
- Care needs are by far the greatest, and GM requires about 8,500 a year, consisting of around 2,000 managers and about 6,500 care staff

In GM already, the workforce has undergone growth, and this must continue, to limit stress in the sector. Staff shortages can have huge knock-on effects across the system. Someone struggling to cope on their own is more likely to have a fall or neglect themselves, meaning they end up in hospital emergency departments. Then, when they are ready to leave hospital, a lack of social care in the community can lead to them being marooned in a hospital bed for longer than required. During Covid-19 with many hospitals being full to capacity and great staffing pressure, this has been particularly impactful.

When considering job advertisements in GM, those from Health and Social Care feature heavily. The GeekTalent chart shows which have been the highest number of live job adverts in the three months preceding this report (Jan 2021 to March 2021). Of the 10 localities, **nine had at least one HSC role in the top three advertised positions**. In the cumulative total of top ten adverts, Support Worker (2nd), Registered Nurse (3rd) and Care Assistant (4th) all featured. In fact, at various times over the last year, **Health and social care vacancies have often accounted for almost half of all current vacancies** in Greater Manchester. Other specialist roles are also in demand including consultants, and audiologists as well as staff with mental health skills and experience.

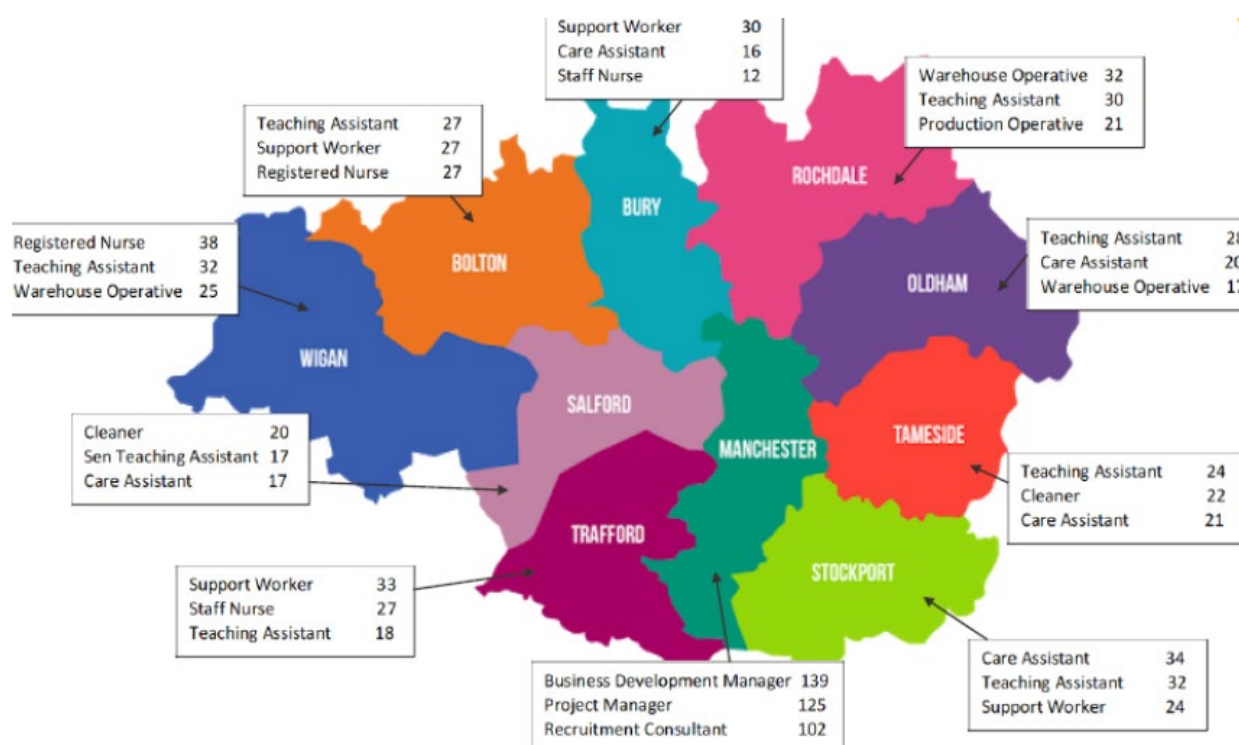


Figure 4 - GeekTalent data around top 3 vacancies across GM localities (2021)

When only entry level jobs are considered, **social work featured more prominently than any other sector across GM**. We analysed over 200,000 job adverts in GMCA since January 2020 – less than 3% on average are classified as entry level. Entry level roles were first identified based on keywords in job title (e.g., trainee) or phrases in the job description (e.g., entry level role, level 1). Higher salaries among the selected roles were used to remove mis-identified roles and jobs with low salaries were reviewed to identify additional entry level roles. Almost 7% of all entry level jobs were in this sector.¹⁸

Recruitment

From speaking to people within the sector, there is an **ongoing challenge to recruit people**. It's felt that for many people, Health and Social Care is not seen as an attractive career and particularly entry level roles are stop-gap/last resort employment. There are myths around what the work entails. The reality is that for many people, work will be long hours and low pay, but equally can be rewarding and a chance to make a big difference to people's lives. Work must be done with

¹⁸ [Entry level Jobs in Manchester, England | Glassdoor](#)

influencers, parents and people involved in the career choices of young people. **Soft skills and personal qualities are well desired within the sector and should be used particularly in recruitment.** They feature regularly in job adverts particularly when jobs are advertised individually and not through a generic jobs site.

Communication Skills were particularly desired across GM and featured in over 80% of job adverts for the sector.

By far the highest number of vacancies lie within Social Care, where recruitment and retention are longstanding issues. It had more entry level jobs advertised in GM during 2020 than any other sector. **The most prevalent job in the sector is Care Worker.** These accounted for over 50% of jobs in the sector according to latest statistics. Around 10% of Care Workers were classed as Senior Care Workers. Employers fed into this report a difficulty in attracting staff. A consultation by Skills for Care found that social care providers faced the following challenges in terms of recruitment.

- a perception of low pay (80 per cent)
- not enough people are applying for vacancies (70 per cent)
- a perception of poor terms and conditions of employment (69 per cent)
- poor public perception of adult social care locally (61 per cent)
- a lack of awareness of different roles (56 per cent)
- candidates' expectations do not match the reality of the work (40 per cent)
- applicants do not have a genuine interest in the roles (33 per cent) or lack the right values (27 per cent)

A holistic approach to recruiting care workers is encouraged which may remove barriers for specific groups and address specific issues. An example includes schemes supporting subsidised driving lessons for care workers. The need for a driving license has long stopped people from applying to work in the sector and is preventing people with the correct values from starting a career. By supporting people to drive it can increase the pool of applicants. People can then be treated at home as desired

It has been highlighted in GM that another issue regarding recruitment is that the **HR resources needed across the independent sector are a challenge.** Particularly in

organisations, which are already stretched. Within private organisations there is a desire to share HR practices and skills

The GM ASC Workforce Delivery Group (which has representation from all localities), **identified that a GM wide pre-employment approach was a gap in the system**, and this led to a Salford College pilot, that developed into the Step into Care programme. **This has had great success and should be upscaled across GM.**

Case study: Step into Care

Step into Care work with providers across GM, gaining a fortnightly update of current vacancies they would like to be considered for the programme. They then work closely with JCP Job Coaches across GM in areas close to the vacancies. The applicants are all aspiring to work in care, they may not have the experience but very much have the values needed to work in this sector.

The online training programme runs every six weeks delivered by WEA, and a further Step into Care interview confirms that applicants have the values needed to work in the care sector.

