



Social Care Workforce Model

User Guidance

This document provides an overview of how the HLP & HEE Social Care demand model works.

The document is intended to provide detailed user guidance and oversight of the key data points and inputs required for the Social Care workforce model. The document aims to explain the model in plain English and act as a user-guide for those seeking to pick up the model.

Plain English Description

The model uses inputs and calculations to establish levels of demand. The model is divided into two sections; section 1 is the assessment and section 2 is the care provision section.

The following section provides background information on the social care system and the context of the workforce challenges.

Introduction

Background to model development

The Social Care workforce model was developed in response to a request from ADASS to the HLP Workforce Programme for a tool with similar demand projection functionality to the Primary Care modelling tool.

It was agreed by the Workforce Programme Board that a pilot should be conducted to determine the feasibility of modelling the social care workforce in a single borough. The borough that was chosen for the pilot work was Newham and all of the modelling that has been carried out has been based on Newham's care system. It has not been assessed for applicability for other boroughs.

The modelling work has been carried out in conjunction with a team from Newham council. Conversations with the Newham team have provided the basis for the model structure and the data used for the model has been sourced from them. In cases where data has come from an alternative source it has been clearly described in the data directory.

The modelling process was split into 2 initial stages with two further potential steps:

Stage 1: Define and model the current (2016) client assessment pathway

Stage 2: Baseline the current requirements for staff who provide care (domiciliary, residential assisted living etc...)

Stage 3: Potential step: Model the potential impact of new ways of working on the demand for social care staff

Stage 4: Potential Step: Integrate the Social Care model with the HLP Primary Care model to investigate the cross system impact of new ways of working.

To date, the first 2 stages have been completed and the the 3rd and 4th stages are potential future developments.

This document is designed to be used alongside the resources located on the Stella website. This document alone is not designed to provide a comprehensive guide to Stella but as a supplement to other materials.

What the model can and cannot do

Due to the constraints listed above when using the social care model the following points should be considered:

1. The model only reflects Newham's model of care provision: other boroughs may have different systems.
2. No new ways of working were studied therefore no methodology established.
3. There are a relatively low number of self-funders in Newham so this potentially significant group in other areas has not been investigated fully in isolation.

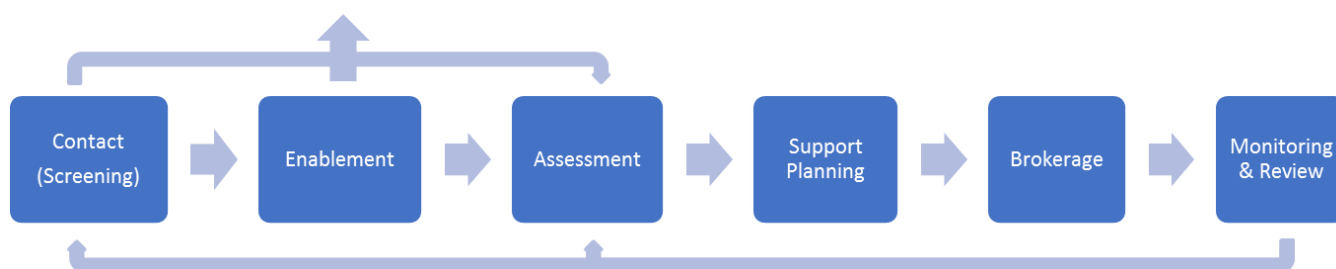
Model Summary

Section 1: Assessment Process

Section 1 covers the process starting with a person being identified as a possible candidate for social care to the decision on what care the person requires. Generally these processes are entirely carried out by employees of the local authority so the majority of the data required for the model would be collected by an individual local authority. This means that there may be some inconsistencies with data availability between regions. The data required for this stage of the modelling broadly falls into 5 categories: population information (size, demographics), numbers of people contacting the social care systems, number and types of assessments required, staff time required to carry out assessment.

In the modelling a more detailed breakdown of the data requirements can be found [in the data directory](#).

The diagram below summarises this stage of the process with a brief commentary about the type of activity taking place at each stage.



Contact

The initial contact is generally made by a level 1-4, council employed member of staff, classified as "direct care staff". The aim of the first contact is to assess if the customer needs further care. In the model the initial contact is broken down into 2 steps: an initial contact, defined as the process of someone contacting social services, and a screening. The screening is considered to be the process of determining if a formal assessment is required after the initial contact cannot be dealt with by referring the client to another local service. The model also takes into account two types of screenings: those

carried out at the client's home and those carried out in hospital.

Enablement

The enablement process is only for eligible customers, e.g. those who currently need domiciliary or residential care but the care team believe with suitable care provision the customer could have care removed after 6 weeks; this is particularly relevant for those customers coming out of hospital. The staff demands of the enablement process are modelled separately to the rest of the process.

Assessment

The assessment is generally carried out by a more qualified staff member e.g. social workers and OTs. This is the stage where a customer is given an indicative budget for the care they need. In the model the assessment types are split into home assessments, hospital assessments and complex assessment.

