GREATER MANCHESTER

DOING THINGS DIFFERENTLY FOR OUR WORKFORCE

Labour Market and Skills Intelligence Report:

Health and Social Care (2nd publication)

Published May 2023

Contents

Purpose of report

The vision for the 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 awareness, of the jobs, talent and competencies employers need across our Local Industrial Strategy (LIS) frontier and foundation sectors.

This report provides our current understanding of skills and talent needs across our Health and Social Care (HSC) sector in Greater Manchester (GM). This sector is known to be a national and local priority in terms of both labour and skills, something that has been underlined by Greater Manchester's Local Skills Improvement Plan (LSIP)[1]. The intelligence has been gathered from a large variety of sources including discussions with employers of all sizes and key stakeholders who work within the HSC environment. It is an accurate reflection of the labour market and wider skills landscape at the time of this second version, focusing particularly on adult social care. This report aims to highlight key gaps and issues in GM – as well as highlighting good practice in training and development.

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
- Towards an Integrated Technical Education, Skills and Work City-Region

We have also been very keen that the report incorporates and builds on many of the reports produced by what is now NHS GM and the Integrated Care Partnership.. This includes:

- Taking charge of our Health and Social Care

[1] LSIP publication imminent at the time of writing

- Taking Charge – the Next Five Years
- HSCP Annual Reports
- The Population Health Plan 2017 - 2021
- GM People and Culture Strategy

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 2022
- The NHS Long Term Plan

Further work will need to be done to identify key messages within this labour market and skills intelligence report, dovetail the findings and recommendations with relevant aspects of the GM LSIP, 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

. For the intelligence to be meaningful, stakeholders should use it to help inform strategy and policy. There are multiple other outcomes which we hope to achieve through this work:

- Careers and inspiration activity. This can include sharing insights with careers education leads to develop repsonsive strategies to inform the choices of those making career decisions. Also improve information containedon the GMACS and Careers Hubs websites.
- Curriculum Development both Pre and Post 16
- Development of technical education / apprenticeships

- Facilitating targeted labour market initiatives
- Development of all level career pathways
- Holistic sector specific support written into commissioning
- Pilot projects using this intelligence delivered by partner organisations.

This version follows a previous GMCA report published in 2021, and contains new data and intelligence gathered since then. Rather than duplicate existing work, the focus is mainly on what has changed over the last two years.

With ESF Skills for Growth commissioning having ended, recommendations made as part of this report are intended to act as an evidence base for future skills initiatives where GMCA has devolved budgets. Also, about how the system as a whole can respond to skill gaps within the sector. It is also hoped that this report can reflect the voice of our GM employers, and highlight good practice, which ultimately will help improve the health and social care landscape.

CONTACT OFFICER:

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

Executive Summary

A healthy population is one of the nation's most important assets[2]. It allows people to participate in family life, the community and the workplace. It must be underpinned by a strong and skilled workforce.

- Over three quarters of HSC staff said they had undergone training over the last 12 months (77%)[3]. Approximately 78% of this training is delivered internally by employers, and much of this is mandatory "new starter" training. The remainder being delivered 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, with it often occurring a backfill cost. A further issue is **the entry requirement of apprentices to be capable of attaining a certain standard of maths 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 persistent 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. In GM, during 2022 over 1.5 million days were lost due to sickness with the main reason for absence attributed to Mental Health (30% of all absence). There

[2] The nation's health as an asset
[3] Employer Pulse Survey 2022 Report

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.** Bringing up employment conditions in private social care should be a priority.

- The health and social care sector was greatly impacted by the COVID-19 pandemic. There was huge strain placed on the sector with many people working longer hours and in extremely challenging circumstances. **New roles emerged and many volunteered to help out** whilst other members of the workforce adapted to work in a different way. However, these volunteers mainly turned out to be temporary, not remaining in the sector. Longer term as other sectors have recovered, HSC employers have found it **harder to recruit in a tight** labour market.

Skill gaps and recommendations

- Widespread opinion 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. (*Following the first publication of this report, GMCA were able to commission Skills for Growth training in these areas with an ambition to upskill around 2000 employees across healthcare, social care, and allied health professionals*.)

- 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 by hiring managers. 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 particularly around driving licences is needed.

- Holistic support for new staff can open the sector to wider demographics. Schemes such as **subsidised driving lessons or vehicle loans** have a wider societal benefit then 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, particularly for 16-18 year olds, though some roles will be difficult to offer placements in.

- There are clear issues around **pay, terms and conditions** particularly around entry level positions. Social Care in particular sees discrepancies across GM but many of the salaries are below the Real Living Wage. 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 conditions[4]'. GMCA and the ICP (Integrated Care Partnership) would like to see **all employers** from the sector sign up to the **Greater Manchester Good Employment**

[4] MMU review – work and productivity

Charter and look at how this can immediately be **linked to the procurement process.**

  - 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 and creates more resilience in the workforce so they can adapt to other roles.
- **Attempts should be made to increasing the capacity of successful models such as Step Into Care**. 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.
- **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. The increased devolution powers of 2023 and mayoral ambitions of an **integrated Technical Education City Region** make this even more important. 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 it is important students completing the qualification are equipped with the practical skills to start employment. **Where employers can, offering opportunities for young people to develop these practical skills is critically important to the future of the sector.**

1. Introduction

Context of report

(1.1) The GM public sector is the largest employer in the region, employing almost 1 in 3 workers – around 436,000 people[5]. Health and Social care accounts for roughly half of this number. Existing GM public sector networks and local authority stakeholders initially 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 were exacerbated by COVID-19.

(1.2) As a growing sector 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 report that many people perceive jobs in care as a quick fix or a last resort and a not as a potential career. Residents should understand the occupations and progression pathways as well as the technical, personal skills and attributes required to succeed. Also needed is an understanding of future trends and opportunities.

Health and social care in GM

(1.3) Greater Manchester Integrated Care Partnership (Greater Manchester ICP) brings together all health and social care partners across Greater Manchester and wider public sector and community organisations to improve the health and wellbeing of the 2.8 million people who live in Greater Manchester.

(1.4) 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

[5] Public sector employment, UK - Office for National Statistics (ons.gov.uk)

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 implemented which improved alignment across the GM health care sector. Since devolution, the number of GM residents working in HSC has increased by almost 10% from 163,000 in 2015[6]. This has included new opportunities to integrate care across public, private, and voluntary services.

(1.5) The way in which health and care services are organised in GM changed again on 1st July 2022, to meet the new requirements under the Health and Care Act 2022. Building on the work of the Greater Manchester Health and Social Care Partnership (GMHSCP), the **Greater Manchester ICP** was established. Greater Manchester ICP connects NHS Greater Manchester, the Greater Manchester NHS Trusts and NHS providers across the whole of primary care with the GMCA, 10 local councils and partners across the Voluntary, Community, Faith, and Social Enterprise (VSCFE) sector, the 10 local Healthwatch and the Trades Unions. These partners take actions which aim to make a **difference to the health** of the population of Greater Manchester.

(1.6) This means professionals are working together across sectors, sharing skills and knowledge as if they were one organisation to improve the health, wealth and wellbeing of GM local residents. A challenge spoken about when compiling this report was that although it is said this is **one HSC workforce – it is a collection of hundreds of different employing organisations.** 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.

[6] Labour Market Profile

2. Industry Context

(2.1) New **Integrated Care Systems** (ICSs) in England formally took up their responsibilities in July 2022. There are 42 area-based ICSs, each covering a population of between 500,000 and 3 million people. The aim of ICSs is to deliver joined-up care that better meets the needs of local people. ICSs are partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, reducing inequalities and improving health across geographical areas. The changes have been described as the biggest legislative overhaul of the NHS in a decade.

(2.2) Overturning a longstanding approach in which the emphasis was on organisational autonomy, competition and the separation of commissioners and providers, ICSs will rely instead on **collaboration and a focus on places** and local populations as the driving forces for improvement. Importantly, to really understand whether their work will make a difference, ICSs will need to use insights from local people on whether the care in their area is improving and giving them what they need. 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.

(2.3) 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. The wider contexts of GM's specific health and social care issues should be considered when thinking about workforce and skills implications. Despite improvements, 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 GM[7] highlighted that the high prevalence of long-term conditions such as

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

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 which have a direct impact on long-term unemployment, mental health and wider social and financial issues.

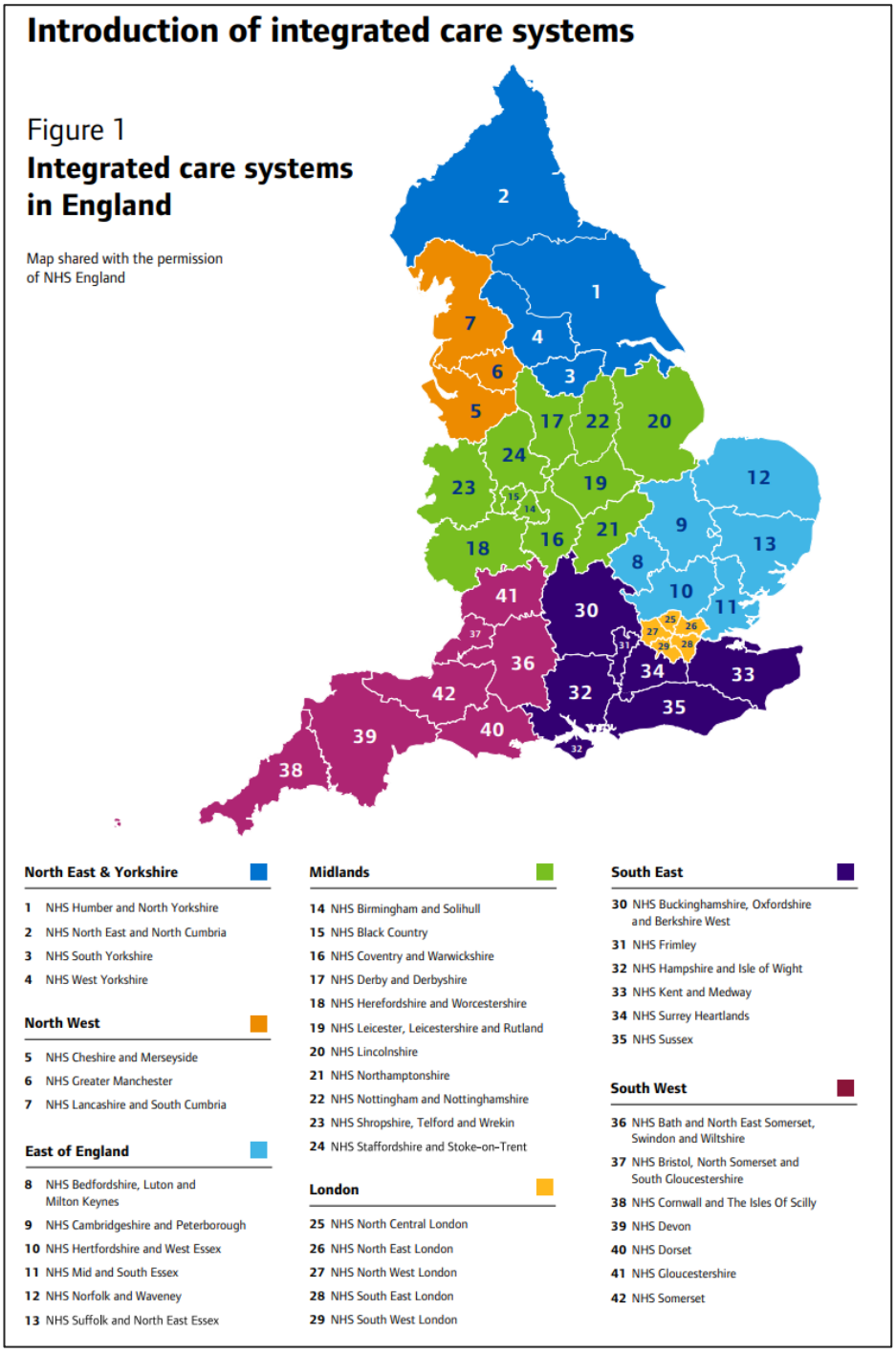


Figure 1: NHS Integrated Care Systems

(2.4) The GM ICP state in their people and culture strategy that the 'health and care system works best when we work together. Having a workforce that understands its part in the whole ultimately leads to better care'. They explicitly state their priority to improve the way they work together and support the workforce to have a wider understanding of how our system operates. A system that is truly integrated will result in less hospital admissions, better discharges and ultimately keep more people well at home:

- Better opportunities to work across the system are needed, more consistent inductions, development opportunities and shared networks.
- Co-create a culture of collaboration, including development of ways of working which are adopted at all levels, such as our system Boards and wider leadership development.
- Enable leaders to work across traditional boundaries to support service integration.
- Develop a plan for cross system mentoring and coaching.
- Promote the development of neighbourhood based integrated health and social care roles, including the expansion of the blended roles programme.
- Make it easier for our workforce to move across different settings, including the expansion of the GM passport across health and care settings.
- Establish a system induction toolkit that can be incorporated into place and organisation inductions to provide useful context around how our system works and supports the development of a system culture.

(2.5) From a skills perspective this is also 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 reduce the number of visits a patient may require. Though sharing budgets can be a strain, 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.

GM Health and Social Care Ecosystem

(2.6) Nationally, around 1.4 million people are employed by the NHS and about 1.52 million people work within Social Care.[8] The number of Adult Social Care jobs has increased by around 10% over the last 10 years. Although formal data suggests that around 250,000 people work directly in the HSC workforce in Greater Manchester, this doesn't include unpaid carers and volunteers. Out of 63,000 that work in adult social care, 57,000 are employed by the independent sector.

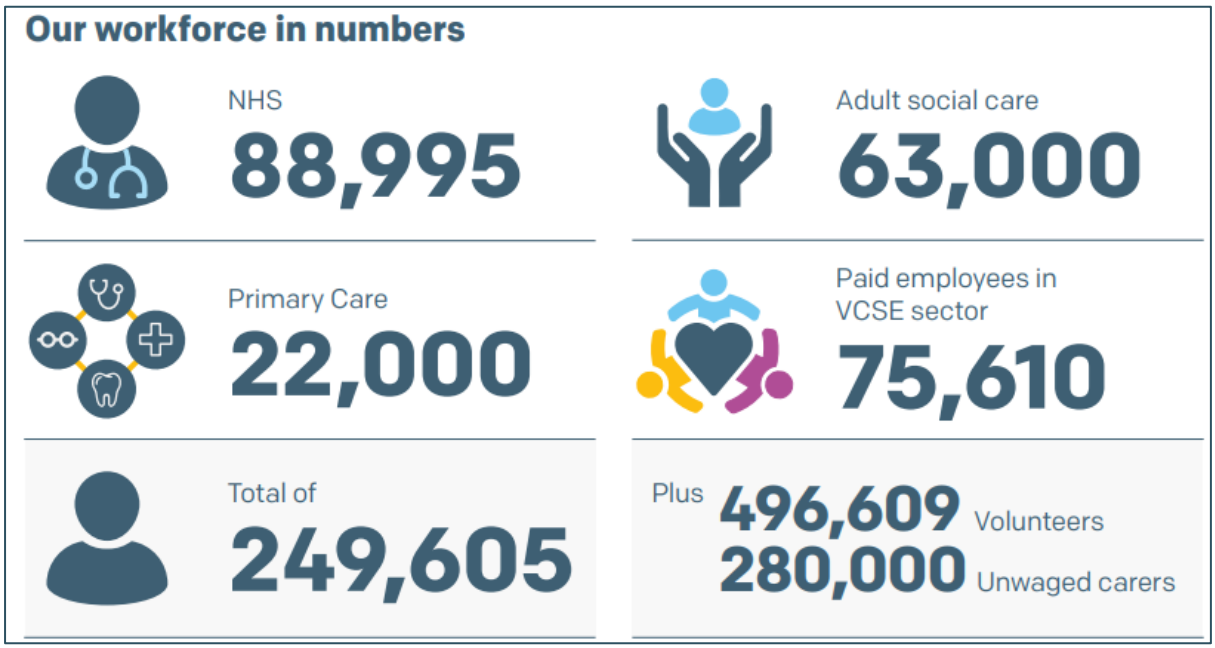


Figure 2: HSC Workforce in GM

(2.7) Manchester, with around 41,000 employees in the sector, is the district with largest number of staff (17.4% of the workforce)[9]. On average, around 16% of the workforce in each borough works in the sector, though not all within GM. Comparing the 2021 Census data (resident employment) with BRES data (workplace employment) reveals that around 24,000 residents of GM work in the sector, but for trusts or workplaces in other regions.

(2.8) 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.

[8] ASC Workforce
[9] GM ICP – 2023

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

(2.9) 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 wider GM workforce, about a quarter of workers are part-time, but in HSC, 38% are part-time – and in care and social work part-time employment rates are as high as 45%.

Sector Challenges

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

- **The blended 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 are **improved digital and ICT skills** across the sector. In 2019, a review concluded 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'.[10] Within Adult Social Care, digital champions who can help support people with their increasingly online tasks are desired.
- Anecdotally it is said that more senior 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

[10] The Topol Review 2019

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, GPs and hospital based medical staff cause significant financial and service delivery challenges, with reliance on expensive agency workers.
- 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

(2.11) In 2020, a global pandemic had significant impact on the world economy. Each sector was impacted, but Health and Social Care workers were effectively on the "front-line" of the pandemic. One of the major changes which has persisted after the pandemic has been an acceleration of some trends. 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.

(2.12) The **care home sector in the UK was particularly profoundly affected** by the COVID-19 pandemic. With the virus causing 42,341 deaths of care home residents between March 2020 and April 2021 and 1,290 deaths of social care workers (including those working in domiciliary settings) between March 2020 and February 2022 the scale of lives lost, and the trauma inflicted upon those on the frontline of the pandemic and their families was huge.

(2.13) Despite a greater degree of recognition of the importance of care homes and their role on the frontline of the pandemic, improvements to pay and conditions were not part of the government response to the pandemic. A

report released in 2023[11] showed that 42% of survey respondents reported **financial problems** related to working in care (including 8% who said they had 'serious' problems) and of being 'worse off'.

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.

(2.14) COVID-19 was 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 included members of the workforce from these demographics who were affected. The 'soft' skills desired within HSC have become more important within these challenging situations. It is important to recognise how this diversity is

[11] CHPI – April 2023

dispersed across GM as this can lead to significant inequality with COVID-19 having the potential to affect this even further.

(2.15) The pandemic 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 years, 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.

(2.16) The **lowest paid staff had an enormous burden** put on them during the pandemic. 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. As shown above, there were huge numbers of deaths among care home residents, with social care staff more than twice as likely to die from COVID-19 as other adults.

(2.17) 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 included those self-isolating and shielding, as well as those who were unwell including COVID-19 and non-COVID-19 related illness[12]. Since then, **sickness rates have returned to something like pre-pandemic** level.

(2.18) 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

[12] Staff sickness during COVID

considered the effect of COVID-19 on the Adult Social Care sector and published their own set of recommendations[13]. Particularly relevant for regional skills needs were their suggestions to:

- **Fund a new leadership programme on asset-based leadership and co-production**, 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.

Within GM some of the other figures are stark in relation to demand for NHS services:

- Over 535,000 people were waiting for treatment as of February 2023 compared to 220,000 before the COVID-19 pandemic.
- Prior to the pandemic, Greater Manchester was not meeting national standards for cancer, and the equivalent of five additional theatres are required now, five days a week, to address the cancer surgical backlog.
- Mental health demand and acuity is high as a direct consequence of the pandemic, with national predictions that mental health needs will remain at elevated levels for some time to come.
- Two thirds of GP practices in Greater Manchester were reporting increased levels of demand, with a further one fifth reporting significant or very significant increased demand in February 2023. Over one quarter of pharmacies and two fifths of dental practices and optometrists are reporting challenges – sometimes significant - to the delivery of their service.

[13] Social Care recommendations

Effect on recruitment

(2.19) The pandemic contributed to a fall in vacancy rates in adult social care as people losing their jobs elsewhere took up roles in the care sector while fewer people left their care roles. As of March 2022, there were more job opportunities in the wider economy with 1.3m vacancies at this point (4.3%). At the same time, adult social care vacancy rates increased substantially and were back above their pre pandemic levels at 10.7%.[14] This trend matches feedback received from care providers who advise that **recruitment has been especially problematic in 2022/23** with opportunities in other sectors (notably retail and hospitality) providing competition for labour.