The training is an interactive course with presentations, discussions and activities enabling each learner to complete some of the knowledge elements of the care certificate, as well as the potential to gain the accredited qualifications in Level 2 Introduction to Health and Social Care, Level 1 Mental Health Awareness and Level 1 Stress Awareness.

DBS checks are carried out with every applicant whilst on programme.

Upon completion of the training course applicants are carefully matched with employers who have a vacancy. Each applicant carries out a 24-hour voluntary placement to be considered for the vacancy. Both the employer and applicant are supported during the placement. Once the placement is complete, the scheme asks the employer to confirm if the applicant has been successful. A permanent or fixed term contract is offered.

The Step into Care figures have been impressive and testament to the values-based recruitment; support offered; and engagement in learning and training. Currently Step into Care are operating at full capacity with demand outstripping supply. Whilst the sector needs more staff, it offers a quick solution to get more of the right people into Care positions. The recruitment model – whilst intensive – offers real long-term benefits and can be replicated in other areas. **The number of males who began a career in care via the Step into Care programme is above the GM average.** Step into Care has also introduced staff with age groups **well below the current average age** working in care.

‘Values are key; anything else can be taught’ GM Operational lead

The values-based recruitment used by Step into Care is particularly significant in getting the right people into the sector. **Interestingly, research has shown that staff recruited in a ‘values based’ way have 63% better sickness rates than equivalents not selected in this manner.** The sector does have higher than average absence rates and so this is another persuasive reason to recruit in this way. However, a values-based recruitment scheme must be that. Currently there are examples of organisations still requesting CVs and experience. There is work needed to be done around Leadership and knowledge of this way of working. **A recruitment training module may be beneficial. Skills for Care has a lot of free resources and materials for care employers which should be promoted.**

Emma Morris Chief Executive Stockdales



"We all know recruitment in Health & Social care is tricky, time consuming and at times frustrating, the Step into Care programme takes some of that pressure away. Candidates are carefully selected and matched to vacancies. They have completed a simple induction, including some training, have a clear idea of what the role entails plus they come with an initial DBS check.

There is a built-in opportunity for applicants to try the role before an offer of employment is made, essentially, they have a 'working interview' where candidates can see the real job in action and employers can see if they fit into the organisations culture and values.

The Step into Care programme is an excellent initiative and recruitment tool for employers, and I strongly recommend Sue and her team."



Figure 5 - GM stakeholder reference regarding step into care

Adult social care

If we look at the current Adult Social Care (ASC) workforce across GM, we get an idea of the size of this sector. What is also apparent is that in each **locality the gross value added is far in excess of the wage bill**. This demonstrates the wide societal benefits which the employees bring. It also emphasises the importance of a full workforce.

Locality	Size of Workforce	FTE Equivalent	Gross Value Added	Wage bill
Bury	5,100	3,600	£160m	£88m
Bolton	6,200	4,300	£190m	£104m
Manchester	10,000	8,000	£330m	£183m
Oldham	5,700	4,200	£190m	£104m
Rochdale	5,100	3,800	£150m	£82m
Salford	4,800	3,500	£140m	£76m
Stockport	6,900	4,900	£200m	£110m
Tameside	4,200	3,000	£120m	£65m
Trafford	5,100	3,600	£150m	£79m
Wigan	7,100	5,100	£210m	£113m

*Gross Value Added is a measure of the value of goods produced by the economy divided by the Wage Bill

Nationally, the **number of adult social care jobs have increased by 9% since 2012/13 - or** around 130,000 jobs. The number of jobs increased by around 1% by 17,000 jobs between 2018/19 and 2019/20 which was a slower rate than in previous years. The type of job roles is shown below. The percentages of each role are broadly similar to that in Greater Manchester:

Job role group	Total jobs	Percentage of jobs
All job roles	1,650,000	
Direct care	1,250,000	76%
Managerial	110,000	7%
Regulated professional	81,000	5%
Other	203,000	12%

Figure 6 - Care job roles by type

Around 10% of Care Workers were classed as Senior Care Workers. Whilst these are by far the biggest proportion of the workforce, it seems that they are also the ones most adversely affected by poorer terms and conditions. This directly affects and influences the ongoing difficulty to **recruit and retain staff** in the sector. In GM the breakdown of job roles is quite similar with localities having between 74 and 77% of ASC staff working in direct care roles

Pay, terms and conditions

Within the GM Social Care sector there is **a high percentage of part time workers**. This is attractive to many people, but there are concerns that **zero-hour contracts are being over utilised**. Care Worker has consistently remained the role with highest percentages of staff on this style of contract. There are 555 residential care homes in Greater Manchester which gives an indication of the huge number of different employers. The Living Wage Foundation categorise low or zero hours contracts, on low wages, as being insecure employment. Around 1 in 6 staff in this sector fit into this category. **In GM, there are a high number of Zero Hour contracts** being used and again it is those in entry level positions which are most likely to be affected.

Locality	Full Time Workers	Workers on Zero Hours Contract	Care Workers on Zero Hours Contract
Bury	46%	21%	27%
Bolton	52%	16%	22%
Manchester	59%	15%	21%

Oldham	48%	13%	17%
Rochdale	50%	19%	26%
Salford	47%	22%	30%
Stockport	50%	26%	36%
Tameside	54%	26%	40%
Trafford	52%	31%	45%
Wigan	48%	26%	32%

Retention

Many of these factors influence one of the main concerns of the sector, retention of staff. It is estimated that during **2019/20 turnover of staff working in adult social care was around 30.4%**. Around a third of these leave the sector completely. It is clearly encouraging that a high number stay within the sector indicating that they find the work rewarding, but it also causes instability and suggest disparity in pay, terms and conditions. This has been said anecdotally within GM as a reason for churn in the sector with staff moving to similar roles at other employers who perhaps pay slightly higher

There are some independent providers whose retention and recruitment of staff is more successful, and lessons must be learned from these. Employers have stated that **better pay** and an **investment in learning and development have been key factors in encouraging retention**. The concern over pay, terms and conditions has skills implications with people preferring to enter other sectors with comparable or higher pay, or better terms. It is vital to address this; with skills demand set to rise.

Turnover rates have increased in recent years, which is worrying. Independent employers are most effected. The highlighted roles on the graph below are ones where turnover is greatest, and all have risen over a 5-year period.