Support Planning / Brokerage

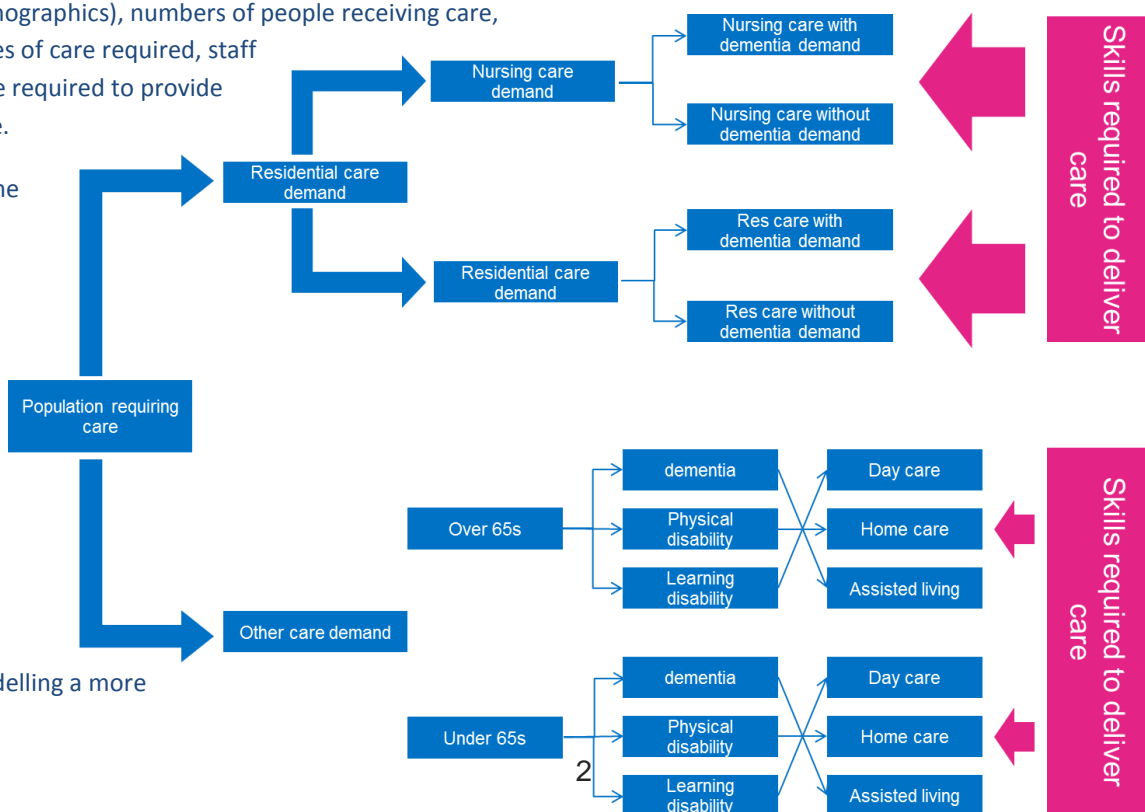
Support planning is the completion and agreement of a customer’s care plan where the exact number of staff that will be required are decided and agencies are put forward. The brokerage phase is the commissioning of the care done either by, or on behalf of, the customer.

Monitoring and review

Section 2: Care Provision

Section 2 models the provision of care to social care clients. The vast majority of the care provided is carried out through private companies and therefore the data is less complete. The model is also based on data from the local council so self-funders are not included. This is less of an issue in Newham where the majority of the people receiving care are funded by the council but in other more affluent areas self-funding is more prevalent. The data required for this stage of the modelling broadly falls into the following categories: Population information (size, demographics), numbers of people receiving care, types of care required, staff time required to provide care.

In the modelling a more



The model takes into account the amount of staff time required for reviewing the services being provided by using the proportion of active services reviewed in a given year and the average number of services that each client is receiving. These reviews are generally completed by social workers or OTs.

Safeguarding

The model also estimates the demand for safeguarding services, this is modelled as part of the assessment phase, the model considers a safeguarding assessment a "complex" assessment due to longer time taken to deal with compared to a normal assessment.

detailed breakdown of the data requirements can be found in the data directory.

The diagram below summarises this stage of the process with a brief commentary about the type of activity taking place at each stage.

Residential Care

When modelling the demand for residential care there are two key divisions that are made. The first of these splits is between those clients who require nursing care and the second split is between those residents who suffer from dementia and those who do not.

Due to their being no solid CQC minimum staffing levels, the assumptions for this section have been based on information in a Rowntree foundation report.

Other Care

When modelling the demand for other care, there are three different criteria to categorise clients. The first split is by age looking at those under and over 65. The second split is the reason for their receiving care; the categories chosen are for dementia, physical disability, learning disability and other. The final split is for the type of care that a person receives; the types of care investigated are day care, home care and other care.

It is important to note that those clients who receive personal care budgets are assumed to be receiving home care with the amount of care being determined by the size of the budget. The average hourly rate for those clients who have home care procured for them by the council is used to convert the care budget into staff time.