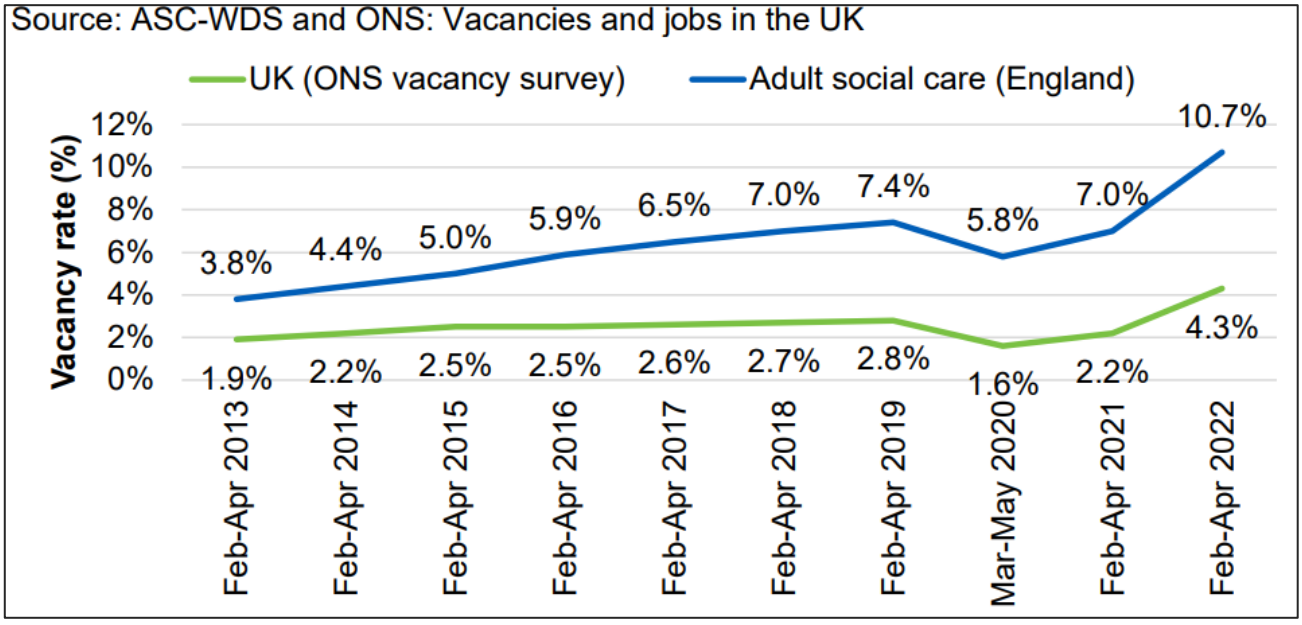


Figure 3: Social care and wider vacancies in UK over last 10 years

(2.20) 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.

[14] The-state-of-the-adult-social-care-sector-and-workforce-2022

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.

3. Labour Market Information

(3.1) The figures relating to demographics within GM are broadly similar to those seen on a national scale. 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 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 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**.

(3.2) 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.

(3.3) Recent data reveals a lot about the age of the Health and Social Care 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.

(3.4) The existing profile of the workforce within the Health and Social Care sector can be compared to other sectors. The graph below from the CIPD shows how employment in the UK Health and Social Care sector is heavily female dominated (orange colour) and also has a higher age profile.

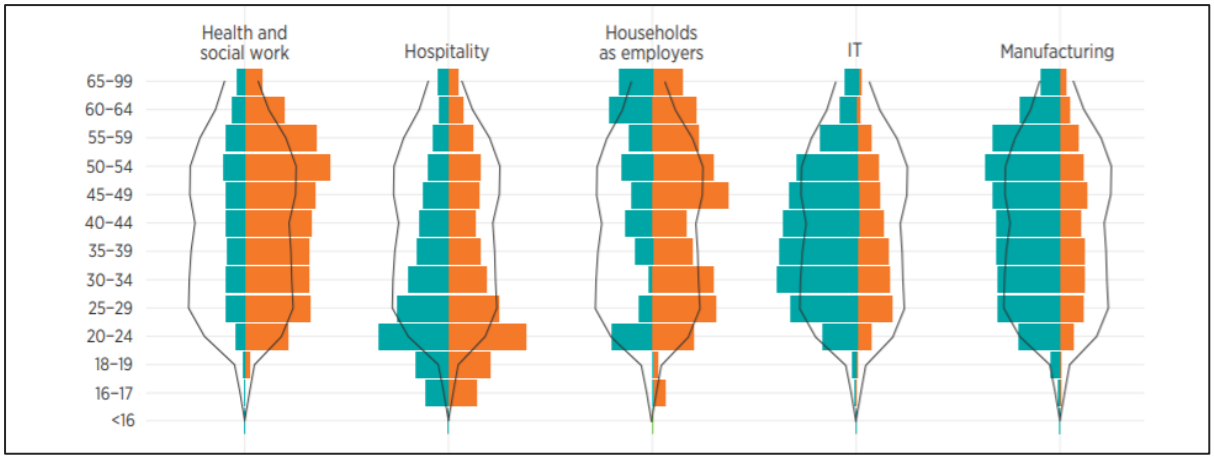


Figure 4: CIPD Data[15] on age/sex profiles of sectors

(3.5) Similar data reveals information about the nationality of workers in the sector. **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 – the sector still relies heavily on workers from overseas to operate, with lower numbers of EU migration. For some roles, employers reported that 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. As a response to this, GMCA were able to fund some HSC specific ESOL training through Skills For Growth Funding.**There is a need for this type of training to be continued since there are GM examples of where it has been of benefit** 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.

[15] CIPD – 2019

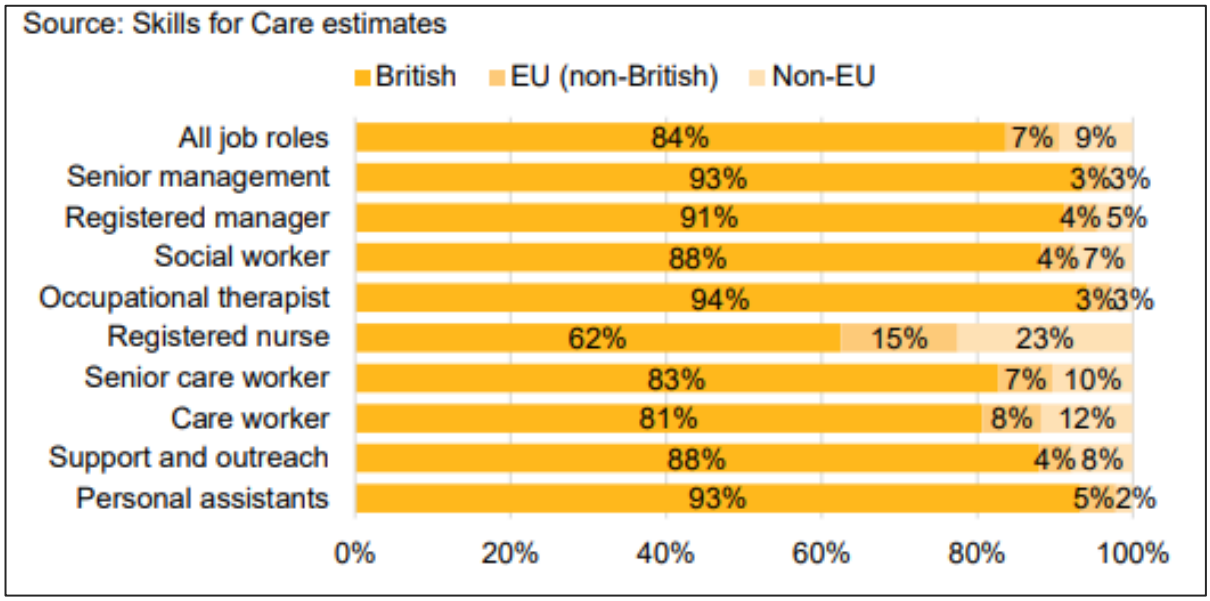


Figure 5: Social care roles and workforce nationality

(3.6) There are wide variations across the UK 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 an ethnic minority background. Breaking down the sector into Social Care and Healthcare reveals even more detail about the make-up of the workforce.

Adult Social Care Workforce

(3.7) In 2021/22 the UK adult social care sector was comprised of around 17,900 organisations across 39,000 care-providing locations with 1.79 million posts (1.62 million filled posts and 165,000 vacancies). The number of full-time equivalent filled posts was estimated at 1.17 million and the number of people working in adult social care was estimated at 1.50 million in 2021/22; more than in the NHS (headcount of 1.4 million).

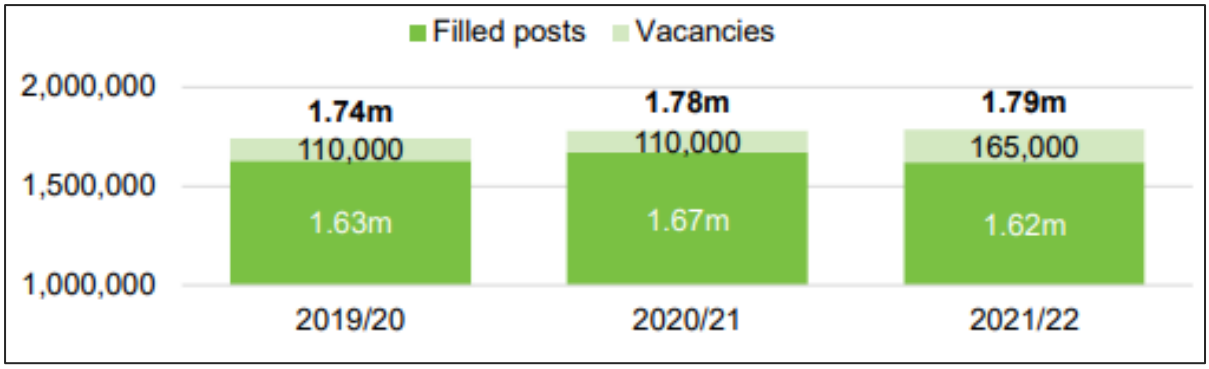


Figure 6: ASC vacancy data

(3.8) During the pandemic, many sectors were decimated with furlough, staff redundancies, a pause and/or stop on recruitment. Other sectors managed to remain more robust. The health and social care sector continued to recruit through necessity and within GM regularly is one of the highest recruiting sectors**.**

(3.9) 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.[16] 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**.[17]

(3.10) In 2022, nationally the following data was collated:

- An estimated 17,900 organisations were involved in providing or organising adult social care in England as at 2021/22. Those services were delivered in an estimated 39,000 establishments. There were also 65,000 individuals employing their own staff.
- The total number of posts in adult social care in England as at 2021/22 was 1.79 million (up 0.3% from 2020/21). Of these posts, 1.62m were

[16] Population projection
[17] Adult social care workforce projection

currently filled by a person (filled posts) and 165,000 were posts that employers were actively seeking to recruit somebody to (vacancies).

- Skills for Care workforce estimates showed **a decrease in the number of filled posts** in 2021/22. Overall, the decrease was around 3% (50,000 posts). The vacancy rate has risen over the same period to the highest rate since records began in 2012/13. The number of vacancies increased by 52% in 2021/22 by 55,000 to 165,000 vacant posts. The vacancy rate in 2021/22 was 10.7%. This shows that the decrease in filled posts is due to recruitment and retention difficulties in the sector rather than a decrease in demand. Employers have not been able to recruit and keep all the staff they need. As a result, an increasing number of posts remain vacant.
- The **UK vacancy rate has increased rapidly** in the past year. This increase has created competition for staff and contributed to the increase in the adult social care vacancy rate over the same period.
- Almost a quarter of the adult social care workforce (24%, or 358,000 filled posts) were employed on zero-hours contracts.

(3.11) Analysis of workforce data from the ASC-WDS shows that there were **differences in diversity between job roles**. Notably, there were proportionally more males and more white people in senior roles than front line roles. While there are some theories about the effectiveness of initiatives to increase diversity, the root cause of this difference can't be ascertained from ASC-WDS data alone. The adult social care workforce continued to be made up of around **82% female workers**, the average age was 45 (with 28% aged 55 and over), 23% of the workforce had black, Asian and minority ethnicity and 16% had a non-British nationality.