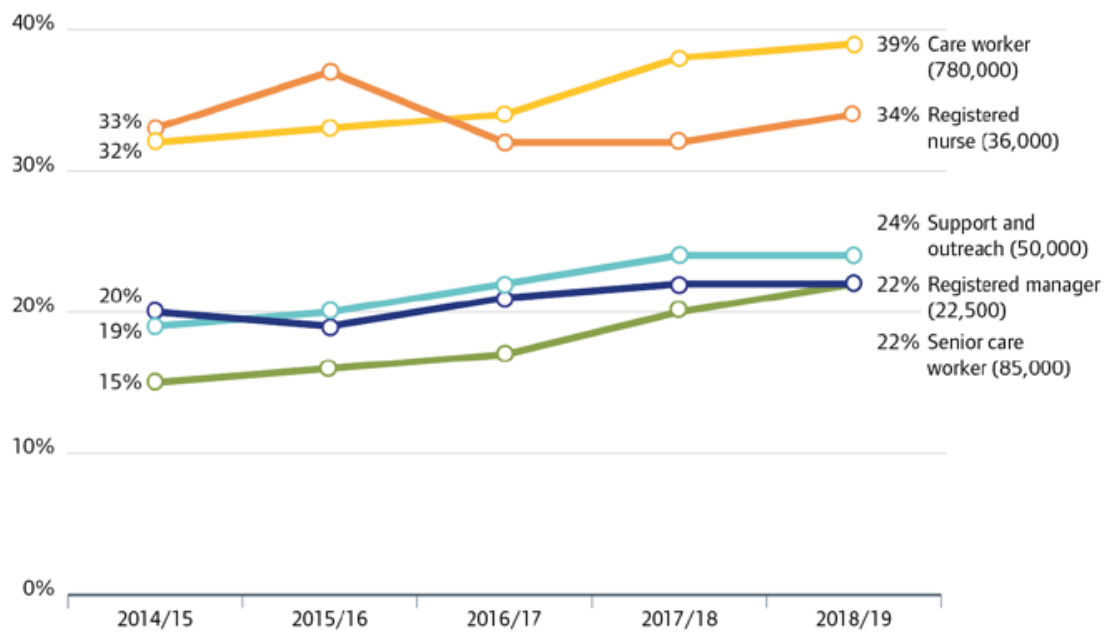


Figure 7 - Social care roles with highest annual turnover

Health and wellbeing

Social work is undoubtedly a demanding profession. Practitioners are vulnerable to stress and experience high levels of burnout compared to other occupations. If the organisational culture is one that views high stress levels as an innate aspect of social work, there is a risk of tolerance to it remaining unchallenged as it becomes more deeply embedded in the culture. High stress levels lead to problems with sickness and staff retention, which creates further stress due to its impact on the stability of the team, and higher workloads. Also, within GM, employers have told us that this can lead to increased costs from using agency staff to fill gaps. **Within Nursing, the inability to achieve a good work-life balance was given as the major reason for GM employees to leave the profession other than retirement.**

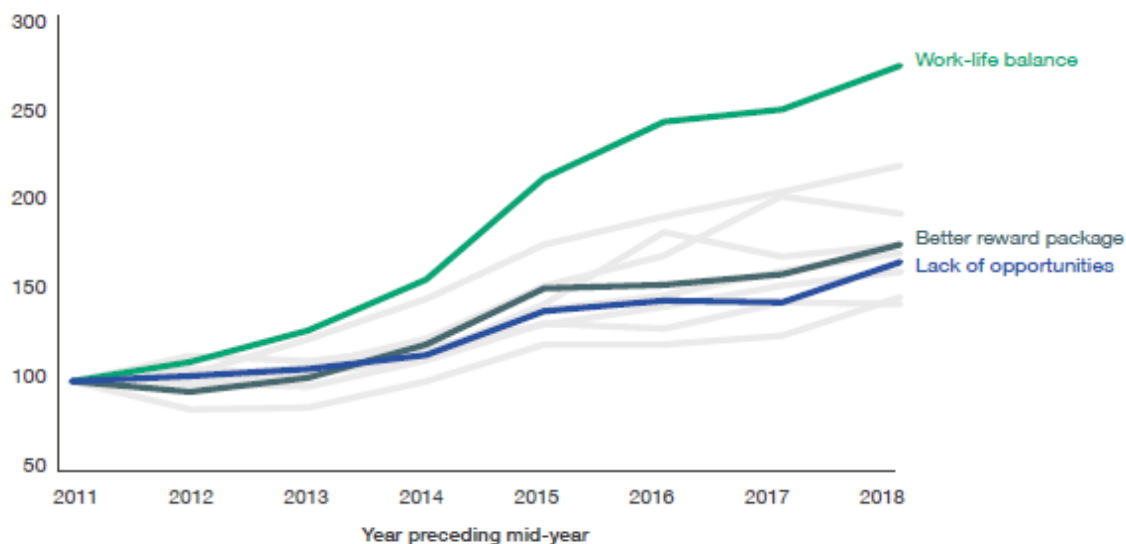


Figure 8 - Reasons given by nurses for leaving the profession

Organisations must instead value the wellbeing of staff, hear their concerns, and enhance opportunities to carry out their role to support service users. There is a range of resilience support offered although workplace culture is equally important. Again, differences exist across organisations. Employers told us that training modules, apps and ‘tips’ offer inadequate protection against the stresses of low pay and unstable working conditions. As much as enabling staff to become resilient – concepts such as mindfulness deserve further exploration – **there is an urgent need to reduce external stresses**. Also highlighted in GM is a need for more compassionate leadership and management and understanding of factors affecting staff wellbeing.

Employers within GM feel that if a worker stays in a role beyond a year, they are significantly less likely to leave the organisation. There are some employers within Adult Social Care that have achieved turnover of less than 10%. It is therefore vital to look at workplace practices and progression pathways at employers such as The Fed. This makes **changing the perception of some roles so that the sector is seen as offering a career - and not just a job - imperative in keeping staff**.

Case study: The Fed, Prestwich

The Fed has been highlighted as an independent employer which has achieved high rates of retention. It has a track record of investing in staff training which has seen several employees enjoy good career progression. This has helped them also have less difficulty in recruitment since they are perceived as a good employer.

“Many people have worked with us for years and years and quite a few are related to each other. This tells us that we are not only a good employer, but a happy, family orientated place to work.”

Staff benefits form part of strong terms and conditions and include:

Blue Light Card -We reimburse staff a Blue Light discount card for gym

Health Benefit Scheme -We provide a free healthcare scheme,

Monthly Draw for £20 shopping voucher for all staff

Trip Discount - family discounts on trips to Blackpool Pleasure Beach.

Occupational Sickness Pay

Staff Pension Scheme

Employee of Month a £100 high street shopping voucher for the winner

Festive Bonus - shopping vouchers in December as a thankyou

Free Employee Support, Life Insurance and access to counselling

All staff are entitled to generous paid annual holidays

We offer many opportunities for employees to develop their careers and gain qualifications which are linked to pay increases.

Appraisal and Supervision - We hold the Investors in People Award.

Long Service Awards and Retirement Gifts

Social Work qualifications

Over half the staff in the sector have no relevant social care qualifications.

Within GM, in some localities, two-thirds of care workers do not have a qualification. This makes their employment more transient – there may be a feeling that they have invested less into the sector, and so are more comfortable leaving. By investing in training of these people, not only are they generally ‘more content’ in work they are far likelier to progress.

Locality	% workers with ASW qual	% Care workers with ASW qual	Average care worker hr rate
Bury	61%	62%	£8.72
Bolton	59%	55%	£8.79
Manchester	52%	44%	£8.52
Oldham	69%	66%	£8.83
Rochdale	59%	55%	£8.39
Salford	48%	44%	£8.61
Stockport	56%	51%	£8.77
Tameside	56%	51%	£8.42
Trafford	48%	38%	£8.72
Wigan	55%	50%	£8.47

Care assistants in care homes may wish to progress on to nursing associate and nursing degree apprenticeships, though these opportunities are still limited in social care. **Whilst 96% of staff surveyed indicated that they would like to receive development, only 62% felt that there are opportunities for career development or promotion**¹⁹. Many care assistants interviewed felt that their career paths were limited and expected only to progress to senior care worker, deputy manager and then manager was the limit. This is a missed opportunity with many expressing a real

¹⁹[Teaching care homes pilot](#)

interest in the nursing pathway and opportunities to progress in many of the other positions available in health and social care²⁰

CASE STUDY: Teaching Care Homes programme

‘Anecdotal feedback is that they like being a named team member, knowing that their knowledge can be used to make a difference to someone’s care and support and, hence, their wellbeing. They like the idea of working more closely with the District Nurses and, where appropriate, being able to address low level health issues for the people they support without having to involve the district nurses.’ ***Care Provider feedback, GM***

The Teaching Care Homes programme was a GM wide programme from the GMHSCP that aimed to make care homes across GM learning centres of excellence, the programme worked with around 16 care homes to upskill care at home workers to take on low level delegated healthcare tasks from district nurses.