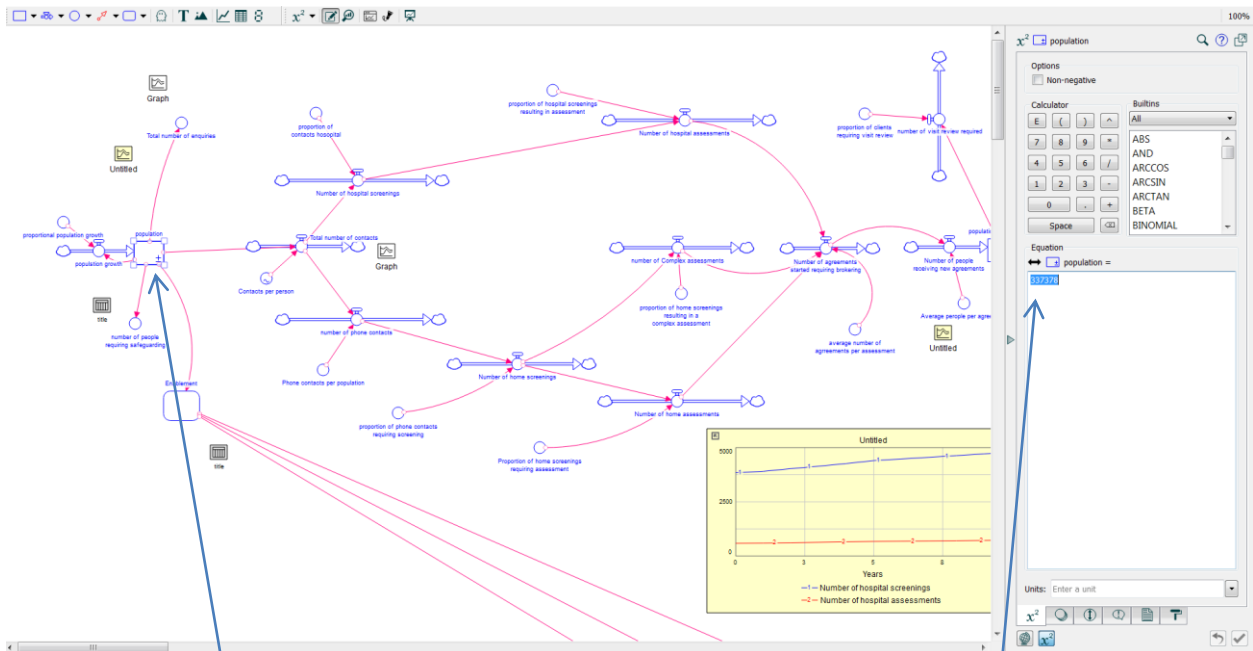
Additionally it is assumed that the same proportion of care will be provided by friends / family / voluntary sector as it is currently. This is due to the lack of available data on the extent of care provision by these groups.

How to use the Social Care Model

As described above, the social care model has been broken down into 2 sections. This section of the report will provide an introduction on how to use the tool.

