HEY LEP Career Aspirations Group: Health & Social Care CPD Event

Career opportunities in the health and social care sectors



Housekeeping

Chris Howell
HEY LEP Employment & Skills Manager



Introduction

Andy Crossland
HEY LEP Chair Career Aspirations Group



HEY LEP Career Aspirations Group

Active working group with the remit for all age CEIAG and reporting to the HEY LEP Employment & Skills Board.

5 key objectives:

- 1. To promote CEIAG quality standards, such as QICS and Matrix
- 2. To help support & develop local CEIAG practitioners
- 3. To develop and promote Labour Market Information (core CAG theme)
- 4. To review, develop, and promote Employability Skills passports
- 5. To review the LEP Skills Pledge



Today's Aims

Second of termly short events focused on specific sectors & industries, that:

- 1. Enable careers and IAG staff to network and undertake CPD
- 2. Promote networking and sharing practice / information
- 3. Offer a marketplace & access to LMI Information

HEY LEP would appreciate your feedback & any suggestions for sectors you wish to learn more about at future events



Agenda

9:10 H&NY Health & Care Partnership – the HNY Workforce

9:40 Allied Health Professionals

A day in the life of a Radiographer

Q&A

10:30 Comfort break

10:50 Skills for Care - workforce gaps and pathways in adult social care

A day in the life of a Care Worker

North Lincolnshire Council – Career Opportunities

Q&A

11:45 Plenary and Close

12:00 Networking



Telling the people story – the HNY Workforce

Simon Dunn & Steph Carroll





NHS Humber and North Yorkshire Integrated Care Service



What are integrated care systems?

Integrated care systems (ICSs) are partnerships of organisations that come together on 1 July 2022 to plan and deliver health and care services across their geographical areas. These organisations are:

- Primary Care Networks (GP Practices)
- Acute, Secondary care Trusts (our hospitals)
- Mental health and community health and care providers
- Social Care (Local Authorities and our Independent Sector)
- Voluntary, Community and Social Enterprise.

NHS Humber and North Yorkshire ICS is accountable for the health and care of 1.7million people, operating a budget of £3.5b.

What is the purpose of integrated care systems (ICSs)?

The purpose of ICSs is to deliver four overarching objectives, namely:

- 1. Improve outcomes in population health and healthcare
- 2. Tackle inequalities in outcomes, experience and access enhance productivity and value for money
- 3. Help the NHS to support broader social and economic development
- 4. Collaborating as ICSs will help health and care organisations tackle complex challenges



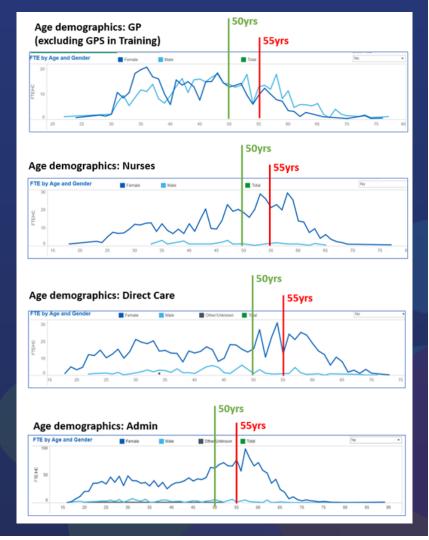
Primary Care Network (WTE @ Feb 2023)

	GPs	Nurses	Direct Patient Care	Admin & Clerical
East Riding of Yorkshire	180	109	127	429
Kingston Upon Hull	138	86	108	379
North East Lincolnshire	80	68	74	227
North Lincolnshire	112	65	83	254
North Yorkshire	314	154	222	598
York	239	121	183	521
TOTAL	1063	603	797	2408



Direct Patient Care roles:

- Registered Workforce includes Dietician, Physiotherapist,
 Occupational Therapists, Pharmacist, Paramedics
- Unregistered workforce includes Healthcare Support Worker, Nursing Associate, Phlebotomist and our Apprentices

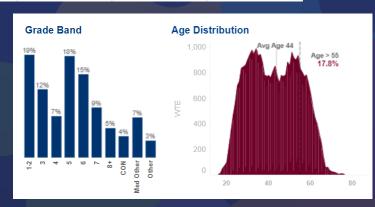


Acute/Elective and Mental Health Workforce

	Harrogate & District NHS	Hull University Teaching Hospitals	Humber Teaching NHS	Northern Lincs & Goole NHS	York & Scarborough	ICB TOTAL
Registered Nursing, Midwifery and Health	1,619.65	2,492.35	826.73	1,626.99	2,207.06	8,772.78
Allied Health Professionals	342.38	625.02	184.77	524.15	612.79	2,289.11
Other Scientific, Therapeutic and Technical Staff	96.44	397.43	265.80	280.76	163.19	1,203.62
Registered/Qualified Healthcare Scientists	58.03	155.20	0.00	0.00	429.48	642.71
Support to Clinical Staff	909.26	1,509.01	1107.48	1,149.44	2,701.23	7,376.42
NHS Infrastructure Support	902.61	1,898.54	412.96	1,835.88	1,546.32	6,596.31
Any Other Staff	14.00	0.64	0.00	0.00	9.53	24.17
Medical & Dental (less Jnr Dr)	236.10	527.72	42.36	490.65	588.93	1,885.76
TRUST/ICS TOTALS (less Jnr Drs)	4,178.48	7,605.91	2,840.10	5,907.87	8,258.53	28,790.89

Secondary Care and Mental Health workforce labour markets:

- Unregistered workforce including HCAs, technicians, porters, domestics, admin/receptionists, drivers are mainly recruited direct from our local labour markets
- Registered workforce including nurses, midwives, allied health professionals (therapists, radiographers/US) scientists and medical staff are recruited approx. 30% local/national, 30% newly qualified, 30% international



In addition to the NHS workforce the ICS also offer employment opportunities within ...