Evaluation showed that 100% of staff surveyed reported that the new way of working made a positive difference to the care they were able to provide and 92% of staff surveyed reported that the new ways of working made a positive difference to their job satisfaction. In the pilot in the West Neighborhood of Tameside, the frequency of District Nurse visits reduced. The findings from the pilot are significant and have real skills implications. Nurses can spend more time doing higher level care, and other staff are empowered to develop and learn.

²⁰ [Career progression for a nurse](#)

Demographics

A long-held desire within the sector has been to increase the **diversity of the workforce**. Current data shows that there is still much work to do. It has been said anecdotally in GM that if “we always recruit in the same way; we will always recruit the same type of people and get the same outcomes”. There is work to be done around changing both the perception of the sector and also the application process. Whilst attracting from a wider demographic can help fill some staff shortage, within GM it has also led to some different skills improving the experience for the service user. An example within Social Care has been a career switcher bringing barbering experience to a care home and cutting hair of residents.

Source: Skills for Care estimates 2019/20, Labour Force Survey 2019/20

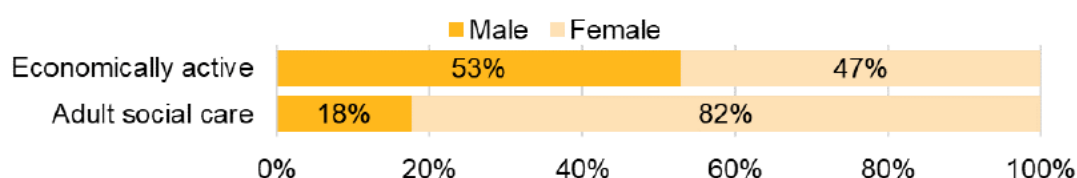


Figure 9 - Social care workforce by male/female

Over 80% of the Adult Social Care workforce are female. When breaking down the gender split by job roles. The highest proportion of males is in senior management. The regulated professions are again particularly low and it can be seen that **care workers are massively underrepresented by males**.

Source: Skills for Care estimates

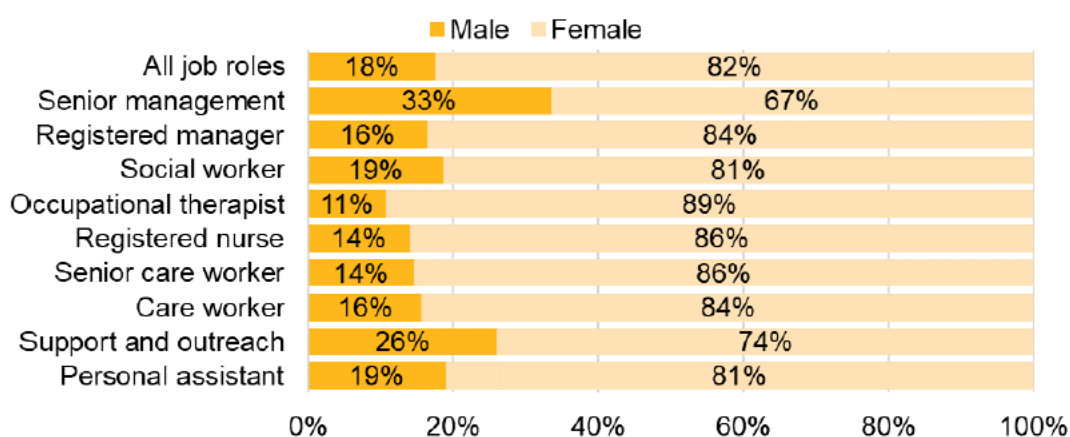


Figure 10 - Social care specific role workforce male and female split

Case study: Approaches in other sectors which could be applied to H&SC – Increasing males working in early years education

'I love working with kids and helping people but was told that its for women...since starting at the Nursery...I have never enjoyed work more'

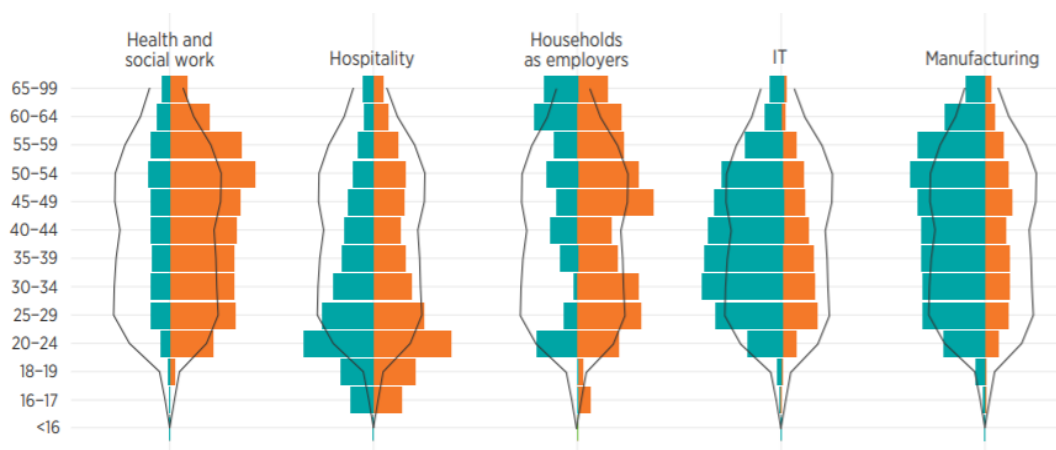
Male apprentice

Sectors such as Early Years Education are comparable in terms of perception as a female industry. They currently have some interesting pilots aimed at increasing males into the sector. It is important to learn lessons that may be transferrable to the HSC sector.

Kids Planet, which includes Kids Allowed, offers 7,500 childcare places across its nursery settings in the north west and the Midlands, and has embarked on a project to get 12 new male apprentices. The Men in Childcare (MIC) project, in conjunction with Greater Manchester Combined Authority and MITEY (Men In The Early Years), aims to get the dozen males signed up to the group's in-house Early Years (Level 2) Apprenticeship

We also have recent data around the age of the ASC workforce. We know that average ages across the sector are higher than in other industries. **The overall average age of an employee is 44 years old.** This highlights again the importance of attracting younger people into the sector. **Over 25% of workers are at an age where they may retire in the next ten years.** Initiatives that attract younger people to the sector are important, as is removing barriers for them. The mean age of the sector has risen slightly over the last few years indicating that there has not been any influx of younger people as would be hoped.

The existing profile of the workforce within the Health and Social Care sector can be compared to some of GM's other sectors. The graph below shows how employment is heavily female dominated (orange colour) and also has a higher age profile. This has obvious implications. In the recent year, there has been a fantastic opportunity to try and encourage young people displaced from sectors particularly affected by COVID-19.



There is also recent intelligence around the ethnicity of the workforce round. **Last year, 84% of the workforce were said to be British.** There was 7% of the workforce from the EU and 9% from outside the EU. This has shown that this sector has a higher reliance on a non-EU workforce. It has been identified that for some roles, there are people with the correct personal qualities but lacking the language skills to join the sector. There are Basic English Language courses available, but these are generic and do not include technical terms that may be necessary to get through an interview or to progress in a career. **There is a need for the development of this type of training.** Again, this can widen the labour market and attract more people into the sector. The skillset and ability to converse with diverse populations is also hugely positive for employers. This should form part of more holistic support for staff in the sector.