Assessment Pathway

Step 1: Enter the population of your borough

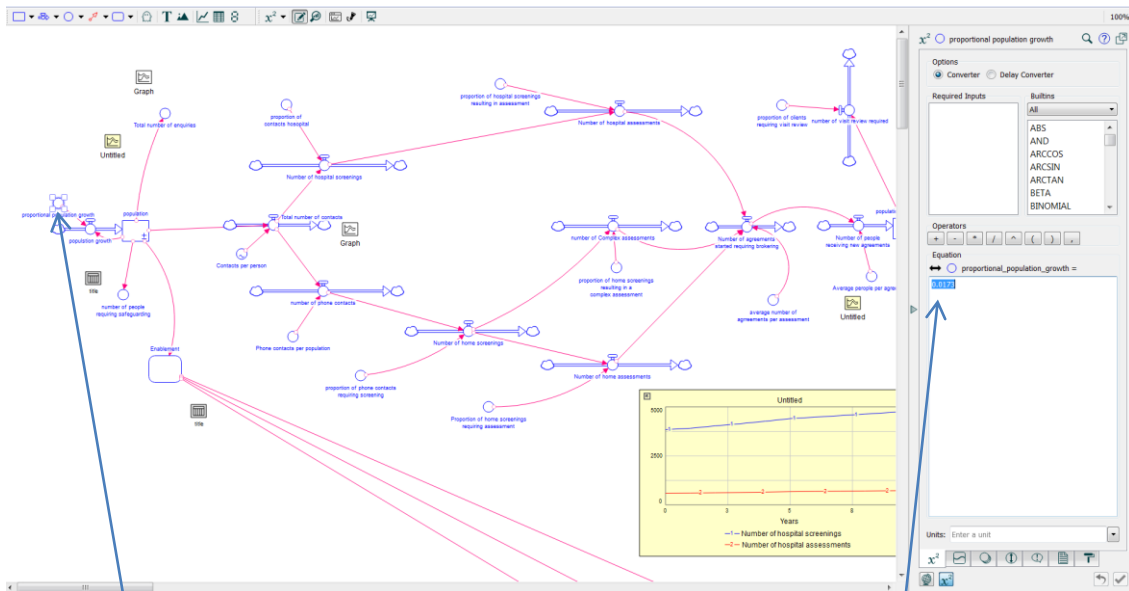


1. Click on the population stock

2. Enter the borough population

E.g. Newham 2016 population is 336,000

Step 2: Enter the estimated population change

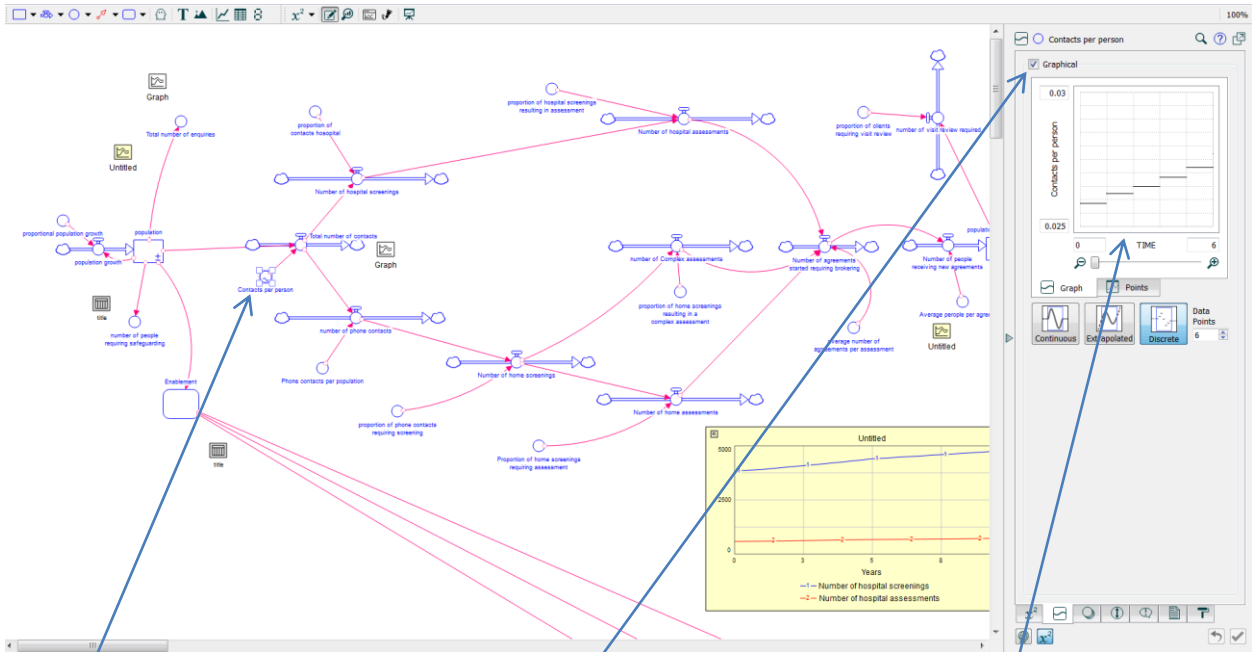


1. Click on the proportional population growth converter

2. Enter the anticipated annual population change

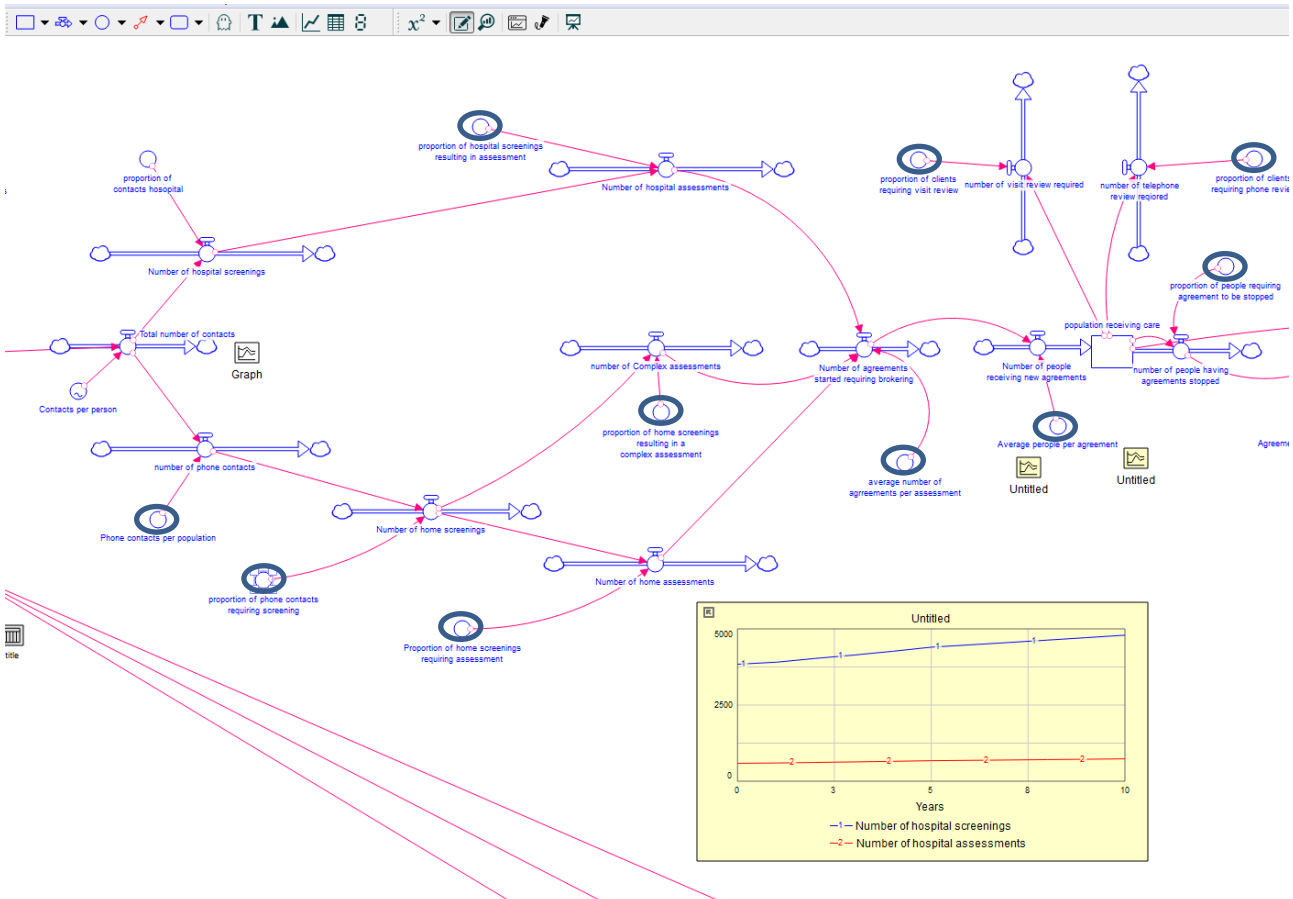
E.g. A 50,000 increase over 5 years equates to 1.6% per year so 0.016 would be entered