(3.12) Data collected in the ASC-WDS[18] since care workers were added to the shortage occupation list showed **more people were arriving in the UK to take up adult social care jobs**. In 2022, between February and August, 11% of workers new to their role within the year had also arrived in the UK within

[18] Skills for Care – 2023

the year. This was greater than the equivalent period in 2021 (4%) and 2020 (2%).

(3.13) Forecasts show that if the number of adult social care posts grows proportionally to the projected number of people aged 65 and over in the UK population between 2021 and 2035, an increase of 27% (480,000 extra posts) would be required by 2035. 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	**Entire ASC Workforce**	**LA and independent only (no NHS or direct payment)**	**Gross Value Added**	**Wage Bill**
Bolton	8,300	6,900	£245m	£117m
Bury	6,100	5,400	£202m	£97m
Manchester	12,500	10,500	£430m	£200m
Oldham	7,100	5,700	£225m	£109m
Rochdale	6,100	5,000	£179m	£86m
Salford	6,600	5,700	£194m	£94m
Stockport	8,500	6,900	£252m	£120m
Tameside	5,100	4,300	£167m	£78m
Trafford	6,500	5,700	£210m	£98m
Wigan	8,600	7,400	£270m	£126m

Figure 7: ASC Workforce and wage bills

(3.14) **The most prevalent occupation in the social care workforce 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. A consultation by Skills for Care[19] found that social care providers faced the following challenges in terms of recruitment. Some of the challenges are within the gift of employers to resolve, but others are more structural and would need addressing at a national level:

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

[19] Skills for care consultation 2022

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

'I love working with kids and helping people but was told that it's 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 men signed up to the group's in-house Early Years (Level 2) Apprenticeship

Healthcare Workforce

(3.15) Late 2022 and early 2023 have seen particular issues in the healthcare sector, primarily industrial action in the face of lower than inflation pay rises. The NHS backlog, which grew during the pandemic, has shown little sign of decreasing. Workforce shortages across many occupations are at the core of both of these issues. 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 in a social care setting 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. Commenting on NHS performance figures for July 2022, NHS Confederation highlighted that only 4 in 10 patients were able to leave hospital when they

were ready to. They said that at that point **there were almost 13,000 patients a day who spent more time in hospital** than needed.

(3.16) Using the best available current information and projections**, it is expected that the HSC sector will account for over 200,000 jobs by 2035** [20]. 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.

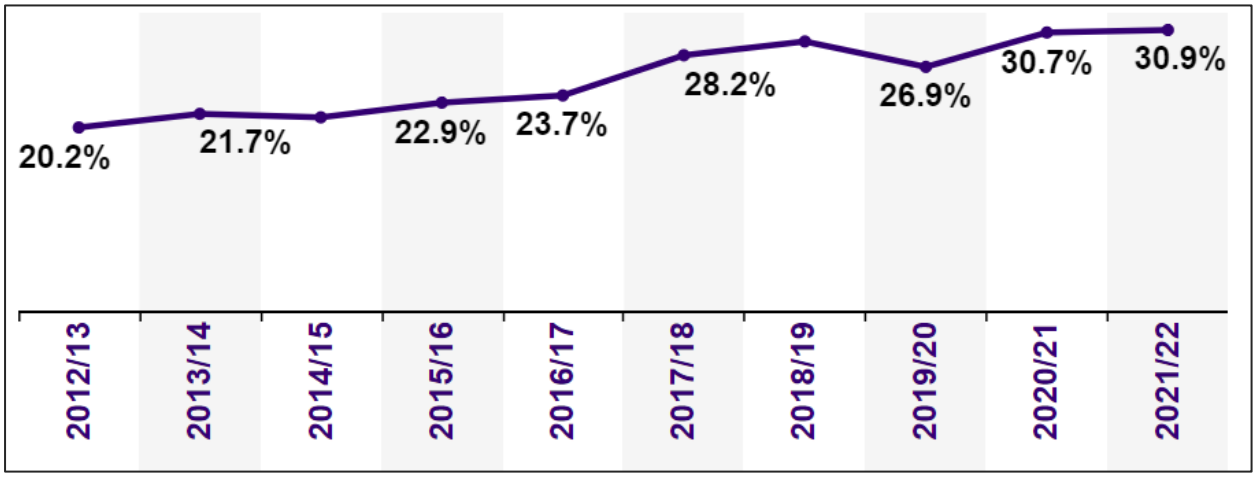


Figure 8: UK Health and Social Care staff turnover rate

(3.17) Zero Hour Contracts in GM remain high (around 23%) and have actually increased slightly since the start of the pandemic. Turnover rates in GM have also increased and over the last 12 months have hit an all-time high of 30.9%. Again these are figures across all localities, and all roles in adult social care.

(3.18) This is due, to a large extent, to severe staff shortages in adult social care, resulting in homecare providers handing care packages back to the local authority and a reduction in hours of homecare. Workforce shortages have also contributed to a **reduction in care home capacity**, with a number of providers choosing to hold empty beds because they don't have the care workers to staff them.

(3.19) A holistic approach to recruiting care workers is encouraged which may **remove barriers for specific groups and address specific issues**. An

[20] HSC workforce for the future

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. Similarly, a programme involving matching local carers with those who need care would remove the requirement for a driving licence. People can then be treated at home as desired.

(3.20) 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.** It also is being used to promote care as a career option and not as a short term job.

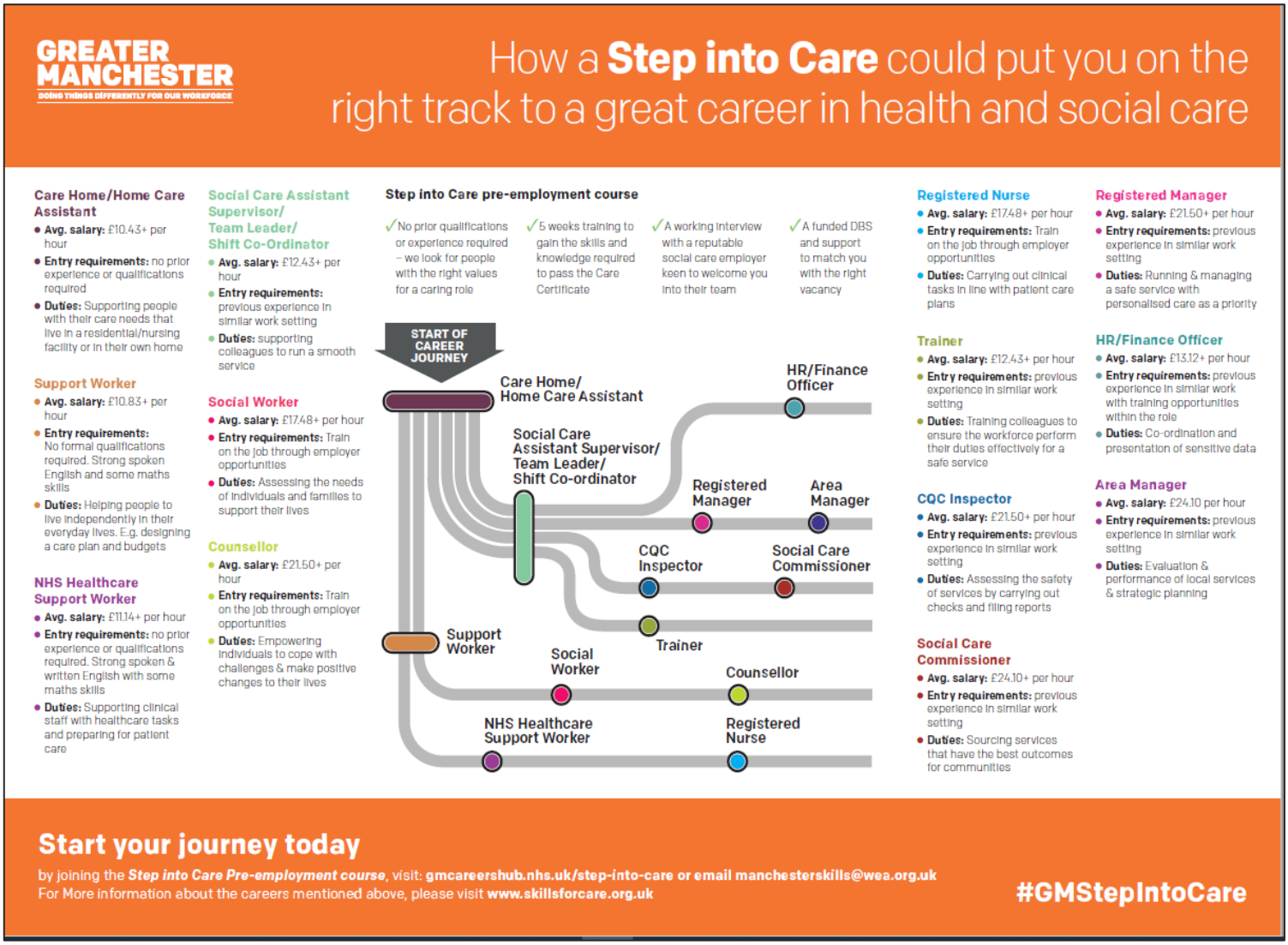


Figure 9: Step Into Care model

(3.21) The pre-employment recruitment model – whilst intensive – offers real long-term benefits and can be replicated in other areas. **The number of men who** began a career in care via the Step into Care programme is above the GM average. It has also introduced staff with age groups **well below the current average age** working in care.

(3.22) 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 manne**r. 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.

(3.23) Across GM a range of other initiatives have been tried in localities to try and ease the recruitment and retention crisis in Social Care. Below shows the feedback from some of the innovative ideas that have been tried over the last 12 months:

Works Well:

- **Person-centred approaches** to recruitment – A more accessible application process including recruitment events with a range of providers and a chance to apply/be interviewed on the day has worked.
- Staff benefits and payment of a **real living wage** has made a significant difference. Using **Local Authority branding** to attract wider support roles has been tried successfully in Wigan. **Flexibility of roles and/ or hours** has meant that people with their personal caring commitments for example, haven't been excluded. **Retention payments** to social care staff in some hard to fill posts have been paid in Bury.
- Learning cultures, clearly articulated and **supported career pathways**, succession planning and an emphasis on staff development including accredited training have been a feature of employers whom fair better in recruitment.
- **International recruitment** to recruit and to enhance diversity has been effective in Trafford, but it was noted that it must be managed well to reduce issues around understanding social care language and culture.

