

The Adult Social Care and Health Integrated Workforce Strategy for Stoke on Trent

2010-2015

DRAFT



ACHIEVING PERSONALISED SERVICES

Contents

Introduction

1 Defining the plan

- 1.1 Challenges
- 1.2 Strategic commissioning processes
- 1.3 Partnership working
- 1.4 National and local drivers
- 1.5 Scope
- 1.6 Consultation

2 Mapping Service Change

- 2.1 Co-ordinated cross sector provision
- 2.2 Access stage
- 2.3 Recovery stage
- 2.4 Long term support
- 2.5 Safeguarding vulnerable adults
- 2.6 Workforce development
- 2.7 Developing efficient systems and improved use of resources

3 Defining the required workforce

- 3.1 Capacity and demand
- 3.2 Technology
- 3.3 Patterns and working
- 3.4 Redistribution of tasks
- 3.5 Leadership

4 Understanding workforce availability

- 4.1 Current workforce
- 4.2 Workforce forecasting
- 4.3 Options for changing supply

5 Planning to deliver the required workforce

- 5.1 Critical workforce issues
- 5.2 Action planning

6 Implementation, monitoring and review

- 6.1 Implementation
- 6.2 Monitoring and managing change
- 6.3 Review

7 Conclusion and recommendations

Appendix 1: Key actions and deliverables 2010/11

INTRODUCTION

In November 2009, the Cabinet of Stoke-on-Trent City Council adopted the blueprint document 'Achieving Personalised Services' as the policy framework for the transformation of adult social care and associated services in the city. 'Achieving Personalised Services' was written in partnership between the Adult Social Care, Health and Communities (ASCHC) directorate of the council, and NHS Stoke-on-Trent.

The aim of a workforce strategy is to set out objectives for the current and future workforce composition including; jobs, skills, knowledge, competencies and behaviours required in order to achieve targets and meet priorities that satisfy the needs of our citizens. The Adult Social Care and Health Integrated Workforce Strategy identifies the critical workforce issues that need to be addressed to enable the sector to deliver its priorities and to develop services in line with the "Achieving Personalised Services" blueprint.

1 Defining the Plan

The most important national driver for this work is the Personalisation and Transformation agenda which is about modernizing and transforming social care and health provision to enable increased choice and control in the way that people receive services. Putting People First (DH 2007) sets the direction for Adult Social Care over the next 10 years. It requires a commitment from commissioners and providers to deliver significant change by April 2011. Lord Darzi's Next Stage Review (2008) made it clear that this can only be achieved by working in partnership and focusing on people. More recently, "Working to Put People First: The Strategy for the Adult Social Care Workforce in England" (DH April 2009) outlines the workforce implications of Putting People First and provides the workforce framework to support transforming social care. It focuses on six workforce strategic priorities:

- Leadership
- Recruitment, retention, and career pathways
- Workforce remodeling and commissioning to achieve service transformation
- Workforce development so that we have the right people with the right skills
- Joint and integrated working between social, health care and other sectors
- Regulation for quality in services as well as public assurance

Also in (DH December 2009) The Operating Framework for 2010/11 for the NHS in England further recognizes the key economic challenges ahead for reform of the health and social care workforce. The increasing importance of integration between health and social care is paramount in transforming patient pathways and this driver is reflected within the key deliverables identified within this document.

Workforce planning will help those organisations included to: decide the number of staff currently required for the future; better manage employment and training expenditure by anticipating future requirements and changes; ensure that the right training and development is provided for service progression; cope with peaks and troughs in supply and demand for different skills; deliver improved services by linking business planning to people planning; retain staff and identify medium and long term workplace accommodation needs; implement diversity policies appropriately; and manage staff sickness absence and performance.

1.1 Challenges

Demographics

The adult population of Stoke-on-Trent is ageing although the total population has increased by only 0.06% per annum between 2003 and 2008 which indicates a fairly stagnant growth rate compared to the England average of 0.63%. Looking forward, the population of Stoke on Trent is forecast to grow by 0.19% per annum by 2013, with the fastest growing age group being the over 65's set to increase by 1.86% per annum from 2008 – 2013¹.