Step 3: Enter the number of contacts expected per person



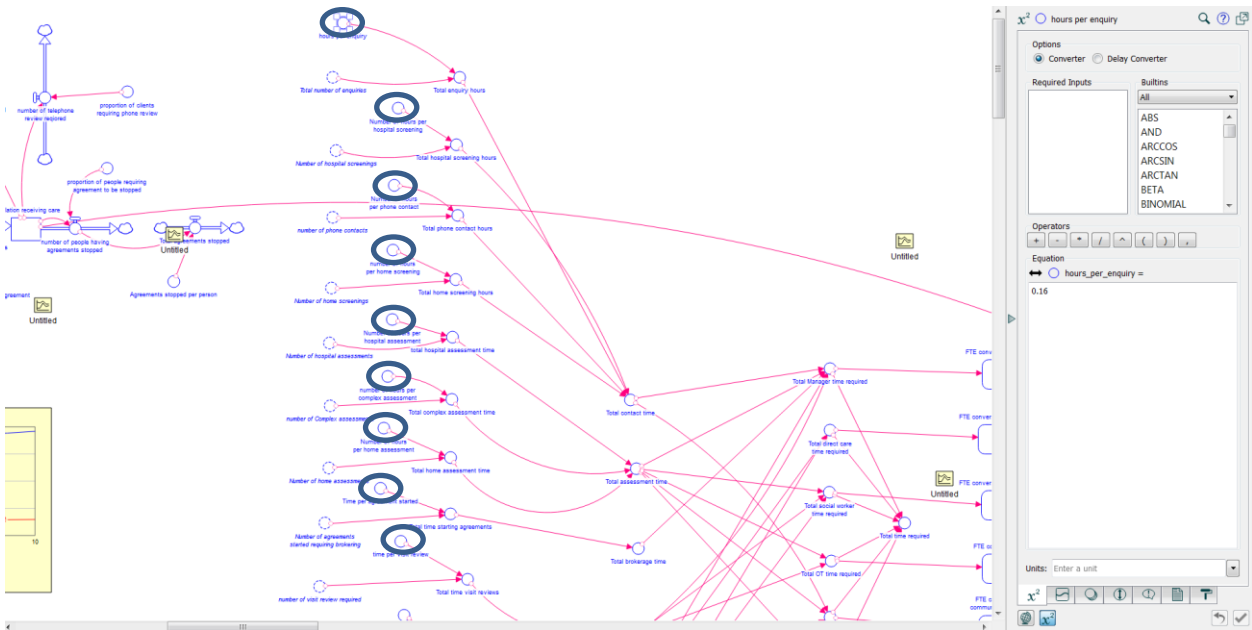
3. Click on the contacts per person converter
2. Select Graphical Input
1. Enter anticipated number of contacts per person year on year.
This increases based on anticipated demographic changes

Step 4: Enter the proportions of contacts progressing to each stage of the assessment process



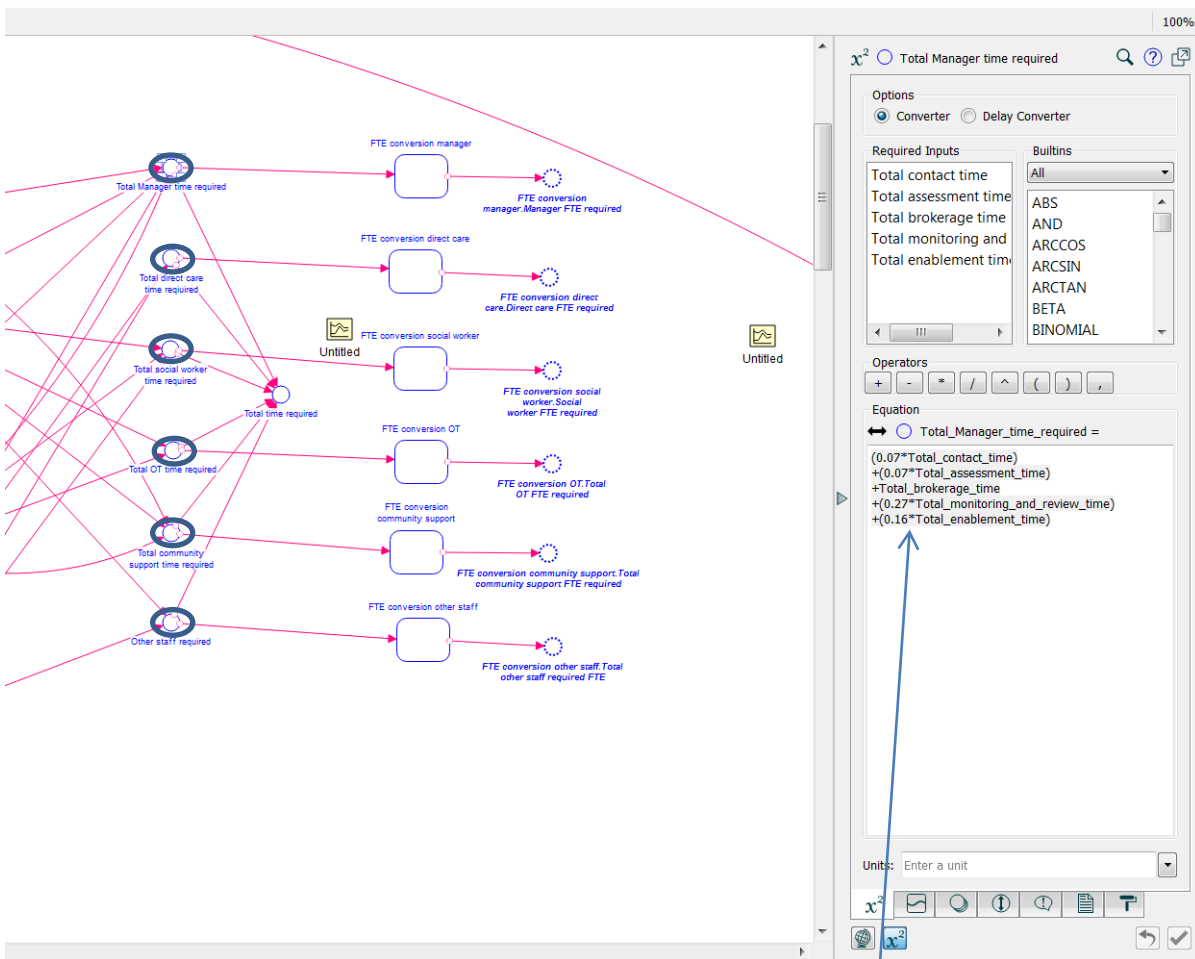
1. Enter information into highlighted converters, information requirements are detailed in the data directory