Source: Skills for Care estimates

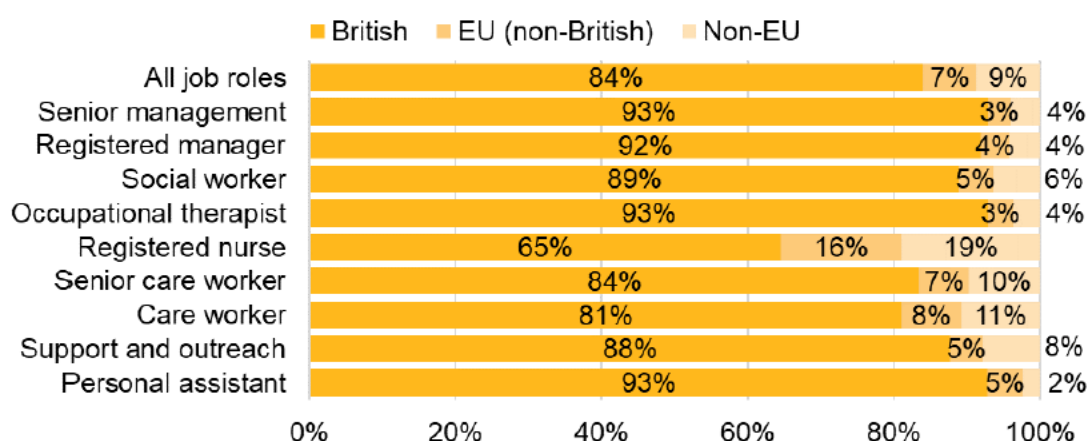


Figure 11 - Social care roles and workforce nationality

There are wide variations across Britain with regards these figures. In some ways this is to be expected and it would be hoped that they correlate with the

demographics of the locality. In GM, particularly Manchester, there is a high percentage of the workforce from a BAME background. There is some difference across localities in the ability to attract men into positions with a range from 76% to 88% female

Locality	Aged 55+	Female	BAME
Bury	23%	86%	21%
Bolton	30%	84%	11%
Manchester	26%	76%	31%
Oldham	28%	83%	14%
Rochdale	27%	82%	12%
Salford	26%	86%	15%
Stockport	23%	77%	17%
Tameside	26%	88%	6%
Trafford	24%	81%	23%
Wigan	25%	85%	4%

The impact of COVID-19 on workforce demographics has been mixed. **More care workers were observed to be starting in the under 25 age group, with 43% of starters being in this age bracket.** The overall average age of care workers starting in the sector since March 2020 was lower at 31.5 years compared to 35 years over the same period in 2019. The profile of people leaving their roles is largely similar to that before the pandemic, apart from workers aged 65 and over who have been slightly more likely to leave.

Case study: Building Leadership for Inclusion

Building Leadership for Inclusion is a six-month system-wide programme for senior and executive leaders from across Greater Manchester, including health and care, local authorities, emergency services and VCSE. It is part of the wider workforce race equality action plan, to help improve the opportunities and experiences of our BAME workforce and communities. The programme is focussed on improving the capabilities and both locality-based and system wide activities to improve inclusion. It started in October with a cohort of 53 leaders from across Greater Manchester. The programme is due to end at the end of April 2021. Funding is currently being explored for a possible second cohort. This is certainly positive, and it is hoped that it will lead to a Public Sector that is better representative of the communities in which they serve.

The Social Care Institute report²¹ echoed what has been said by GM employers in compiling this report. They felt that in too many parts of the sector, not enough is being done to address inequality within the workplace, promote inclusive working practices, and ensure that there is fair access to good-quality care. They hoped that in the future, people working in social care with **protected characteristics are equally able to progress into management and leadership roles**.

Whilst compiling this report there was a consistent call from stakeholders for a wider shift to more investment into the **voluntary, community and social enterprise (VCSE)** sector, so that it becomes a thriving part of a local social care ecosystem. They also offer potential recruits to the paid workforce. During the pandemic, thousands of extra people registered to volunteer and support the Health and Social Care sector. Work should be undertaken to assess which ones of these may be keen for a career in the sector and appropriate training and support must be available for them

²¹ [strengths based approaches in HSC](#)

Career pathways

There are **over 350 NHS careers and over 35 roles in adult social care and this number increases when we consider wider public services**. There are many jobs with similar responsibilities that may have slightly different names depending upon the employer. The lists below are by no means comprehensive but demonstrate some of the wide number of roles available across the sector. They give a flavour and indication of the huge breadth of the sector.

Social Care

Direct Care

These roles involve directly working with people who need care and support.

- Activities coordinator
- Care assistant, support worker, senior care assistant, senior support worker
- Personal assistant
- Rehabilitation worker, reablement worker
- Advocacy worker – there aren't many of these in direct care; they tend to be in voluntary sector advocacy services

Management Roles

These roles involve managerial responsibility where you could be responsible for managing a small team or be the CEO of an organisation.

- Team leader, clinical lead.
- Unit manager, deputy or assistant manager, registered manager, area manager, regional manager
- Care coordinator (mainly in care at home services)

Other social care support roles

- Nursing assistant; assistant practitioner
- Volunteer coordinator
- Social care prescriber

Regulated professional roles

These roles mean you have to be registered with a regulated body to practice. They require relevant qualifications which might include a degree or diploma.

- Social worker
- Occupational therapist
- Nurse, learning disability nurse, nursing associate
- Speech and language therapist

Ancillary roles

These roles don't involve direct care but are vital to the running of an organisation

- Cook or kitchen assistant
- Housekeeper, housekeeping assistant, laundry assistant
- Admin, reception, HR, finance officer
- Maintenance, gardener, hairdresser

Health Care

Allied Health Professionals

- Art Therapist
- Diagnostic radiographer
- Dietitian
- Occupational therapist
- Paramedic
- Physiotherapist
- Podiatrist
- Speech and language therapist

Nursing

- Adult nurse
- Children's nurse
- District nurse
- Mental health nurse
- Learning disability nurse
- Nursing associate

Public Health

- Director of public health
- Environmental health professional
- Health trainer
- Health visitor
- Public health consultant
- Environmental health professional
- Occupational health nurse
- School nurse

Wider healthcare team

This includes administration roles, clinical support staff, corporate services, domestic services, estate services, support services and others.

- Clerk
- Medical secretary
- Receptionist
- Secretary
- Assistant practitioner
- Catering manager
- Linen services staff
- Estates technician

This report does not attempt to cover skills intelligence against all the above career pathways and has prioritised careers based on where GM employers have reported greatest need.

Nursing

Nursing is the single most in demand job in healthcare. Overwhelmingly for this report employers prioritised the biggest skills need as being in **nursing** and supporting **progression pathways** from care assistant. Focusing on this pathway not only supports the end objective of increased nursing talent in the sector but paves the way to better progression routes through the sector which would hope to increase the attractiveness of the sector as a whole and address misconceptions to

ensure individuals can be optimistic about building on a successful career in the industry.