Local Authority and Independent Sector Social Services who, within HNY, provide over 49,000wte registered and unregistered employment opportunities. These range from Social Workers, Nursing roles through to Carers and Administration. The sector offers permanent, full-time, part-time and flexible contracts on an ongoing basis.

Community Interest Companies such as ...







Voluntary, Community and Social Enterprise Sector who, within HNY, are represented by over 5,900 organisations who provide both paid (29,000wte) and voluntary (127,700) opportunities within a sector operating on a budget of £948m. The sector offers a wide and varied range of opportunities across a significant number of roles, localities and services. Many people use VCSE employment experience as a means of step stoning into careers with other ICS providers, and likewise many ICS staff also volunteer

HNY ICS (NHS, ASC, VCSE, PCN) employs more than:

- 114,660 wte registered and unregistered staff
- 127,700 volunteers

Within the NHS health workforce KPIs are:

- Vacancy rate: 7.4%
- Staff turnover rate: 15.2% (8.6% 'leavers')

... so what are the current NHS and PCN opportunities?

NHS Workforce Vacancy Numbers (March 2023)

	Staff in Post (wte)	Establishment (wte)	Vacancies (wte)
Registered Nursing, Midwifery and Health visiting staff	8,772.78	9521.29	748.51
Allied Health Professionals	2,289.11	2401.1	111.99
Other Scientific, Therapeutic and Technical Staff	1,203.62	1264.05	60.43
Registered/Qualified Healthcare Scientists	642.71	642.57	-0.14
Support to clinical staff	7,376.42	8141.4	764.98
NHS Infrastructure Support	6,596.31	7056.26	459.95
Medical & Dental	1,885.76	2998.33	1,112.57
ICS NHS Secondary Care and Mental Health Totals	28,766.72	32,025.00	3,258.28

NHS Hard to Fill vacancies:

- Registered workforce include (but not limited to) nursing (adult, children's and mental health), midwifery, dieticians, physiotherapists, occupational therapists, speech and language therapists, pharmacists, radiographers/sonographers
- Unregistered workforce include (but not limited to) health care assistants, digital, technical and information, administration/receptionists, domestics, trades/maintenance

Primary Care Future opportunities:

 Workforce growth is anticipated in Direct Patient Care registered and unregistered roles including clinical support, administration, nursing, AHPs and Pharmacist and Pharmacy Technicians



Careers in Midwifery

Steph Carroll
Midwifery Workforce Supply Planner
April 2023







What does the midwifery workforce look like?

Vacancy rate

	Total establishment (WTE)	Total vacancies (WTE)	Total vacancy rate (%)
Midwives	622.91	55.26	8.9%
Maternity Support Workers	265.72	17.69	6.7%

- The vacancy rate is forecast to increase over the next 5 years due to increased establishment to meet service needs and number of retiring midwives
- This is a national challenge
- It means many career opportunities for midwives and maternity support workers



What is a midwife?

- Midwife means 'with woman' and this is exactly what a midwife does. Midwives supports women throughout their pregnancy journey, during labour and birth, and for up to 6 weeks after birth
- What does this mean in reality?

MIDWIVES



what my mom thinks I do



what my boss thinks I do



what my friends think I do



what I think I do



what society thinks I do



What I really do



Midwifery career progression

- Clinical roles community, antenatal, postnatal, outpatient, labour ward, midwifery led unit, triage
- Specialist midwives educators, infant feeding midwives, perinatal mental health midwives, fetal monitoring leads, public health midwives, bereavement midwives, consultant midwives, ACPs
- Risk and governance risk management, audit, digital midwives
- Operational management roles midwifery manager, matrons, head of midwifery, director of midwifery
- Education lecturing at HEIs or Trust based education teams
- Research in HEIs or Trust based research teams
- Regional or national roles ICB, NHSE England, Royal College of Midwives, NMC



What is a maternity support worker?

- "MSWs assist with caring for women, babies and their families throughout their maternity journey, working under supervision and within agreed guidelines and protocols when providing care to women and their families" (HEE framework)
- Roles include;
 - Public health promotion
 - Infant feeding support and teaching parents how to care for their baby
 - Monitoring of women and babies (observations, testing urine)
 - Venepuncture
 - Bladder care
 - Supporting the running of clinics
 - General housekeeping
 - Supporting hydration and nutrition needs of women and babies
 - Delivering antenatal classes







Entry routes and requirements

Midwife

Require English, Maths and Science GCSEs A levels or equivalent (including Science)

Routes include;
Bachelors degree
Masters degree
Midwifery apprenticeship
Short programme degree for RNs

Maternity support worker

Require 5 GCSEs including Maths and English as a minimum (or level 2 functional skills)

May require Care Certificate or NVQ in Health and Social Care (or similar)

Routes include;
Healthcare Assistant in general area first
Healthcare support worker
MSW apprenticeship



Other roles in maternity services

- Obstetricians up to Consultant Level
- · Anaesthetists up to Consultant Level
- Operating Department Practitioners
- Hearing Screeners
- Paediatricians
- Neonatal nurses
- Adult nurses
- Administrative and clerical staff



Thank you

Allied Health Professionals (AHPs)

Humber and North Yorkshire AHP Faculty



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ALLIED HEALTH PROFESSIONALS (AHPS)

Humber and North Yorkshire AHP Faculty Jessica Royle

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WHAT ARE AHPS?