Step 5: Enter the staff time required for each stage in the assessment process



1. Enter information on the amount of staff time required into the circled nodes

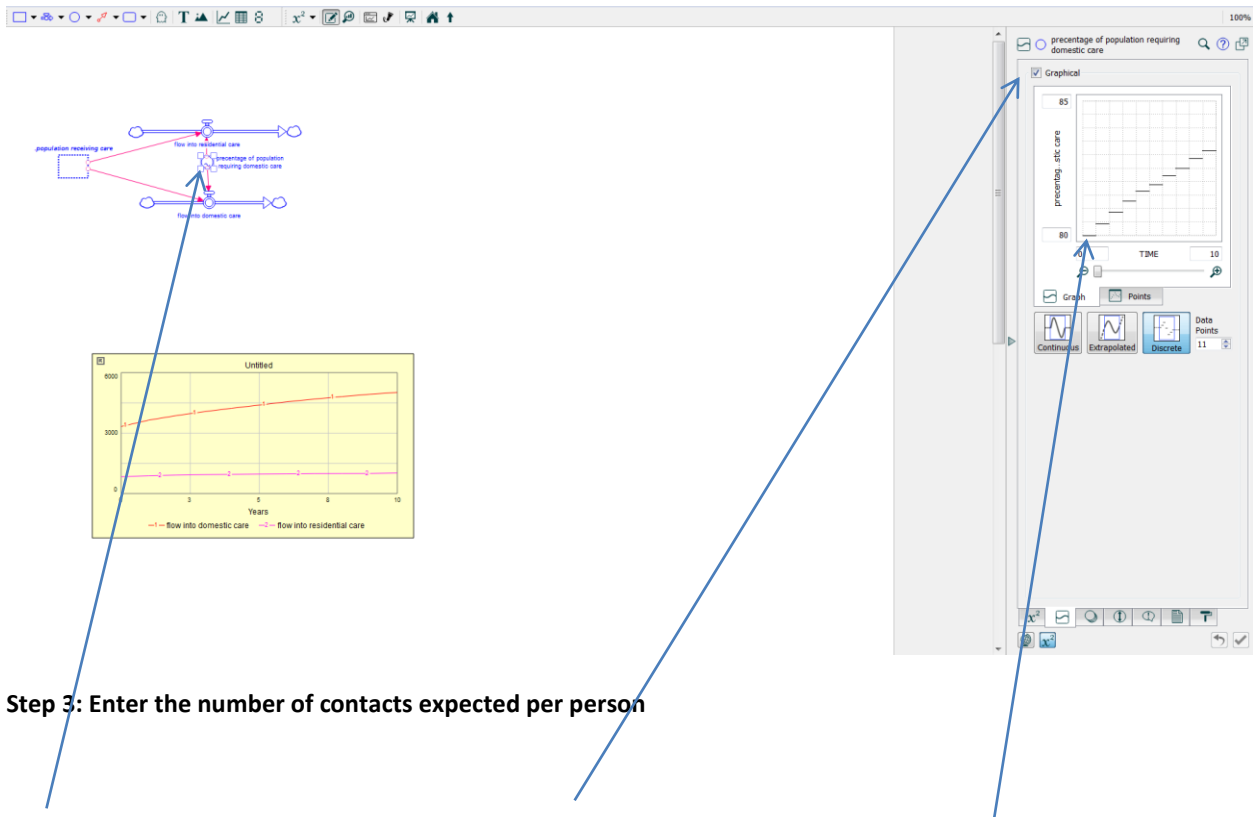
Step 6: Enter the proportion of time required by staff types



1. For each stage in the assessment process enter the proportion of time spent by each staff type on each stage. Do this by multiplying the total time spent by the proportion as shown above