Vacancy rates are one measure of staff shortages as they highlight posts that the NHS is funding but cannot fill. Across all staff groups, the NHS had 83,591 FTE vacancies in June 2020. Registered nurse FTE vacancies accounted for close to 38,000 (45%) of these, with **one in eight posts vacant**. A quarter of all nursing vacancies are in **mental health**. This is particularly concerning as COVID-19 is likely to lead to further demand for mental health services. **There are now multiple routes into Nursing, and it is important that work is undertaken to strengthen each of these.**

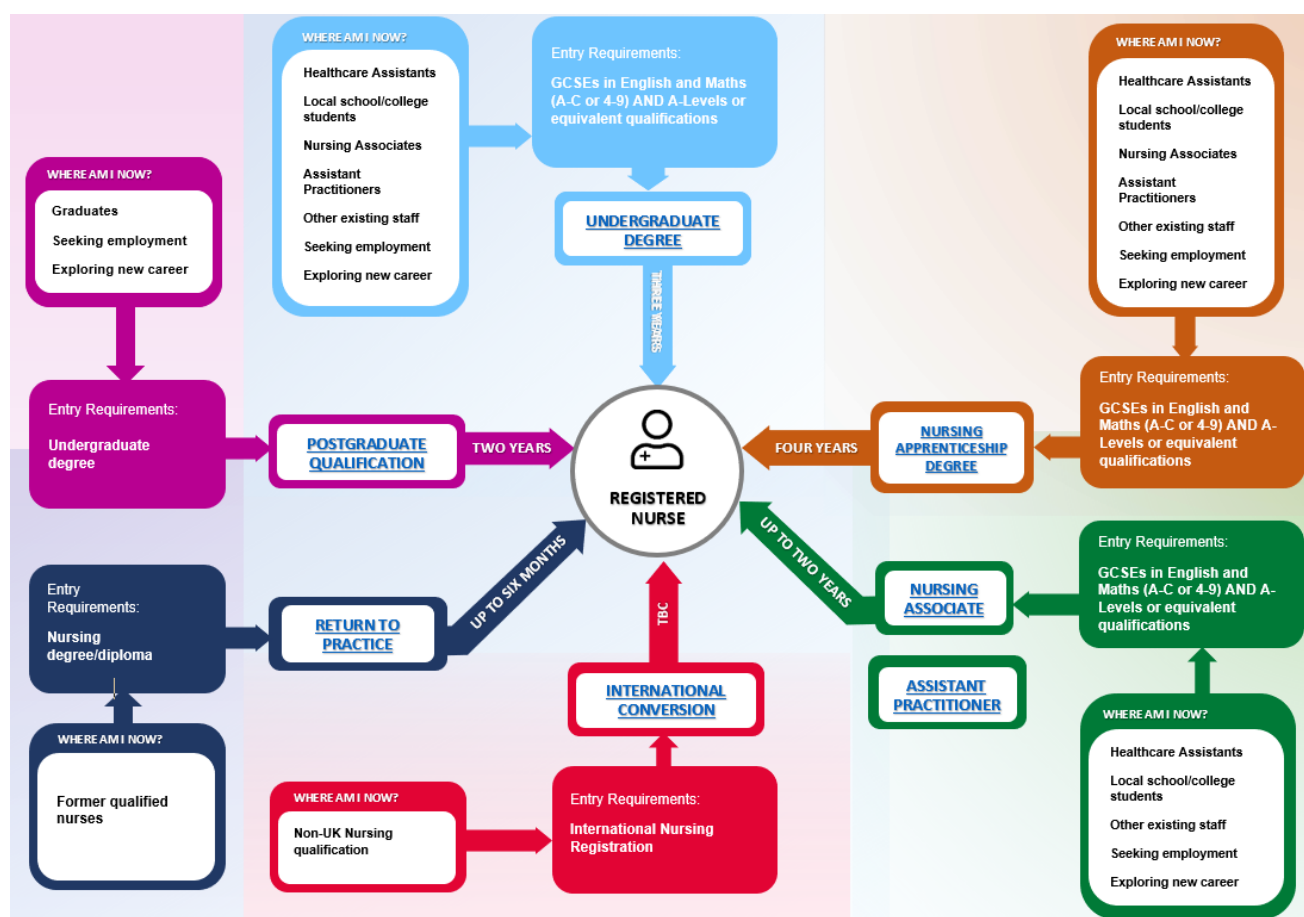
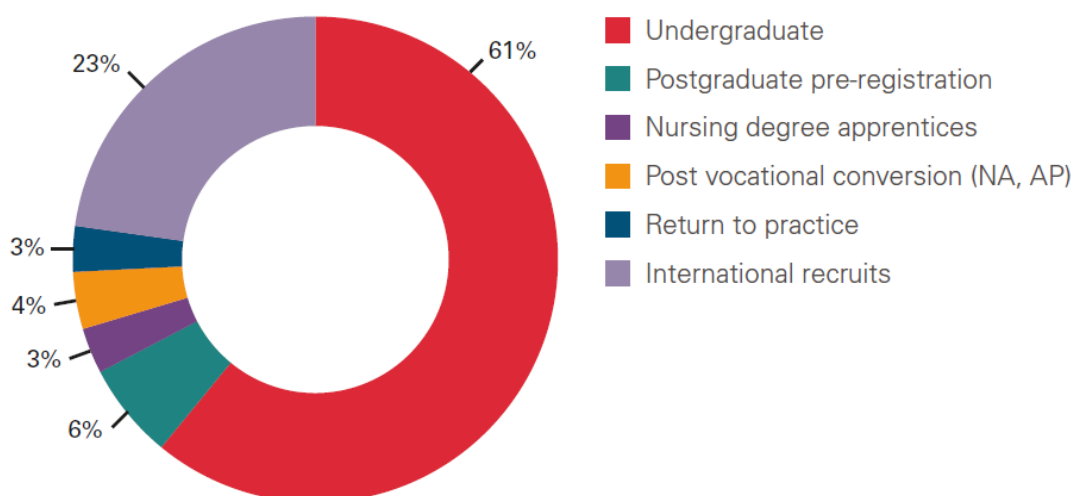


Figure 12 - Routes into nursing

Below shows an estimate of the annual supply of Registered Nurses in England by source. The main supply of new nurses to the NHS comes from undergraduate university degree courses. **In 2020 there was a 23% increase in the number of**

students accepted onto nursing degree courses in England (relative to 2019) – the highest annual number of acceptances since 2011²²



Source: Estimates by HF authors based on data from the NMC, UCAS, HEE and the Office for Students

Figure 13 - Annual supply of nurses in England by source

Although this shows there are clear pathways into nursing and increased interest which is really promising, employers did report gaps in provision. In GM, it's also important to consider that both the NHS and social care employers recruit from the same pool for many roles. **Roughly one-quarter of nurse's work for employers other than the NHS.** However, as a major employer, typically providing better pay, terms and conditions, and career progression than social care can afford, the NHS can have a significant 'gravitational pull' on the social care workforce. Health care assistant roles in the NHS can be extremely attractive to staff in social care and there is a 7% gap between pay for nurses in adult social care and in the NHS.

Nursing Associate

Employers were very supportive of staff in care routes progressing into **Nursing Associate**²³ roles. This not only provides progression from care roles, but also the extra skills developed free up more senior/clinical staff such as Nurses to do more of the technical work. Health Education England have funded a GM wide Practice Education Facilitator who has supported several nursing associate cohorts including

²² [UCAS nursing applications](#)

²³ [Nursing associate apprenticeship](#)

the first GM social care group in September 2020. This has included apprentices of various ages and backgrounds.