Not Working Well:

- **Attracting younger candidates remains a concern**. Nationally, the average age of the social workforce has aged from 42.5 in 2012/13 to 44.4 in 2021/22.
- Cultural diversity including into senior social care roles remains an issue.
- There are huge differences in strategies towards training and development. Social care requires much more complex skills than it did even 10-years ago as it supports people with more complex needs. Again, National figures show that investing in learning and development reduces the average turnover rate for care workers by 9.5 percentage points to 31.7% amongst those that received some form of training compared to 41.2% amongst those that hadn't. Also apparent is that continued investment in staff training, reduces average turnover amongst care workers. Turnover is reduced by 9.1 percentage points for care workers who received more than 30 instances of training (24.7%) when compared to care workers with one instance of training (33.8%). This data clearly show **investing in workforce learning and development** works well.
- Amount **of agency usage** as a result of recruitment challenges is a concern. At times, GM staff are choosing to stay with agencies rather than apply for permanent roles since pay is better.
- **Exit interviews** and having a true understanding of why people leave is mixed across the sector. Anecdotally there are many staff leaving to take up employment in the retail sector for higher pay. A robust exit interview process captures the information to inform future retention.

(3.24) It is positive that employers are trying new methods, and sharing good practice in GM will benefit the system. However those spoken to for this report re-iterated that whilst pay is relatively poor, challenges will continue. This is something echoed in a Care England survey into most impactful measures that care providers feel would improve recruitment and retention. 95% felt that better pay would make a real difference.

Pay, terms and conditions

(3.25) 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. 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	52%	18%	28%
Bolton	46%	26%	36%
Manchester	57%	18%	26%
Oldham	51%	11%	16%
Rochdale	49%	25%	36%
Salford	46%	31%	46%
Stockport	50%	27%	37%
Tameside	55%	25%	35%
Trafford	54%	29%	42%
Wigan	48%	19%	27%

Figure 10: GM contract data

(3.26) Many of these factors influence one of the main concerns of the sector, retention of staff. It is estimated that during 2022 within GM, 63% of recruitment is from within other roles in Adult Social Care. 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. Also visible is that:

- The sector has difficulty retaining younger staff. The turnover rate amongst those under 20 years old was 52.6%.
- People leave soon after joining. Turnover rates were 43.5% for those with less than one year of experience in role.
- Workers are more likely to leave if they're on zero-hours contracts (33.9% turnover rate), compared to if they're not (30.8%)

(3.27) 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.

(3.28) **Independent employers are most effected by high turnover**. The turnover rate was higher for residential care (32.2%) and domiciliary care providers (31.1%) than for other service types. The increase in the cost of living during 2022, particularly the cost of fuel, may also be influencing staff turnover. This could be a particular issue for domiciliary care services as staff are required to travel between people's homes

(3.29) Care workers had the highest turnover rate of direct care-providing roles, at 36.1%; twice that of senior care workers at 17.5%. Registered nurses in adult social care also had a huge turnover rate (44.1%), equivalent to around 12,500 leavers, compared to other regulated professions such as social workers (14.2%) and occupational therapists (12.1%). Most registered nurse roles were employed by independent social care providers, where turnover rates are known to be higher, whereas social worker and occupational therapist roles were mostly employed within local authorities. For comparison, registered nurses and health visitors in the NHS had a turnover rate of 10.9% as at March 2022. Managerial roles had relatively lower turnover rates at 13.1%, whereas in direct care providing roles, there were the highest rates, at 31.4%. There was also variation between specific roles within each job group.

Health and wellbeing

(3.30) Working in Health and Social Care is undoubtedly demanding. **Practitioners are vulnerable to much higher levels of 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**.**

(3.31) 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.

(3.32) 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[21]. 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**.

[21] https://www.thefed.org.uk/

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 - staff get a Blue Light discount card for gym
- Health Benefit Scheme - 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 thank you
- Free Employee Support, Life Insurance and access to counselling
- All staff are entitled to generous paid annual holidays
- Opportunities for employees to develop their careers and gain qualifications which are linked to pay increases.
- Appraisal and Supervision - including the Investors in People Award.
- Long Service Awards and Retirement Gifts

4. Skills Demand

(4.1) In a sector as varied as Health and Social Care, the skills needs differ greatly across different professions. Traditional health and care roles need a high degree of skills often referred to as "soft" – empathy, compassion, and communication are all cited as highly important in most occupations. As technology has advanced, digital skills and scientific skills have become increasingly important in some research or hospital-based roles.

Health Care

(4.2) Healthcare roles are varied across disciplines – the NHS alone offers around 350 different career pathways. Giving a full picture of the skills needs across this many different pathways is nearly impossible, but there are common trends and groupings of occupations which are widely used as a guide to address skills requirements. A common grouping which covers a large portion of the workforce is given below. 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.

Allied Health Professionals	Nursing	Public Health	Healthcare Support
Audiologist	Adult nurse	Director of public health	Clerk
Diagnostic radiographer	Children's nurse	Environmental health professional	Medical secretary
Dietitian	District nurse	Health trainer	Receptionist
Occupational therapist	Mental health nurse	Health visitor	Secretary
Paramedic	Learning disability nurse	Public health consultant	Assistant practitioner
Physiotherapist	Nursing associate	Environmental health professional	Catering manager

Figure 11: In demand Healthcare jobs in GM (based on vacancy data & employer feedback)

(4.3) In Greater Manchester, **Nursing is the single most in demand job in healthcare.** Overwhelmingly employers prioritised the biggest skills need as being in nursing and supporting progression pathways from care assistant. The profession sees chronic shortages. Vacancy rates are one measure of staff shortages as they highlight posts that the NHS is funding but cannot fill. Data from NHS England show a vacancy rate of 10.8% as at 31 December 2022 within the Registered Nursing staff group (43,619 vacancies). This is an increase from the same period the previous year when the vacancy rate was 10.2% (39,721 vacancies). 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 (into other allied health professions) 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.

(4.4) While general nursing roles can be difficult to fill, some areas are worse than others. **Around 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.

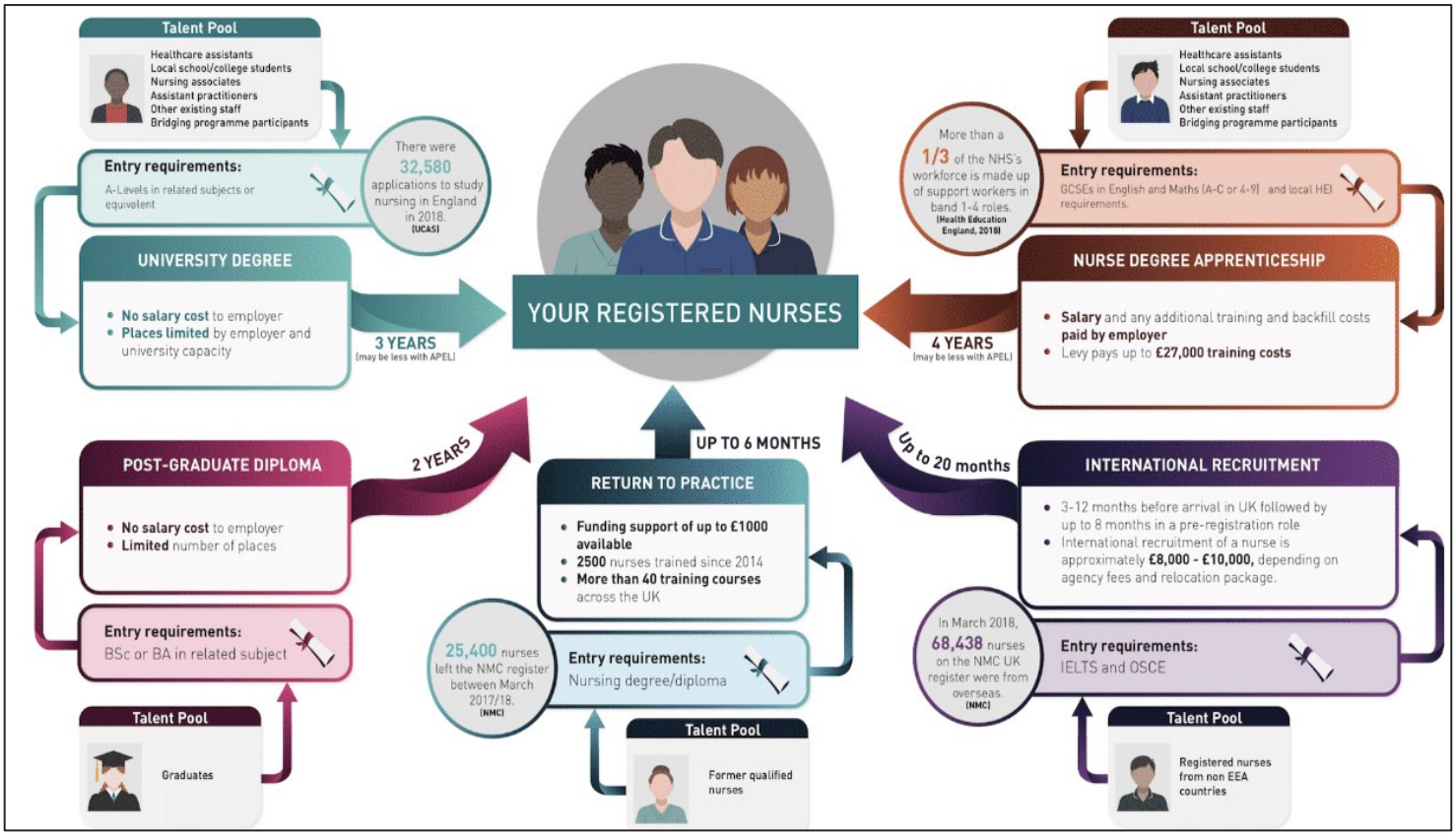


Figure 12: Routes into nursing[22]

(4.5) 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 nurses 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.

(4.6) 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 recent years, there have been some positive trends on this. **In the 2021/22 academic year, the number of students starting a Nursing degree was 34% higher than in 2019/20,** rising from 41,230 to 55,270.

22 https://www.nhsemployers.org/articles/your-future-nurses

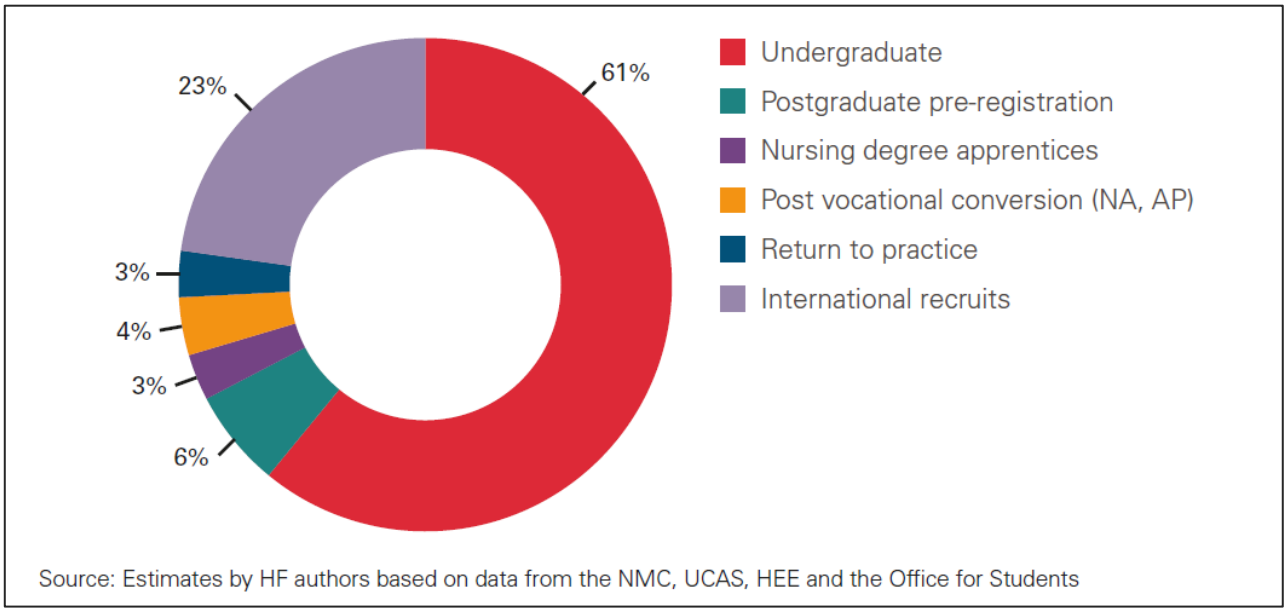


Figure 13: Annual supply of nurses in England by source

(4.7) Health care assistant roles in the NHS can be extremely attractive to staff in social care and there is a gap of around 7% between pay for nurses in adult social care and in the NHS. 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.