Care Provision

Step 1: Enter Residential vs Other Care split

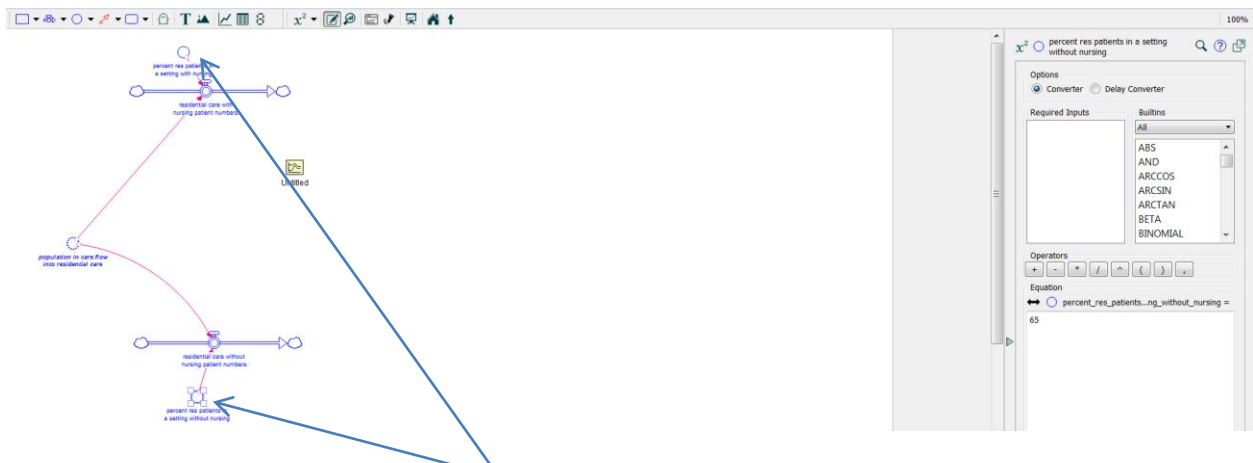


Step 3: Enter the number of contacts expected per person

1. Click on the percentage of customers requiring domestic care node in the population in care module
2. Select Graphical Input
3. Enter anticipated number of contacts per person year on year

This can be altered based on demographic data

Step 2: Enter Nursing vs Residential split



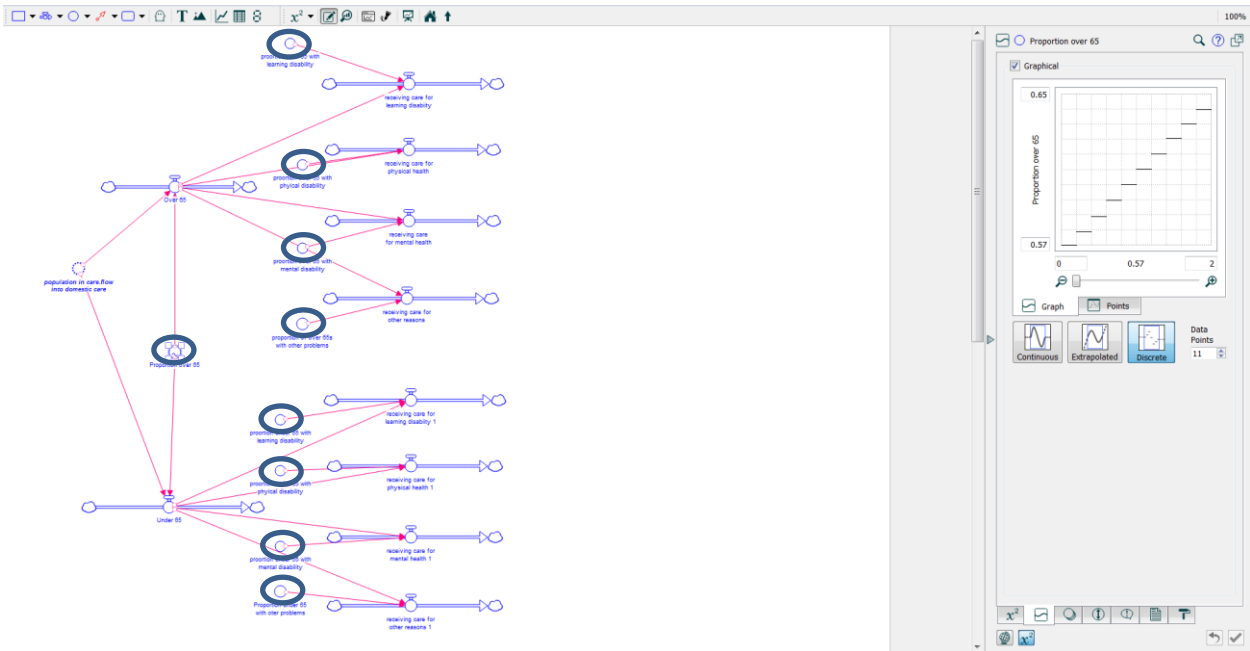
1. Enter the proportion of customers requiring nursing vs not requiring it in these nodes within the residential care nursing split module.

Step 3: Enter dementia vs non dementia split between nursing / res patients



1. Click on “res with/without nursing” node in “res without nursing dementia” split and “res with nursing” dementia split modules
2. Select Graphical Input
3. Enter anticipated number of contacts per person year on year