AHPs are made up of 15 different healthcare professions and are the third largest workforce in the NHS. They provide system-wide care to assess, treat, diagnose and discharge patients across all organisations. AHPs are involved in managing patients' care of all ages by using a holistic approach, to start well, live well and age well.

14 of the 15 professions are regulated by the Health and Care Professions Council (HCPC). AHPs may work in primary care, secondary care, voluntary organisations, private organisations amongst other settings including schools and prisons.

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AHP PROFESSIONS

Information gathered from Our Roles - Aspiring Allies



Art Therapist

Art therapy is used to explore issues such as emotional issues or learning disabilities.



Drama Therapist

Drama Therapy uses role play, movement and storytelling as a medium for psychological therapy.



Dietitian

Dietitian's diagnose, assess and treat dietary as well as nutritional issues by promoting health awareness.



Occupational Therapist

OT'a assess and treat individuals struggling with their daily routines due to mental and physical health conditions.



Music Therapist

Music is used creatively to help service users to address social, emotional or physical difficulties



Podiatrist

Podiatrists aim to increase people's independence by helping them improve their mobility.



Operating Department Practitioner

ODP's primarily work in an operating theatres alongside surgeons, anaesthetists and more.



Orthoptist

Orthoptists diagnose and treat problems affecting how eye structures develop.

AHP PROFESSIONS

Information gathered from Our Roles - Aspiring Allies



Osteopath

Osteopaths assess, detect and treat individuals by moving, stretching and massaging muscles and joints.



Paramedic

A paramedic provides advance levels of care in times of medical emergencies and traumatic situations.



Speech and Language Therapist

Speech and Language Therapists provide support with speech, language, voice, communication, eating, Adrinking and swallowing.



Diagnostic Radiographer

A diagnostic radiographer uses technology to look inside the service users' bodies, to understand the cause of their illness.



Prosthetists & Orthotist

Prosthetists and Orthotists work to transform the lives of service users to improve their ability to move freely.



Physiotherapist

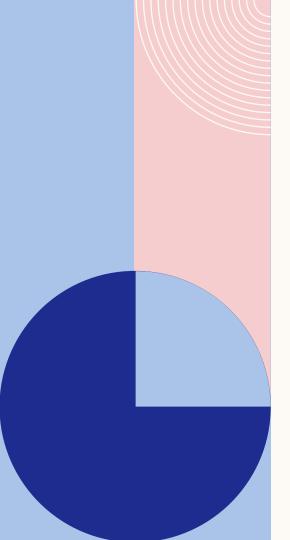
A physiotherapist aims to restore and improve movement and function when a person experiences injury.



Therapeutic Radiographer

A therapeutic radiographer is a professional that uses radiotherapy to diagnose and care for cancer service users





ROUTES TO BECOME AN AHP

Each AHP profession requires a degree level qualification approved by the HCPC (or GOsC for Osteopaths). This has traditionally followed the route of University however there are now opportunities to complete degree apprenticeships within some professions.

Entry qualifications for both routes will include at a minimum GCSEs in math's and English at grade C/4 or above. Usually, applicants will require either 3 A-levels or other level 3 qualification, often involving a science subject.

There are opportunities to achieve level 3 qualifications through apprenticeships in the NHS and other organisations.

For a registered AHP working in the NHS, the pay grade will start at an agenda for change band 5, similar to nursing.

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UNIVERSITY – FINANCIAL SUPPORT

- NHS Learning Support Fund (LSF) for Dietetics, Occupational therapy, Operating department practitioner,
 Orthoptics, Physiotherapy, Podiatry, Radiography (Diagnostic and Therapeutic), Speech and Language therapy and Paramedicine.
- LSF includes a training grant of £5,000 per year and help towards additional travel and accommodation costs to clinical placements plus more!
- Tuition fee loan to cover the full cost of your course.
- Maintenance loan of up to £8,171 per year living with your parents and up to £9,706 per year living away from your parents, slightly more if you study within London.

SUPPORT WORKER ROLES

Within each of the 15 professions, there are opportunities to become a support worker. This role assists the registered AHP. The level of responsibility will coincide with pay and is dependent on qualifications and experience. Minimum qualifications will vary however applicants will often need GCSEs in math's and English at grade C/4 or above.

Once in this role, there may be opportunities to apply for apprenticeships within the organisation.

For an AHP support worker working in the NHS, the pay grade can range from agenda for change band 2-4, sometimes higher.

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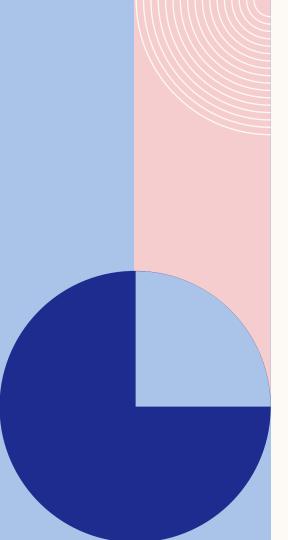
APPRENTICESHIPS

External applicants may be able to apply for an apprenticeship with the NHS or other organisation, often these are level 6 degree apprenticeships.