(4.8) As a way of improving the skill level of their staff, employers were very supportive of staff in more junior care positions 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 the first GM social care group in September 2020. This has included apprentices of various ages and backgrounds.

(4.9) 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

[23] Nursing associate apprenticeship

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.

Social Care

(4.10) In contrast to the broad range of healthcare roles, there are **around 35 distinct roles in social care, though there is significant overlap in some areas**. 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.

Direct Care	Care Support	Regulated Professionals	Management
Activities coordinator	Nursing assistant	Social worker	Team leader
Care Assistant	Volunteer Coordinator	Occupational therapist	Unit Manager
Personal assistant	Social care Prescriber	Nursing associate	Care coordinator
Rehabilitation worker	Assistant Practitioner	Speech and language therapist	Area Manager
Advocacy worker		Learning Disability Nurse	Clinical Lead
Support Worker			

Figure 14: In demand Social Care jobs in GM (based on vacancy data & employer feedback)

(4.11) Although **regulated roles in ASC** represent a relatively small proportion of the total adult social care workforce, they're vital in terms of the success of the social care system, and in terms of integrated health and social care planning and delivery.

- In 2021/22, there were an estimated 32,000 registered nurse filled posts in the adult social care sector. Most of these were in care homes with nursing in the independent sector (30,000), and around 1,800 involved working for independent sector non-residential care providers. This figure doesn't include registered nurses working in the NHS.
- There were 3,700 identified occupational therapist filled posts working in adult social care settings (3,200 of which were employed by local authorities), with at least a further 1,000 qualified occupational therapists working in a range of other practitioner or management roles (other than designated occupational therapist posts). There were also 18,500 occupational therapist roles identified as working in the NHS. Although most occupational therapists will perform adult social care-related tasks, their roles may also involve assessing the needs of disabled children.
- As at 2021/22, there were an estimated 23,500 social worker filled posts in the adult social care sector. Many of these (17,300) were within local authorities, and around 2,500 were employed within the independent sector. Data from NHS Digital shows that there were also around 4,000 social worker filled posts in the NHS. As with occupational therapists, these filled posts have been included as they're considered to be related to social care.
- The role of registered managers is critical in the adult social care sector. In 2021/22 there were around 23,600 registered managers in post. With 7,500 registered managers (32%) due to retire in the next 15 years and with a high turnover of registered managers across the sector, succession planning is key to ensuring that services continue to provide well-led, consistent quality care.

(4.12) Skills for Care[24] are the sector body which track the rate of skills and qualifications in the Social Care workforce. Their research suggests that around **half the staff in the sector have no relevant social care qualifications.** Within GM, in some localities, almost 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	% Care workers with relevant ASW qual	Average care worker hr rate (independent sector)	Vacancy Rate (Care Worker)	Turnover Rate (Care Worker)
Bolton	46%	£9.47	9%	27%
Bury	45%	£9.93	12%	40%
Manchester	42%	£9.40	11%	28%
Oldham	57%	£9.37	9%	44%
Rochdale	52%	£9.35	7%	53%
Salford	38%	£9.37	6%	23%
Stockport	41%	£9.64	10%	49%
Tameside	43%	£9.60	7%	34%
Trafford	35%	£9.68	13%	52%
Wigan	48%	£9.37	8%	39%

Figure 15: Pay and turnover rates across GM

(4.13) Care assistants in care homes may wish to progress on to nursing associate and nursing degree apprenticeships, though these opportunities are still

[24] Skills for Care

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**[25]. 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 interest in the nursing pathway and opportunities to progress in many of the other positions available in health and social care[26].

[25] Teaching care homes pilot
[26] Career progression for a nurse

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.

(4.14) The Social Care Institute report 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**.

(4.15) 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.

(4.16) Both Healthcare and Social Care also involve a large number of people employed in 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.

Vacancy Market

(4.17) Measuring demand for skills among employers can be difficult, but modern vacancy data can give a guide to what employers who advertise online for workers are listing as essential or desired skills on job specifications. Overall vacancy data for the sector across GM shows a strong recovery of demand after the pandemic eased, after an initial dip; Despite flattening in mid-2022, the number of roles advertised is still double pre-pandemic levels jobs. Health and Social Care jobs continue to feature strongly as **some of the most advertised** in GM. The chart below shows jobs advertised over a 12-month period. Key in-demand occupations are varied, but nurse, care giver and care assistant all feature.

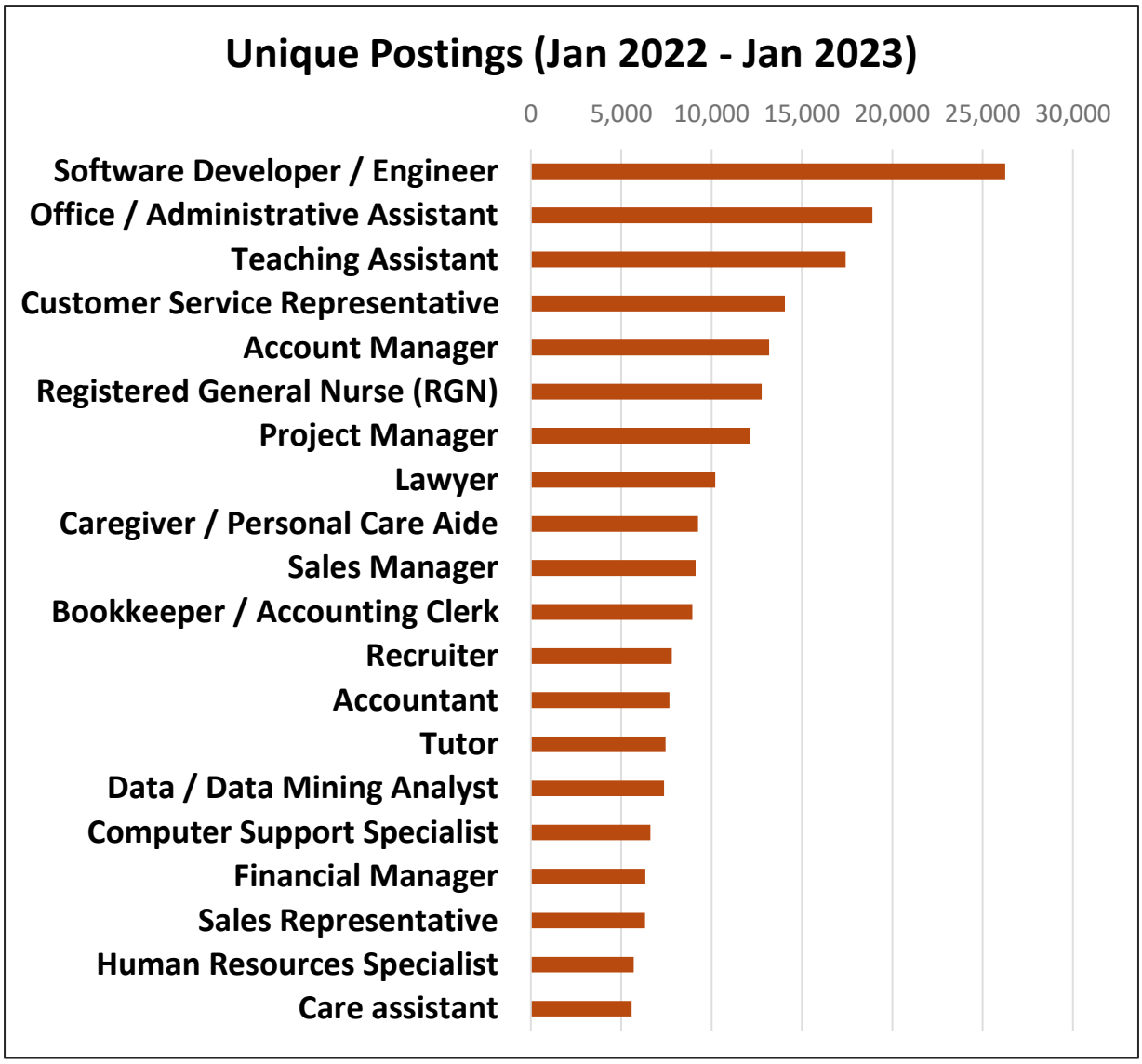


Figure 16: Top GM Job Postings in 2022 (Lightcast Data)

(4.18) When we look at which have been the highest number of live job adverts in the Spring of 2023, we can compare across localities and with previous months. Of the 10 localities, nine had at least one HSC role in the top five advertised positions. Interestingly though, Education replaced HSC as the sector with the highest number of adverts over the full 12 months of 2022. IT and sales jobs were next, with healthcare jobs being the fourth most advertised[27]. Occupation level data is shown below – overall vacancy numbers increased by 10% in the 3 months from March to May 2023

[27] GMCA analysis of Lightcast vacancy data

compared with the previous 3 months. Nursing roles take up a large proportion of the overall demand.