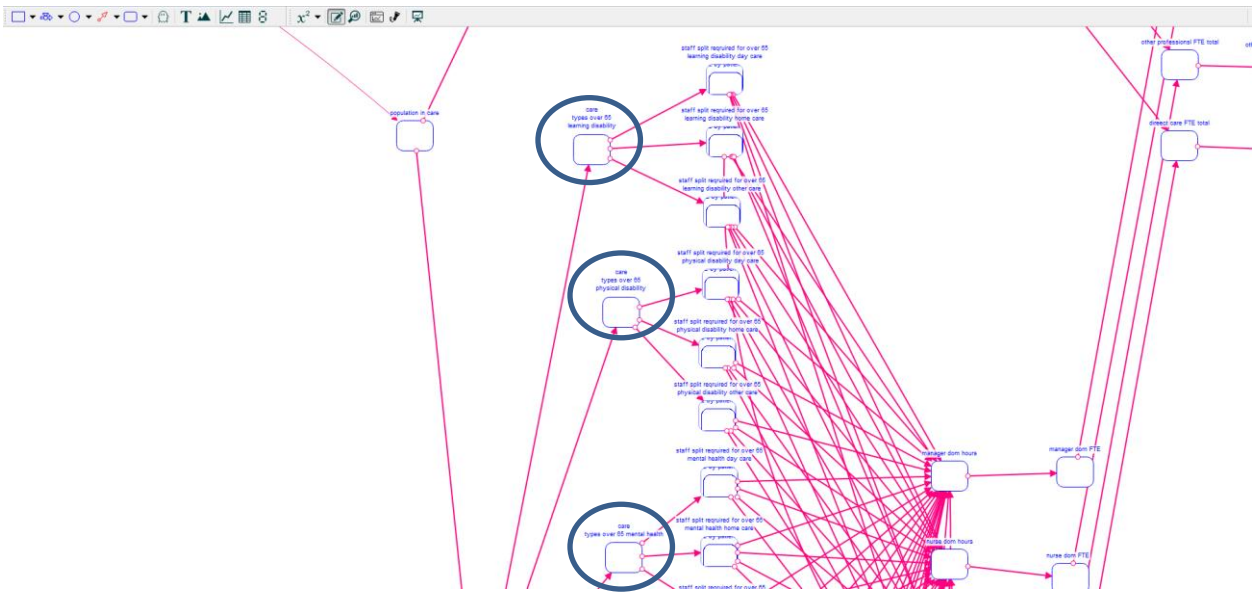
Step 4: Enter Split between patients’ types needing other care by age



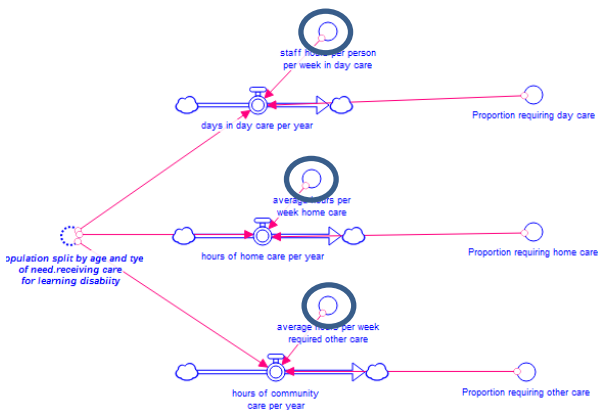
1. Enter data into circled nodes within Population split by age and type of need module as laid out in the data directory

Step 5: Enter time spent in each care setting by patient type

- In each of the modules circled below enter average care hours information

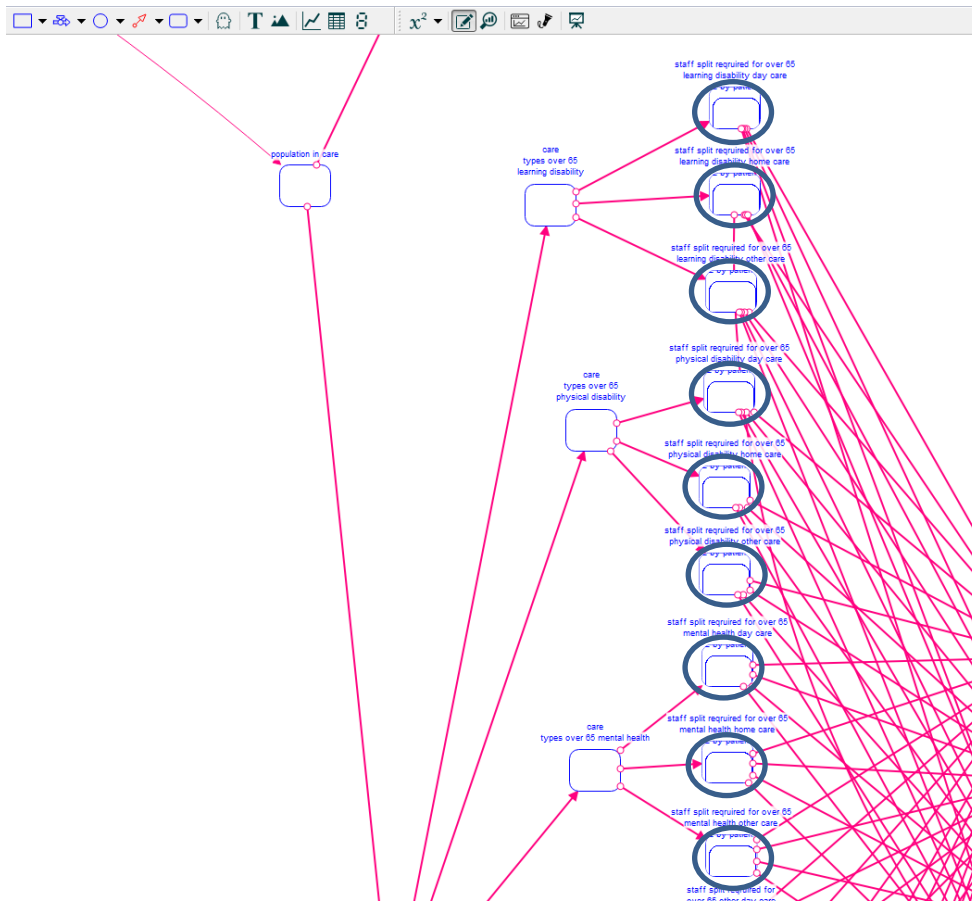


- In each of the modules enter information into the circled nodes



Step 6: Split the total time requirement by staff type

- In each of the modules circled below enter information on the types of staff required to provide care



- In each of the modules enter information into the circled nodes