More opportunities are usually available to internal applicants due to the funding streams available. This can involve apprenticeships at all levels, offering support workers the opportunity to gain qualifications to increase their knowledge and skills and work towards a degree apprenticeship. Apprenticeships may be available to registered AHPs wanting to study at masters level.

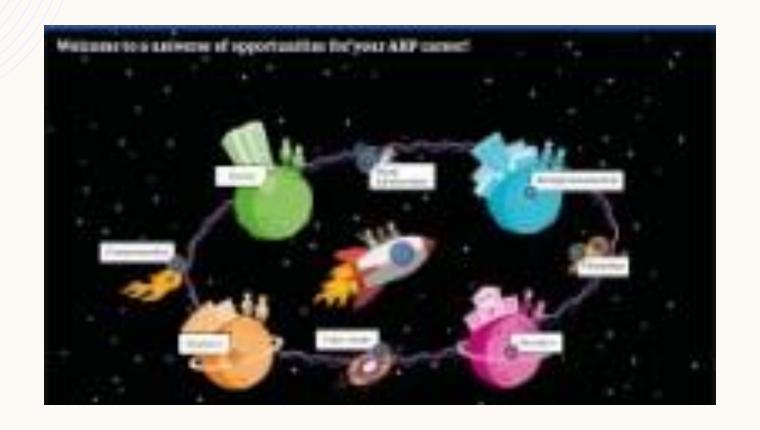
Degree apprenticeships for AHPs are still a new route. Due to this a small number of AHP professions do not currently have this route including Music Therapy, Drama Therapy, Art Therapy (approved for delivery), Orthoptists and Osteopaths. Organisations are beginning to recognise the desire for an apprenticeship route however at present the apprenticeships available may differ between organisations.

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CAREER PROGRESSION

- Clinical including advanced practice roles and AHP consultant roles
- Digital transformation
- Managerial roles
- Leadership roles
- Fellowships
- Education
- Public health
- Research
- Entrepreneurship



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AHPs in Stroke

Allied Health Professions are critical to a person's care as they move through the Stroke Pathway.

Paramedics will often be the first AHP involved in the pathway and will complete a validated screening tool for all patients suspected of having a Stroke or TIA and liaise with senior stroke clinician's to consider whether the person meets the criteria for Thrombolysis (medicine which dissolves the blood clot and restore blood flow to the brain) or Thrombectomy (surgical removal of a blood clot) and will transport the person to the nearest Acute Stroke Centre as quickly as possible to ensure that they can access timely treatment.

Radiographers ensure that there is rapid access to neurovascular imaging of the brain and vessels supplying it to underpin diagnosis and management decisions.

If a person should require Neurosurgical intervention as part of the medical management of the Stroke, **Operating Department Practitioner's** will prepare the necessary equipment and instruments required, support the neurosurgeons during the procedure and support the person during their time in the recovery room and assess fitness to return to the ward.

Physiotherapist's, Occupational Therapists, Speech and Language Therapist's and Dietician's are core members of the in-patient and community Stroke rehabilitation services providing assessment and rehabilitation of movement, functional activities, cognition, vison, communication, swallowing and nutrition. They work together with the person and other core members of the multi-disciplinary team such as Nurses, Consultants, Psychologists and Social Workers to achieve the person's goals. The person may transition to an in-patient rehabilitation setting or be supported to return home or to a care/nursing home facility with support from an integrated community stroke service.

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Orthoptists can assess the person while they are an in-patient or as an out-patient for diagnosis and treatment of visual field loss, reduced vision, eye movement problems or perceptual problems that may have occurred as a result of a Stroke. They may work closely with Occupational Therapists, Medical Team and Psychologists.

Orthotists use their skills in biomechanics, material science and anatomy and physiology to design and issue specialist orthotics to improve a person's ability to function. They often work closely with Physiotherapists and Occupational Therapists. Some common reasons why orthotics maybe required for a person after a Stroke are to support them to be able to lift their foot to improve their ability to walk and reduce the risk of falls, to protect their shoulder which may become vulnerable and painful due to muscle weakness and to provide a prolonged stretch to their wrist and fingers.

People maybe referred to a **Podiatrist** for advice on footwear and footcare if they have reduced sensation and swelling in their feet following the Stroke. Podiatrists can also provide insoles and orthotics for the foot to improve function. They are also able to provide nail and skin care for people who are no longer able to do this for themselves after a Stroke and also have other co-morbidities such as Diabetes.

Art, Drama and Music Therapists can utilise creative arts combined with psychotherapy to support a person with the emotional, cognitive and social sequelae of Stroke. Creative Therapy is particularly effective for those people who struggle to access the more traditional talking therapies following a Stroke.

WHAT IS AN AHP FACULTY?

The Faculty work with health and social care providers (including the private and voluntary sector) and education providers to deliver system-wide collaboration. The faculty supports and delivers a collective approach to increasing placement capacity, supporting Continuing Professional Development (CPD), developing Advanced Clinical Practice (ACP) roles, building partnerships with education providers and addressing other local training and education priorities to improve the workforce activity across the Integrated Care System (ICS).