‘You can do it! You’re never too old to do something new and don’t think it’s ‘not for me’. I fit my study around a busy family life and it’s brilliant to learn ‘on the job’’. Trainee Nursing Associate, Belong Care Homes, GM

The pathway for this is traditionally to go from a **Level 3 Senior Healthcare Support Worker to the Level 5 apprenticeship**. There is evidence that this academic jump can be difficult. Whilst the first year of the TNA is at a lower level the learning can be difficult particularly for older candidates. A Lead Practitioner in Adult Care level 4 apprenticeship standard has been approved recently and helps bridge the gap. However, the backfill costs to release an employee for an apprenticeship are a challenge for smaller employers and a shorter route is desired. There are examples in GM of Level 4 Pre-Apprenticeship training projects, notably at the Rochdale Primary Care Academy. **These are positive and can be replicated more widely**. It has also been suggested that modular training may have elements also applicable for staff wishing to progress to another Level 5 apprenticeship, for example Level 5 Social Worker and Level 5 Occupational Therapists apprenticeships. Anecdotally, at organisations where there are case studies of staff who have progressed, they find recruitment to be easier

Apprenticeships

Apprenticeships offer a **cost-effective way of an employer training staff** and are highly regarded as a way of balancing working and learning. They offer an opportunity to recruit from a wider demographic and offer a clear career pathway.

Funding for this training is available using the Apprenticeship Levy and GM Levy Matchmaking Service. The Levy Matchmaking Service has reported that they have had more demand for gifts from this sector than any other. This ensures that there is no cost for training and is an attractive offer particularly to SMEs.

Organisations must also be encouraged that the 20% off the job training requirement is not a barrier. Across GM, this reluctance to release staff (when already stretched) is considered the major issue for apprenticeships being used for progression in work

There are a wide range of Health and Social Care Apprenticeships and these have been utilised heavily across Greater Manchester. During Covid-19 and the

unprecedented effect on the sector, training for many staff was limited. **This followed over 18,000 Health and Social Care apprenticeships starting in GM over the previous 3 years.** Many apprentices across Greater Manchester were put on an enforced break in learning, which will lead to them taking longer to become qualified.

Currently the following apprenticeships are available specifically in the Social Care Sector:

- Adult Care Worker (level 2)
- Lead Adult Care Worker (level 3)
- The Lead Practitioner in Adult Care (level 4)
- Leader in Adult Care (level 5)
- Nursing Associate (level 5)
- Social Work (level 6)
- Occupational Therapist (level 6)
- Physiotherapist (level 6)
- Registered Nurse (level 6)

There are also options to recruit apprentices in other roles within the ASC service such as business administration, assistant accountant or chef. Since 2017 and the apprenticeship reform, the following apprenticeship starts have been made in GM:

Standard	Bolton	Bury	Manc.	Oldham	Rochdale	Salford	Stokeport	Tameside	Trafford	Wigan	Total
Adult Care Worker	253	182	311	175	193	117	217	210	195	232	2,085
Healthcare Assistant Practitioner	78	NA	NA	8	NA	1	2	NA	12	NA	101
Healthcare Support Worker	12	44	700	9	2	58	5	21	NA	7	858
Lead Adult Care Worker	163	116	207	125	112	183	207	104	184	176	1,577
Lead Practitioner in Adult Care	6	1	7	1	3	5	15	NA	7	4	49
Leader in Adult Care	3	5	12	4	11	3	21	4	4	8	75
Nursing Associate	217	NA	NA	NA	NA	222	NA	NA	NA	2	441

INDUSTRY SKILLS INTELLIGENCE REPORT: HEALTH AND SOCIAL CARE SECTOR

Standard	Bolton	Bury	Manc.	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan	Total
Nursing Associate (NMC 2018)	165	3	NA	NA	NA	180	NA	NA	NA	NA	348
Registered Nurse - Degree (NMC 2010)	NA	NA	NA	NA	NA	NA	NA	NA	NA	2	2
Registered Nurse Degree (NMC 2018)	14	NA	NA	NA	NA	NA	NA	NA	NA	1	15
Senior Healthcare Support Worker	5	73	339	8	11	46	28	12	2	4	528
Grand Total	916	424	1,576	330	332	815	495	351	404	436	6,079

The figures represent where the apprenticeships are being delivered (and not place of residence). For example, the Nursing Associate Level 5 is primarily delivered within Bolton and Salford by the Universities in these localities. Encouragingly, there were almost 1000 starts in these areas from September 2020 to the end of the year. This followed the period in the 6 months previously where there had been very few new starts.

The newly formed Health and Care Support Worker Trailblazer Group is taking forward plans to develop a single apprenticeship standard at level 2. This would be an alternative entry level route into the sector. There has been feedback that previously the Level 2 Business Admin framework had been widely used and its withdrawal in July 2020 had left a gap. **The development of this new Level 2 should be encouraged as an introduction into the sector and starting point into multiple career paths.**

T Levels

With the phased introduction of T Levels starting in September 2020, there are more options within the sector when it comes to the training of staff in entry-level roles.

The Health T Level was launched the following year and has been described as suitable for anyone wanting a career in health and healthcare. Understanding and exposure to T Levels within the sector is mixed but will likely improve particularly as awareness improves and the sector adapts to a new normal.

There will be a Health T Level being delivered in GM from September 21. There are three routeways. Below is the info for each route way. Those specialisms that are **bolded and underlined** not currently available to deliver

Health occupational specialisms	Healthcare Science occupational specialisms	Science occupational specialisms
<ul style="list-style-type: none"> • <u>Dental Nursing</u> • Supporting Adult Nursing • Supporting Midwifery • <u>Supporting Theatre</u> • Supporting Mental Health • Supporting care of Children and Young People • Supporting Therapy teams 	<ul style="list-style-type: none"> • <u>Optical Care Services</u> • <u>Pharmacy Services</u> • Assisting with Healthcare Science • <u>Dental Technical Services</u> • <u>Prosthetic and Orthotic Technical Services</u> 	<ul style="list-style-type: none"> • Laboratory Sciences • Food Sciences • <u>Animal Sciences</u> • Metrology Sciences

There are 8 GM colleges planning to deliver these T Levels with projected numbers of **around 200 students** due to start in 2021.

Case study: Promoting HSC as a career choice

‘I didn’t know how many different jobs there were; I thought I needed Science A levels to get anywhere’ GM Year 11 pupil

GM Health and Social Care Careers Hub has strongly promoted health and social care careers for several years and plan to continue myth busting and promoting the many roles and routes into them. The Hub is about to re-launch the website which will again support some of the challenge’s providers have in recruitment and also support GM residents in looking at care as a definite career option as opposed to a temporary route during the current climate. The outreach the Hub has done to date has been credible and needs to continue in order support careers in health and social care to be promoted in a positive way.

The **Greater Manchester Apprenticeship & Careers Service (GMACS)** helps young people explore and design their next steps before leaving school. The site brings together different stages of the career planning process, helping students navigate the choices open to them and develop the tools to start working life. It showcases what Greater Manchester can offer and provides a direct way to apply for courses, jobs and apprenticeships. There is a section on Health and Social Care and again this must be strongly utilised to showcase opportunities in the sector

Summary and Next Steps

This section aims to collate the learning and recommendations from the intelligence gathering process based on what employers have said and summarise key areas where gaps can be addressed.

A further detailed action plan showing how GMCA can support key areas in the next 12 months will be published later in 2021.