The majority of people who use social care services are aged over 65. The ASCH&C directorate provides or commissions residential or nursing care or domiciliary (home) care to around 6% of people aged 65 and above and just over 20% of people aged 85 and above in Stoke-on-Trent. In 2009/10 the directorate spent £27 million providing these services to people aged 65 and over. In addition Stoke on Trent Community Services cost £46 million in 2008/9 (total cost of community services provided to NHS Stoke on Trent)

Because of the dramatic improvements in healthcare, more people who have long-term health problems, in particular people with complex learning disabilities and physical disabilities, are surviving into older age and therefore needing adult social care support for much longer. Although the numbers are much smaller, younger disabled people often need much greater levels of support.

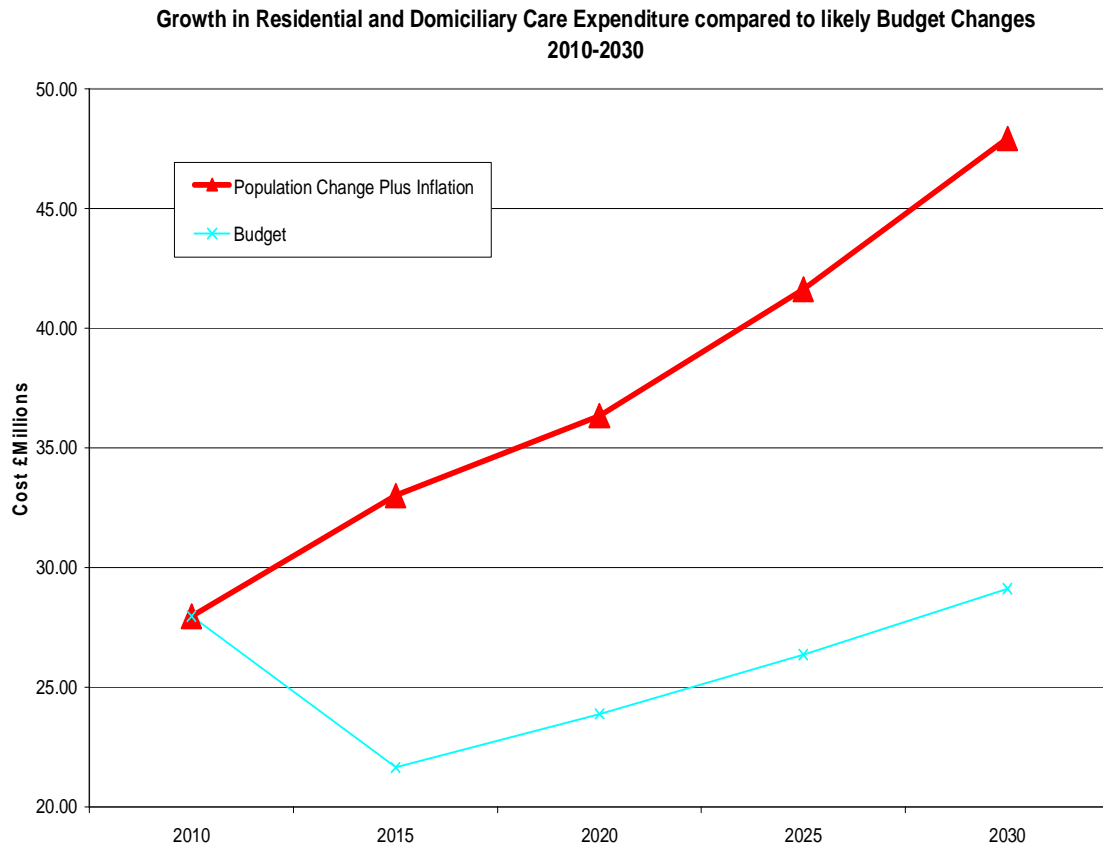
The most prevalent diseases in NHS Stoke on Trent in 2008/9 were Hypertension, Obesity and Asthma with all other conditions recorded higher or of equal prevalence than the England average.