We cover the Humber and North Yorkshire area. NHS organisations include Hull University Teaching Hospitals, Northern Lincolnshire and Goole NHS Foundation Trust, York and Scarborough Teaching Hospitals NHS Foundation Trust, Harrogate District Hospital and Humber Teaching NHS Foundation Trust.

GET IN CONTACT

You are welcome to contact us for support and advice, contact

details:

Email: hyp-tr.hnyahpfaculty@nhs.net

Twitter: @HNYAHPFaculty

Website: Allied Health Professionals Faculty - Humber and

North Yorkshire Health and Care Partnership



Paediatric Dietitians

A day in the life



What do Paediatric Dietitians/DAs/DAPs do?

Its not just talking about fruits and vegetables!

NHS services:

- Selective eating
- Allergies
- Eating disorders
- ▶ Tube feeding
- ▶ IBD
- Coeliac
- Diabetes
- Cystic fibrosis
- Oncology
- Renal
- Neuro

Private areas of work:

- ▶ Freelance work
- ▶ TV and social media
- Feed and nutrition companies
- Representatives for nutrition based companies
- Research

So what EXACTLY do Dietitians do?

▶ The British Dietetic Association states that...

<u>Dietitians interpret the science of nutrition to</u> improve health and treat diseases/conditions by educating and giving practical, personalised advice to clients, patients, carers and colleagues.

What does a typical day look like for a Paediatric Dietitian?

- ▶ 8am- arrive in the office and triage the days referrals (for the ward), look at emails from colleagues re current patients, triage telephone messages from parents and careers.
- 9am- head to clinic (usually between 4-6 patients)
- ▶ 12:30-1pm-break for lunch
- 1pm hit the wards and see your patients (usually between 2-4 patients)
- 4pm- come back from the ward, finish up any documentation and head home
- In between patients we are answering telephone calls and emails, changing feeding plans, liaising with nurses and doctors or special schools etc.

We don't do weekends or shifts! (BONUS!!)

What does a typical day look like as a Dietetic Assistant Practitioner

Most rewarding thing about being a Dietitian/DA/DAP?

The pay!

What could a pathway to become a Dietetic Member of staff look like for a young person?

- ► Band 3 (DA)
- ▶ Band 4 (DAP/ Apprentice)
- Band 5 (newly qualified Dietitian)

Band 7 (Team Leader/ Clinical Lead)

Band 6 (specialist/ senior Dietitian)

Come into the NHS after College as a Band 3 (DA)

- With time and experience become Band 4 (DAP) or apply for an apprentice position or go to university
- Apply for your first Band 5 (newly qualified Dietitian)
 Job one HCPC registration received
- Find your passion for an area and apply for a Band 6 (specialist/ senior Dietitian)

Discover your leadership skills and apply for a team leader role, Band 7 (Team Leader/ Clinical Lead)

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How do you become a paediatric Dietitian?

- Traditional University route- Undergraduate BSc (hons)
- Postgraduate route for those that hold relevant degrees
- New apprenticeship route- under grad and post grad options

<u>Training is typically 3 years full time and involves 3 placements over the 3 years.</u>

Radiography

A day in the life



RADIOGRAPHY

KEILEY SOMERS





My Career in Radiography

- Vet
- Equine Radiography
- Studied at Leeds University
- Qualified in 1999
- Worked at Leeds at for 19 years
- 2011 PG Cert in Reporting
- 2012 Advanced Radiographer Practitioner
- 2018 Deputy Head of Radiology
- 2019 Head of Radiology
- 2021 Lead of the HNY AHP Faculty
- 2023 Level 7 Senior Leadership Apprenticeship

Education

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- 5 GCSE's at grade c/4 or above (has to include English and Mathematics)
- Entry requirements:
- A levels: Anything from ABB to BBC, one science subject.
- BTEC National Extended Diploma in Applied Science, Health Science or Health Studies
- Apprenticeships are on the increase and they will consider level 3 upwards qualification in a related area with appropriate experience

Diagnostic vs Therapeutic Radiographer

- Diagnostic Radiography is defined as: "the use of radiation to produce images to help diagnose and treat disease and injury."
- Common in all hospital sites across the UK

- Therapeutic Radiography is defined as:
 "treatment of cancer and other diseases with radiation"
- Highly technically, only found in larger hospitals within cities. Closest to us is Lincoln, Leicester, Nottingham, Sheffield, Hull, Leeds.



Typical day in the life of a Diagnostic Radiographer

- Mainly work in the X-ray department.
- See a range of patients: A&E majors and minors, resus, outpatients, GP, dental, orthopaedic/fracture clinic, wards/inpatients. All age ranges.
- Mobile x-rays for patients too ill to come to the main department in resus, wards, intensive care unit and neonatal intensive care unit.
- Fluoroscopy in theatre operations orthopaedic, urology, spinal.
- Fluoroscopy procedures in main department including endoscopy, cardiac (pacemakers, stenting), Nephrostomies, guided tube insertion/injections.

Radiography



Progression

- Start on NHS pay scale band 5 (same as nursing, physio etc)
- Band 6: CT/MRI/Cardiac/General Radiography Senior
 Radiographer/Mammographer (breast imaging)/Nuclear Medcine
- Band 7: Sonographer (ultrasound) / Managerial / Advanced Practice Radiographer
- Band 8: MSK Sonographer/Managerial/Consultant Radiographer
- Band 9: Senior Leadership/Chief/Director.



ANY QUESTIONS?