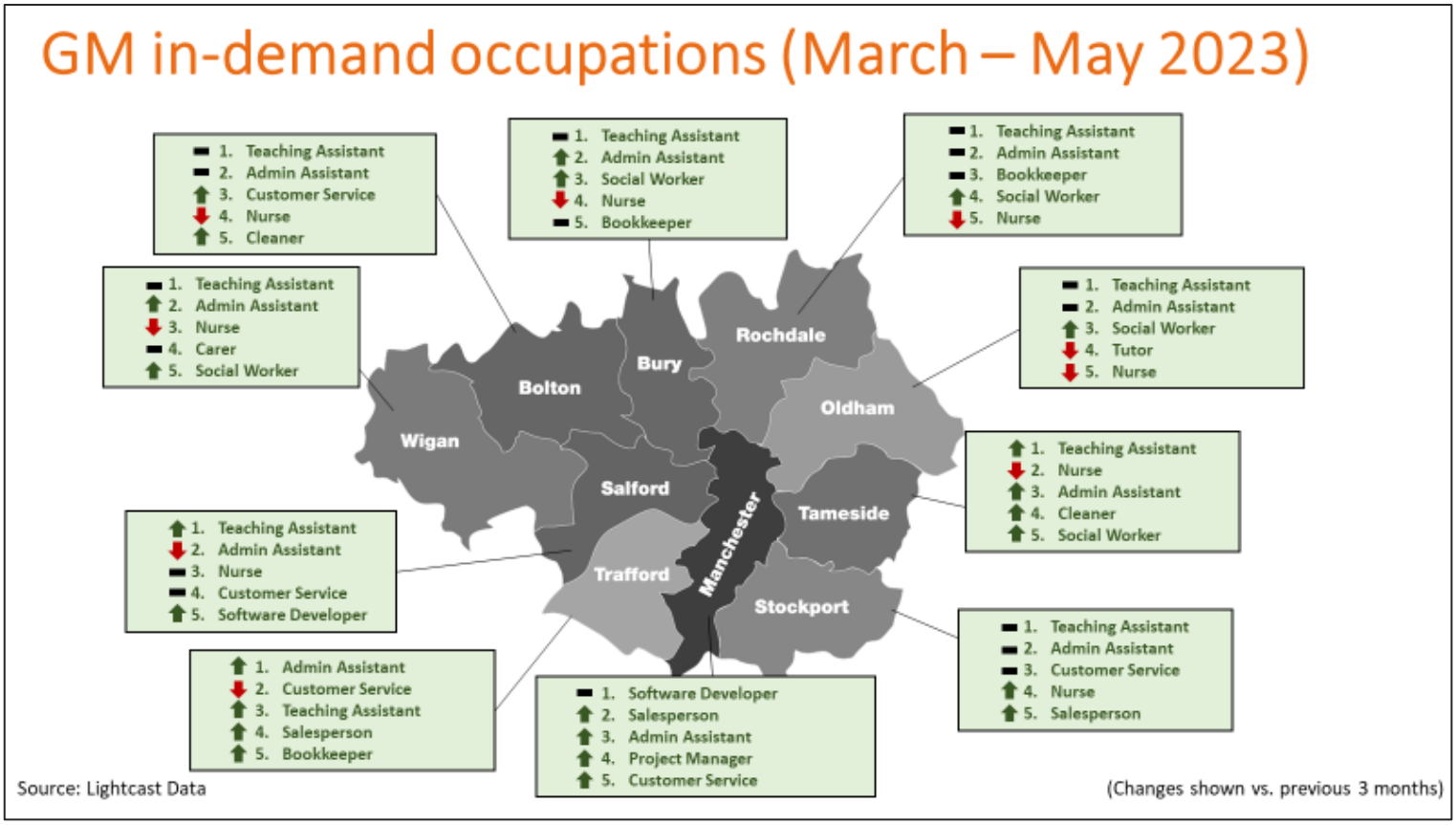


Figure 17: Top GM vacancies by locality

Healthcare	18,465	10%
Registered General Nurse	3,639	12%
Home Care Assistant	1,816	14%
Nurse Practitioner	1,116	16%
Physician	1,074	1%
Nursing / Healthcare Assistant	992	13%
Nursing Home / Home Health Administrator	861	22%
Healthcare Administrator	741	2%
Nursing Manager / Supervisor	676	14%
Pharmacist / Pharmacy Director	559	18%
Mental Health Care Assistant	520	5%

Figure 18: Occupation vacancy data – March 2023 – May 2023 (with increases on previous 3 months shown)

(4.19) Speaking with social care employers in 2023, many have stated that they have a number of **hard-to-fill vacancies**. Other specialist roles are also in

demand including consultants, and audiologists. Nursing and mental health awareness are specialist skills that have also featured in many job adverts as seen below:

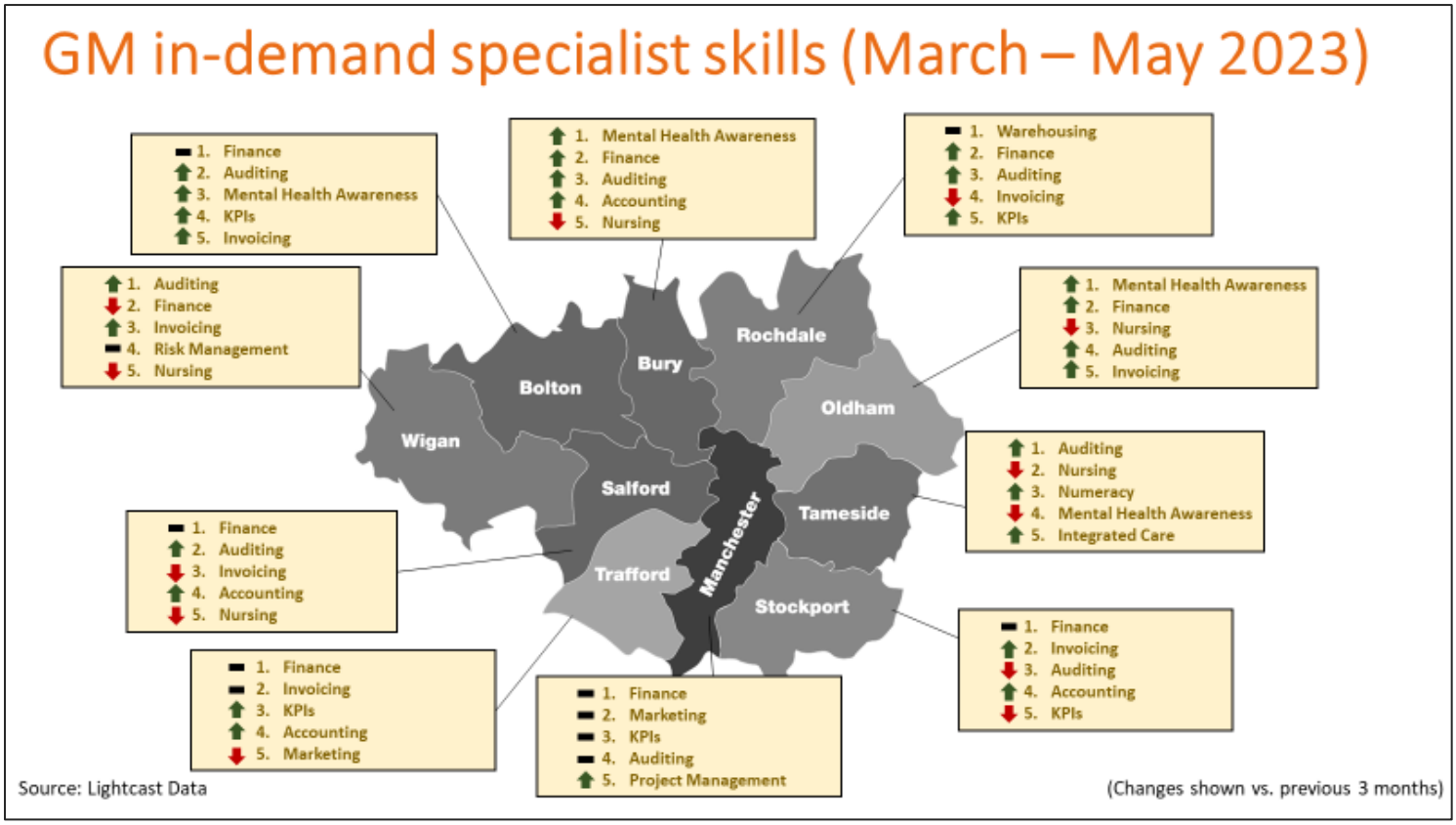


Figure 19: Skill needs across GM

(4.20) 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.

5. Skills Supply

(5.1) There is good awareness of the HSC job market. From birth, people are exposed to those in the sector and the NHS is often referred to as the single largest employer in the UK. Despite this, those in the sector often feel that there is less awareness of the huge number of different roles and skills needed. We have looked at GMACS data to understand the professions which young people want to enter. Within the top 100 jobs given, Doctor, Psychologist, Surgeon, Psychiatrist, Nurse, Social Worker and Dentist are all included.

Schools and FE

(5.2) Whilst some aspects of Health and Social Care are taught within other subjects, there are also many GM schools offering BTEC Level 1/Level 2 Tech Award in Health and Social Care. This is for learners who want to acquire technical knowledge and technical skills through vocational contexts as part of their Key Stage 4 learning. The qualification recognises the value of learning skills, knowledge and vocational attributes to complement GCSEs. .

(5.3) Across the Greater Manchester FE landscape, health and social care courses remain some of our most popular. However, most recently there has been a drop in number of students starting, partly as a result of the pandemic for subjects that were difficult to pivot to online teaching.

Level	19/20	20/21	21/22
Below Level 2	4,573	4,346	4,044
Level 2	7,472	7,513	5,344
Level 3	5,215	4,869	5,596
Level 4+	624	655	606
Unassigned	16	102	85

Figure 20: FE 16-18 Health and Social Care course starts

Apprenticeships

(5.4) 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.

(5.5) 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.

(5.6) 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)

(5.7) There are also options to recruit apprentices in other roles within the ASC service such as business administration, assistant accountant or chef. From 2017-21, the following apprenticeship starts have been made in GM:

Standard	Bol	Bury	Manc	Old	Roch	Salf	Stoc	Tame	Traf	Wig	Total GM
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**
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**

Figure 21: HSC Apprenticeship starts in GM – (2017 – 2021)

(5.8) 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 September 2021. This followed the period in the 6 months previously where there had been very few new starts.

(5.9) 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.**

Level	GM App Starts for 2021/22	16-18	19-24	25+	Grand Total
Intermediate Apprenticeships	Health, Public Services and Care	404	316	591	1,311
Advanced Apprenticeships	Health, Public Services and Care	399	695	1,215	2,309
Higher Apprenticeships	Health, Public Services and Care	22	350	1,549	1,921

Figure 22: GM Apprenticeship starts in HSC (2021/22)

(5.10) In 2023 Greater Manchester Learning Provider Network (GMLPN) developed a survey to explore **challenges faced around delivering HSC apprenticeships**. Respondents of the survey are currently training over 1700 HSC apprentices across levels 2, 3, 4, and 5. There were many findings that are shared below:

- Almost every respondent reported seeing a decline in learners looking to do HSC apprenticeships – particularly apparent in attracting new learners to the sector. Most that were currently being trained were existing members of staff within the sector looking to upskill.
- A high number of HSC apprentices are leaving courses early, impacting on apprenticeship success rates and staff retention. Reasons given are other challenges in the sector (pay, workload, hours) and personal mental health and wellbeing being affected. The critical need for delivery staff is also making it difficult for apprentices to complete their off-the-job learning.
- Many training providers also reported that HSC apprentices need extra support in comparison to other sectors – mainly around health and wellbeing.
- Additionally, many apprentices struggle with functional skills, where they don't have exemptions provided by GCSEs.
- Providers who responded to the survey all felt that the apprenticeship funding they receive to deliver each standard is insufficient. A couple of GM providers have stopped delivering courses at L2 and L3 due to delivery not being cost effective.