Recommendations made in this report will not **all** be progressed or lead to future work from GMCA. Their aim is to support stakeholders including: Employers, business networks and membership organisations, skills providers, schools, and sector bodies, with a deep and detailed understanding of the current state of the skills challenge for Health and Social Care. Some recommendations will address existing challenges, while others will work towards future talent/skills development. Some of the outcomes we hope will be achieved by work done to address these recommendations include alignment of:

- **Careers and Inspiration Activity** -particularly used alongside GMACS website to translate sector specific careers messages to young people
- **Curriculum Development** both pre- and post-16
- **Development of Technical Education and Apprenticeships**
- **Translating intelligence for specific groups:** young people, influencers, job seekers/career switchers and others that may potentially work in the sector
- **Commissioned activity** – starting with ESF funded Skills for Growth but also considering other GMCA and external funding streams where applicable
- Facilitating **targeted labour market initiatives** with networks and stakeholders
- Development of **all level career pathways for health and social care.**
- **Holistic sector specific support** written into commissioning.

Health and Social Career – Deciding on a career

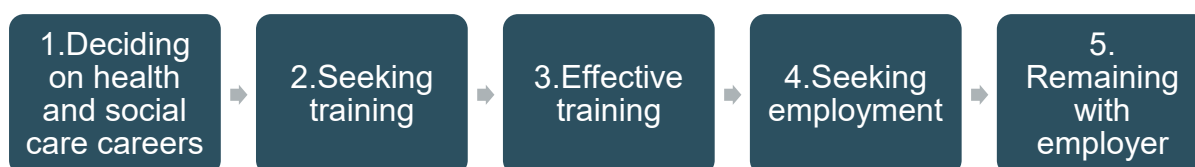


Challenges and recommendations

Among many young people, **the reputation of the sector is mixed**. There is a lack of understanding about the wide range of career paths particularly using the vocational route. This is both in terms of the expected conditions of work and in the limited progression/future opportunities in the sector. COVID-19 has had a huge effect. There is increased appreciation of the work being done by the sector but also highlighted the pressures of frontline work

Types of roles are poorly understood. With over 300 different roles in the sector there are only a handful which form part of traditional careers guidance. The right **type of inspiration activity** needs to address stereotypes, promote attributes important to the sector, include **diverse role models** and show progression from various starting points. Visibility and understanding of different roles within the sector can create a talent pipeline. Initiatives like the virtual reality sets used to demonstrate the Allied Health Professional Sector are helpful in promoting careers to young people.

Health and social care– Seeking training



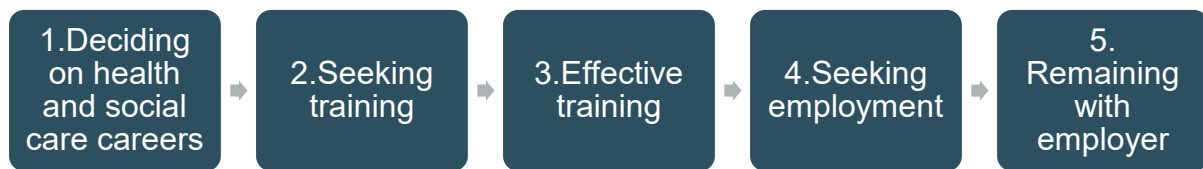
Challenges and recommendations

There is a **lack of awareness and knowledge around apprenticeships**. There has been a delay in some Apprenticeship standards being approved within the sector and the foundation skills requirement remains a challenge. The number of

apprenticeships on relevant pathways in GM decreased last year due to Covid-19. There is concern that by creating integrated career paths, there will be a tendency for Health to attract the stronger candidates due to perception that pay, terms and conditions in that sector.

Work should be done to inform the Independent sector on the funding and requirements, and the availability of unspent Apprenticeship levy. **Progression routes, potential future careers, and occupation pathways should be made clearer:** a good understanding of this will improve both early-career engagement and mid-career progression planning – it will also strongly help with retention of staff. When training is considered a ‘jump’, there should be encouragement and modules to **bridge the gap such as pre-employment schemes.**

Health and social care– Effective training

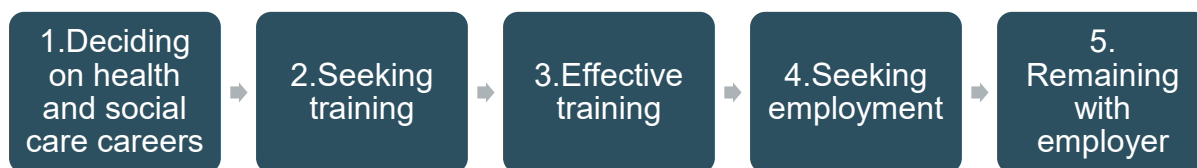


Challenges and recommendations

There is low engagement in training and ongoing CPD from many employers – more common within independent sector. Also, many employers have stated that staff have compulsory training which can be time-consuming and prevent them accessing more individual progression options. Employers consider that the backfill costs are prohibitive; if they have to release a member of staff then they are concerned that they are paying two people for that time. Training people, particularly in social care employers, is often seen as a risk that they may become qualified and leave the organisation.

Independent employers should be encouraged to work together and reduce risk by sharing best practice and training schemes. Training should be available with more flexibility and at a wide range of levels and lengths. Holistic support should be available to learners to enable them to complete training.

Health and social care– Seeking employment

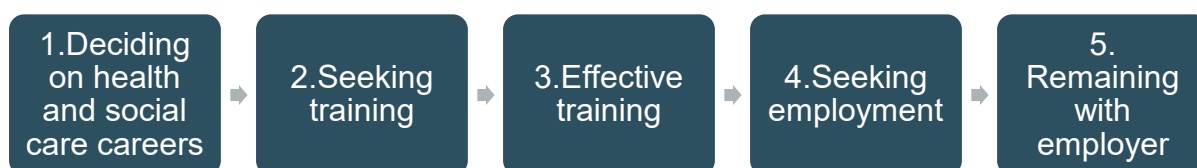


Challenges and recommendations

There are **huge numbers of vacancies particularly in key areas such as Nursing**. Mental health nursing is a particular concern with cases suspected to grow post-pandemic. The labour market within HSC is a concern. Existing workforce gaps and an ageing population mean that the system is vulnerable. The sector needs to remove barriers to employment that often exist during the application process.

Value-based recruitment is preferred since retention is often better and ensures people entering the sector have the correct motives. It also needs to build on the increased appreciation of the sector from Covid-19 to **encourage more diverse candidates into jobs**. This would particularly target under-represented groups including males and young people. Employers need to work to **offer more flexibility and better terms and conditions**. Schemes which help break down barriers – such as funding driving lessons – are an excellent way of making employment more attractive.

Health and social care– Remaining with employer



Challenges and recommendations

There are several important challenges which must be addressed – these are not just unique to GM and many are nationwide issues within this sector: **Turnover is high** and causes disruption to organisations and service users. Some positions have annual turnover of near 50%. Job security is good, but contracts are often ‘poor’ with zero/low hours common. In some roles an expectation to work overnight can be a

deterrent. Many people leave jobs but remain in the sector indicating that the differences in pay, terms and conditions may be a key factor in their decision to change role.

Employers should be encouraged to **join the GM Good Employment Charter**. Employers should invest in staff and **encourage them to train and look to progress in roles** to help maintain morale and develop loyalty. **Health and Wellbeing support and some resilience training should be given to all staff**. Concepts such as mindfulness should be explored.

Next steps

The recommendations within this report are high level and GMCA needs to develop these into an action plan. This will identify internal mechanisms, programmes, and funding where we can respond as well as identifying other stakeholders who can respond to this individually or in collaboration through wider networks. **This action plan will be published in summer 2021.**

Future reports

There is ongoing intelligence gathering to identify skills and talent needs of the health and social care sector and understand gaps in progression routes. There are areas of the sector which need further, and deeper exploration and it is expected a **revised version of this report** will be published reflecting these further findings over the next 12 months.