Comfort Break

20 minutes



Skills for Care

Humber and North Yorkshire Workforce



Humber and North Yorkshire Workforce

skillsforcare

Humber CPD Event 25th April 2023







Overview of HNY workforce

Recruitment and Back to map Qualifications Workforce Key findings and training You are viewing data for Humber, Coast and Vale Key findings 0 Download PowerPoint Change in filled posts and vacancies 2,600 4,000 49,000 total posts 46.000 45,000 There was a change of 45,000 filled posts -1,000 filled posts (-2%) in the local authority and independent sector. since 2020/21 in local authority and independent sectors. 2020/21 2021/22 Average hourly pay for care workers Local authority £10.08 **Nationality** Independent sector Key: £9.49 Non-EU EU 93% British 17% 8.9% The average 27% turnover rate of filled posts average was were were aged 55 vacancy rate 30.8% zero-hours or above. in 2021/22.









To view up to date monthly information on how the adult social care workforce has changed since March 2021, due to COVID-19 and other reasons, press the button to go to our monthly tracking dashboards

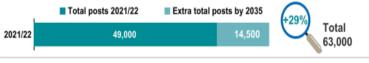
contracts.

Workforce projections



This model projects the size of the workforce if it grows proportionally to the number of people aged 65 and over in the population. This workforce includes adult social care total posts employed by local authorities and the independent sector only. Posts employed by direct payment recipients and those in the NHS are not included.

Please note that demand due to replacing leavers will be in addition to the figures shown below.

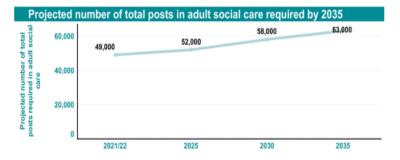


If the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population then the number of adult social care filled posts will...

increase by 29% (14,500 total posts)

...to around 63,000 total posts by 2035 ...equal to around 1,100 extra total posts per year up to 2035