T Levels

(5.11) 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.

(5.12) **There are now Health T Levels being delivered in GM.** There are three routeways. Below is the info for each route way.

Health occupational specialisms	Healthcare Science occupational specialisms	Science occupational specialisms
• Dental Nursing • Supporting Adult Nursing • Supporting Midwifery • Supporting Theatre • Supporting Mental Health • Supporting care of Children and Young People • Supporting Therapy teams	• Optical Care Services • Pharmacy Services • Assisting with Healthcare Science • Dental Technical • Services • Prosthetic and Orthotic Technical Services	• Laboratory Sciences • Food Sciences • Animal Sciences • Metrology Sciences

Figure 23: Health and Social Care T Level routes

(5.13) Over the last three years GMCA has been engaged with all nine of the General Further Education (GFE) Colleges and some sixth form colleges to prepare and implement T Levels. To ascertain the progress made to date and planned activity for the next three years, these colleges have been asked to supply their actual recruitment numbers and their planned recruitment

numbers across existing and new T Levels up to and including 2024/25 academic year. This information will assist with understanding the scale of placements which are needed as a critical part of the programme. Given the intensive nature of the placements (45-day minimum duration), and the nature of the sector, getting valuable experience embedded as part of the T Levels will be a challenge for the whole system to respond to.

(5.14) The data provided by these providers show that by year 24/25 we will have circa: 4,935 T level learners studying in GM. The most popular T Levels are in order of planned recruitment are:

- **Health and Science** **920 learners 9 colleges**
- Construction 846 learners 8 colleges
- Education and Childcare 458 learners 10 colleges
- Digital 695 learners 9 colleges
- Creative and Design 437 learners 7 colleges
- Business and Administration 396 learners 8 colleges
- Hair, Beauty and Aesthetics 307 learners 6 colleges
- Engineering and Manufacturing 387 learners 7 colleges
- Legal, Finance and Accounting 361 learners 6 colleges
- Catering and Hospitality 128 learners 4 colleges

(5.15) At the time of writing, every integrated care system (ICS) in England has been invited to **offer a bid for provision of grant funding** by the Department for Education. The grant intends to award one NHS ICS per region the funds to employ a T Level Industry Placement Co-Ordinator at Band 7 to work on T Levels and industry placements across their ICS. GM's Integrated Care Partnership are applying and employers in the sector expect the approach across the region to be beneficial. Some employers are hesitant to fully adopt T Levels, given the replacement of tried-and-tested routes into the sector through other technical qualifications (BTECs being a large contributor).

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

[28]

Higher Education

(5.16) There are a wide range of university courses and higher technical qualifications in FE across GM offering potential pathways into HSC careers. Our universities have strong links with NHS partners, clinics and community

[28] GMACS

care; helping shape their curriculum and ensure the skills taught are valuable in the workplace. These include courses such as Nursing.

(5.17) The number of applications to study nursing across the UK has fallen by almost 20% according to figures from the Universities and Colleges Admissions Service (UCAS). They have detailed a decline in nursing applicants across all age groups and within each UK nation for the next academic year. Some 33,570 individuals have applied to study nursing from 2023 – more than 7,600 less than the same time in 2022 (-18.5%).

(5.18) While nursing application rates had seen a sharp boost following the coronavirus pandemic, these figures are also a 3% decline on those from the January 2020 deadline and are only up 3% from 2019. We know that in comparison to England, GM's HEIs have a higher proportion of qualifications gained in subjects related to priority sectors, including medicine and allied subjects.

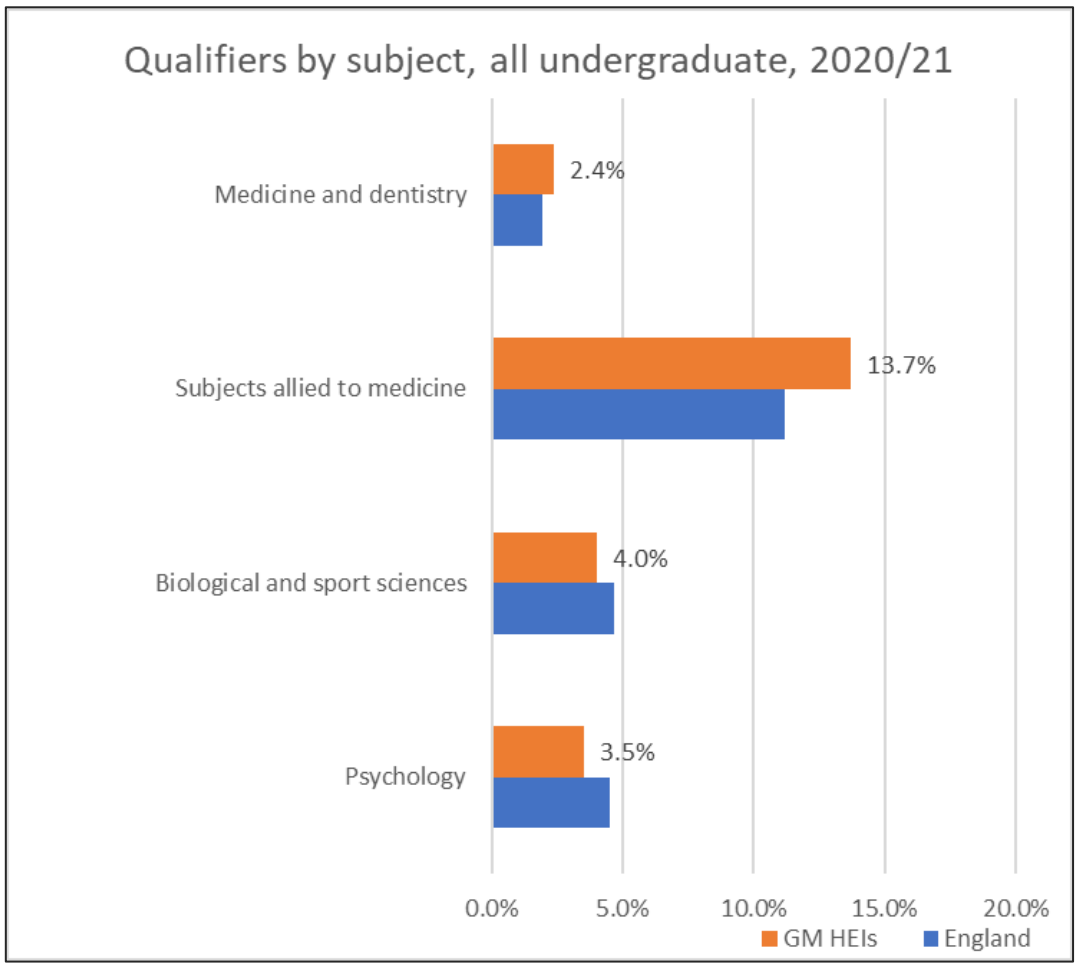


Figure 24: H&SC related subjects studied in GM / England

Adult Education

(5.19) The Adult Education Budget (AEB) was devolved from Central Government in August 2019 and supports tens of thousands of the city-region's residents every year to develop the skills they need for life and work. Additionally, it helps to ensure that employers can access the skilled workforce they need for businesses across the city-region to grow and thrive.

(5.20) We had over 5,000 enrolments in Health and Social Care over the last academic year:

Learner Home LA	Health and Social Care	Medicine and Dentistry	Nursing and Subjects and Vocations Allied to Medicine
Bolton	449	2	8
Bury	488	0	5
Manchester	1,309	12	27
Oldham	664	2	4
Rochdale	545	13	9
Salford	423	2	11
Stockport	279	0	5
Tameside	492	2	20
Trafford	229	1	8
Wigan	568	1	2
GM	***5,446***	***35***	***99***

Figure 25: AEB Starts – 2022/23

(5.21) The most popular AEB HSC courses – i.e., those that had more than 100 enrolments are shown below:

Course Title	No. of Enrolments
Certificate in Counselling Skills Level 2	626
Certificate in Well-Being Level 2	366
Certificate in Understanding Mental Health First Aid and Mental Health Advocacy in the Workplace Level 2	232
Certificate in Understanding Autism Level 2	221
Award in Health and Safety Awareness Level 1	217
Award in Counselling Concepts	216
Non regulated Community Learning provision, Health and Social Care	206
Non regulated SFA formula funded provision, Level 1, Health and Social Care, 13 to 20 hrs, PW B	195
Certificate in Understanding Behaviour that Challenges Level 2	170
Diploma in Counselling Skills Level 3	154
Award in Preparing to Work in Adult Social Care Level 1	149
Certificate in Understanding Children and Young People's Mental Health	127
Award in Mental Health Awareness Level 1	126
Certificate in Awareness of Mental Health Problems	121
Award in Mental Health Awareness (RQF)	115
Award in Nutrition and Health Level 1	113
Mental Health and Well-Being; The Fundamentals	103

Figure 26: GM AEB Enrolments – 2022/23

Skill Bootcamps

(5.22) Skills Bootcamps give people aged 19+ the opportunity to build up sector specific skills through fully-funded and co-funded flexible courses of up to 16 weeks. After completing the training, participants will fast track to a guaranteed interview with a local employer. The key objectives are to support

adults from diverse groups to retrain and help employers to fill skills shortages. In mid-2023, GMCA have awarded funding to two projects in the Health and Social Care sector that will aim to bring new people into the sector. These will start later this year.

6. Summary and Next Steps

(6.1) 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. . The system must work collaboratively to try and fix many of the structural challenges in Health and Social Care, particularly ones which are related directly to the recruitment and retention challenges. These recommendations aim 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** – ESF funded Skills for Growth is now closed but other GMCA and external funding streams can be used 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

(6.2) 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 had a huge effect. There is increased appreciation of the work being done by the sector but also highlighted the pressures of frontline work.

(6.3) **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

(6.4) 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 functional skills requirement remains a challenge.

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.

(6.5) 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

(6.6) 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, despite evidence showing that training staff generally increases retention.

(6.7) **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.

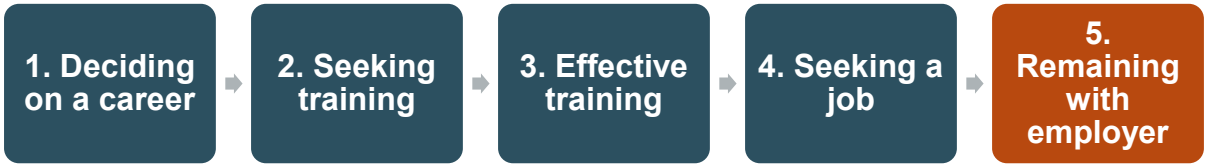
Health and social care – Seeking employment

Challenges and recommendations

(6.8) 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.

(6.9) Employers also needs 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

(6.10) 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.

(6.11) 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.

Future reports

(6.12) 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.