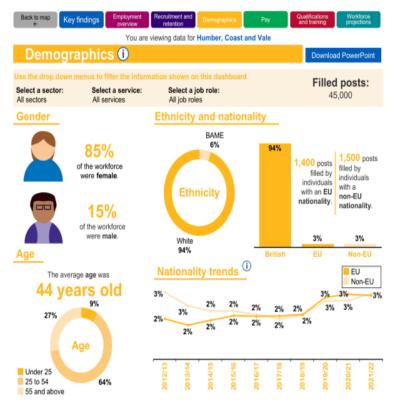








Demographics



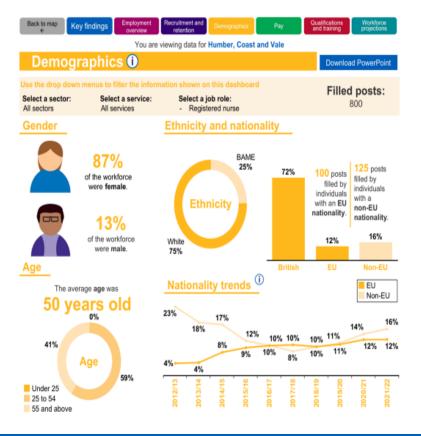








Nurses in social care



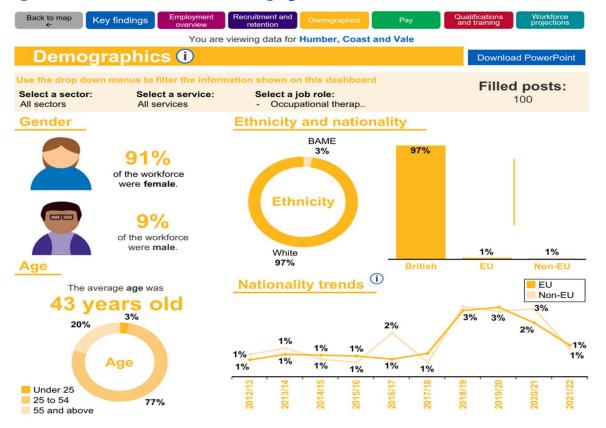








Occupational Therapy



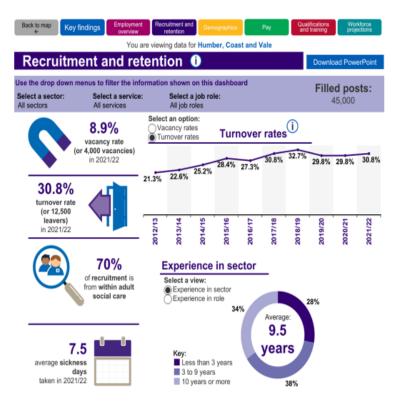








Recruitment and Retention



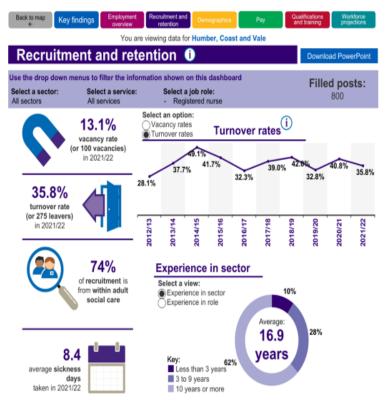








Registered Nurses



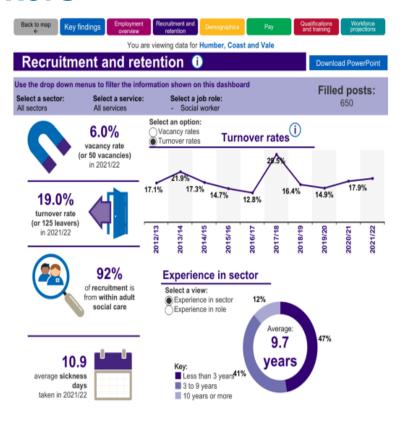








Social Workers



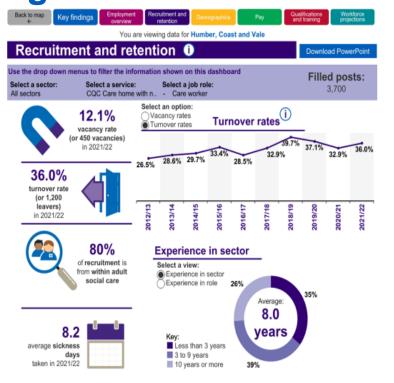








Care Workers in homes with nursing



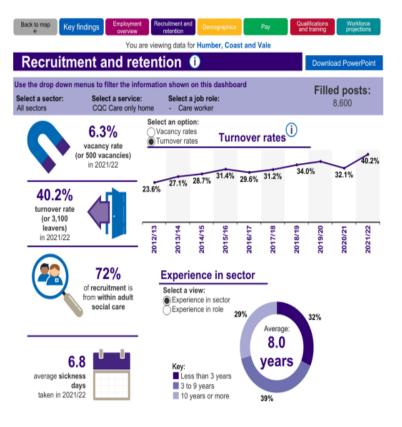








Care Workers in Care Homes



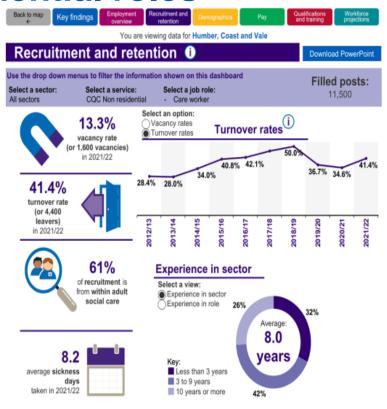








Care Workers in non residential roles











Yorkshire, Humber and North East Team



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Springfield Healthcare

A day in the life of a care worker







A Day in the Life of a Care Worker

Tracey Hopkinson Talent Acquisition Lead

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Learning Objectives

To recognise the hard work that care worker do;

To recognise that care work is a viable career option;

To be confident in our abilities to make a difference;

To maintain Customers independence;





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Care work is fundamentally important because it is a universal human need, without which our society and economy can't function.

Children won't grow up into healthy and happy adults if they are not cared for from the moment they enter into the world.





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Why are care workers so important?

- Care workers provide vital work that the country relies on.
- By deciding to become a care worker, you will be helping people every day and making an important difference to their lives.
- It is rewarding and varied work which develops a strong set of career skills.





OFFICIAL What skills do care workers need?

The caring profession needs passionate professionals who aren't just looking for a job, but for a vocation.

- A Willing, Flexible Nature
- Great Communication Skills
- A Willingness to Listen
- The Ability to Organise, Plan and Multi-Task
- The Ability to Think on Your Feet
- High Levels of Empathy
- Reliability Is a Must



Soft Skills

In a constantly changing environment, having soft skills is an essential part of being able to meet the challenges of everyday life, to cope with the increasing pace and change of modern life.

Carers need these skills, in particular the ability to deal with stress and frustration



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Self Motivation

Having the positive attitude and initiative to work well without constant supervision is a vital soft skill for any care worker.

Not only does it demonstrate reliability and commitment, but it shows that you can fit efficiently into an organisational structure without the need for constant oversight.







OFFICIAL Morning Calls

- You can make a number of morning calls starting with the early risers who'll need assistance getting out of bed;
- You will oversee or assist clients to get up, wash/shower/bathe and dress. Most will have tea/coffee and a light breakfast made for them and may need prompting to take medication.
 Some customers may need assistance with continence needs, ie. changing pads, emptying catheters/stoma bags, making/changing the bed;
- Visits vary in length dependent upon the individual needs of the customer. You may need to help with domestic duties such as laundry, empty the bins, washing up and tidying the kitchen;
- If there isn't another visit until the bed call, you may need to ensure you leave a jug of water/squash and a sandwich/snack, within easy reach for during the day;
- Some customers have visits to day care, and they have timings of calls to ensure they are ready for transport to the venue;
- With customers of limited mobility, two carers meet up to support the customer this is known as a "double up" call;



Lunch calls

- Some customers have multiple visits each day
- This may be to manage their nutritional needs, or if their mobility has deteriorated, they may need toileting assistance
- Customers are made lunch, this could include sandwiches or a microwaveable meal dependent upon customer preference
- You may be need to check incontinence wear, and empty catheter or stoma bags





Tea Time

- Some customers are allocated four visits a day, dependent upon assessed needs
- Again, it may be that you are leaving fluids, light snacks or a microwaveable ready meal
- Medication might form part of this call, and you may need to prompt or assist with this
- If the customer does not have a bed call, it may be that you are assisting them into nightwear





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Bed calls

- Bed calls are generally where you are preparing a customer for bed
- There may be baths or showers involved
- You may assist them into their nightwear, administer medication, make drinks
- Night bags may need to be attached to catheters, incontinence pads need to be fitted
- You may be responsible for locking the property securely for the evening to ensure the safety of the customer





Not everyone is the same

In care work, there is no such thing as "same thing, different day" – and not every customer is a little old lady with a blue rinse and a persian cat!

We are tasked with treating each and every customer with the dignity and respect they deserve, and we look after them and keep them save to the best of our ability.

Each customer has a person centred care plan which outlines their preferences and wishes, and that is how we tailor their support to fit them individually.



The Type of Carers We Look For

At Springfield Healthcare, we employ carers who want to look after our customers the way that we would want our parents and grandparents looked after.

If it's not good enough for them, then it's not really good enough for our customers.

If however, you can go the extra mile, then Care Work is definitely the career for you!















Anybody have anything they would like to ask?

Tracey Hopkinson
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North Lincolnshire Council

Career Opportunities



North Lincolnshire Council

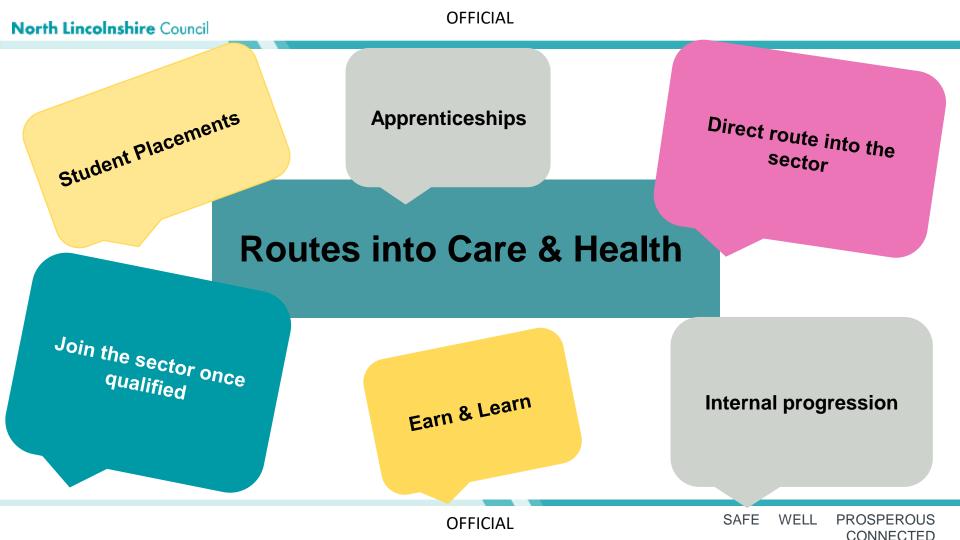
Career Opportunities

Ashley Burnham

Helen Tindell

Tracey Searby





North Lincolnshire Council

There are many different areas to work within North Lincolnshire Council, within the adult teams there are various roles you can apply for across which include qualified and none qualified positions within the following team:

- Hospital & Access Team
- Locality Team
- Learning Disability & Mental Health Team
- •Safeguarding Team & Safeguarding Adults Board
- Deprivation of Liberty Team (DoLS)
- •Family Carer Team
- Home First Short Stay & Community
- Housing Advice Team

North Lincolnshire Council

Progressive route

Student Placements

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Manager Roles

Director **Assistant Director** Head of Service **Lead Officers**

None qualified roles Case Worker

Mental Health Officer Reablement Worker Family Carer Workforce Development Officer

Job roles

Qualified Roles

Social Workers Approved Mental Health Professional Nurses Occupational Therapist Principal Social Worker

Frontline roles

Rehabilitation Assistant Rehabilitation Worker Senior Rehabilitation Officer

Roles that can support with Internal progression:

Administrator **Catering Assistant** Housekeeping Assistant Roles from other service areas

Helen Tindell – My route into Care & Health

I started my career as a cook 29 years ago at North Lincolnshire Council after attending catering college. Within 6 months of working in a council residential setting I recognised I enjoyed working with individual's and transitioned from a cook to a care officer supporting individuals with a Learning Disability.

Over the next 12 years I worked in various roles within the Adults Learning Disability including:

- Care Officer
- Night Care Worker
- Behavioural Officer
- Senior Care Officer

Transitioned to the Adult Workforce Team and was based there for next 10 years as a:

Senior Development Officer

2 year secondment opportunity as a:

Trusted Assessor

My current role for the last 4 years is:

Adult Social Worker Workforce Lead

Ashley Burnham – My route into Care & Health

I started with North Lincolnshire Council in 2004 aged 16 as an apprentice admin worker having originally not known what I wanted to do on leaving school.

Over the course of my 17 years in adult social care I have progressed in the following posts:

- Admin
- Case Worker
- Project Manager/ Officer for a small social work team
- Social Worker (Qualified in 2018 having worked as a case worker since 2008)
- Senior Social Worker
- Team Manager

Tracey Searby – My route into Care & Health

I started with North Lincolnshire Council in 2013 aged 18 as an apprentice admin worker having originally not known what I wanted to do on leaving school.

Over the course of my 20 years at North Lincolnshire Council

- Admin Highways Department
- Council Tax
- Corporate Workforce Development
- Business Analyst
- Care & Health Workforce Development
- Care & Health Senior Workforce Development





Plenary & Close

Andy Crossland
HEY LEP Chair Career Aspirations Group



Networking