Economics

Even before the impact of the recent global financial crisis, it was recognised that the cost of traditional ways of providing support to people in need was becoming greater than the available resource. Whilst there are no absolute figures available, it is broadly accepted that public sector bodies will have to absorb reductions in finance of around 25% in the next four years, for the duration of this plan, and beyond. With the largest proportion of those budgets supporting the salary cost of the existing workforce, there is

now a greater need than ever to ensure that strategic workforce plans are implemented to provide the right workforce, doing the right things at can achievable cost¹. This document looks holistically at the Adult Social Care and Health workforce whether employed by a public sector body or independent, private or voluntary organization.

The graph below shows the disparity as those dual challenges are considered together.



¹ ONS mid 2003-2008 population estimates, ONS mid-2006 based population forecasts

² Integrated Local Area Workforce Strategy (InLAWS)

1.2 Strategic Commissioning Processes

The 2010 Joint Strategic Needs Assessment and the Annual Public Health report identified the key health needs for the population of Stoke on Trent. In general services are being commissioned which map to the health needs identified, however the information available following recent reviews is not able to point towards whether these services are *effective* at addressing these health needs. The following points therefore should be seen as a guide to the areas where the adult social care and health sector may want to review the way its commissions services to best address health needs:

- Tackle inequalities in health outcomes and increase life expectancy
- Improve prevalence rates for the three main causes of death (circulatory diseases, cancer and respiratory diseases)
- Increase smoking quit rates particularly amongst ethnicity minority communities
- Effective treatment of alcohol related diseases and reduce alcohol consumption

Within Stoke on Trent the Local Strategic Partnership has brought organisations together to tackle many of these issues and the workforce strategy will enhance the JSNA activity by taking an objective and considered view of all of the influencing factors when commissioning services and commissioning the local workforce.

Strategic commissioning processes will underpin the design and delivery of the services of the future and the right workforce, with the right skills will be required to deliver those services within achievable cost.

- Determining what the people of the city need through developing knowledge management capability and Joint Strategic Needs Assessment process
- Evaluating the effectiveness of existing service delivery and spend
- Identifying gaps in service provision
- Establishing ways of best using the money to meet the needs

From a Health point of view, integrated working between health, local authorities and the PIV sector is a key requirement for the commissioning of education for the health qualified workforce especially given the ongoing changes to the delivery locations of services including the move to community based care and the shift from local authority owned care establishments to the PIV sector.

NHS white paper Equity and Excellence: Liberating the NHS proposes major changes to council's responsibilities in relation to health improvement and co-ordination of health and social care. A vision for social care and a commission on funding long term care will be expected in a further white paper during 2011. Whilst the proposed GP consortia will have a duty to work in partnership with local government it will be critically important to ensure that the changes do not lead to a fragmentation of the ways in which public money is used to improve outcomes.

1.3 Partnership Working

Partnership working will be essential to this process. The economic situation dictates that all organisations should consolidate resources to ensure maximum benefit for the

joint spend and to avoid duplication of activity. Increasingly this will involve the following.

- Better communication between organisations
- Better engagement with users, carers elected representatives, staff groups, representatives from the private, independent and voluntary sectors, and other stakeholders.
- More 'joined-up' strategic commissioning of services across organisations under the Local Strategic Partnership
- More 'joined-up' strategic commissioning and recruitment of the required workforce
- Consolidated procurement to ensure value for money and economies of scale
- Improved and frequent evaluation of effectiveness of delivery
- Reduced duplication through lean working and integrated skills

To assist with joint working and integration of services consideration will be given to mapping patient care pathways across learning disability, dementia and mental health services. This work will consist of mapping the care pathways to identify what they currently look like in health, social care and the PIV sector; where there are similarities/duplication and gaps; how the workforce is currently structured around each pathway; how it could be improved or standardized through developing new ways of working.

1.4 National and Local Drivers

The Government published the adult social care concordat "Putting People First" in December 2007. The objectives of the concordat were to achieve a single community based support system of health and well-being; partnership between local government, primary care, community based health provision, public health, social care and the wider issue of housing, employment, benefits advice and education and training. This was followed shortly after by Darzi's report in 2008, "High Quality Care for All: NHS Next Stage Review". Both agenda's require new ways of working, with the workforce assuming a more proactive and enabling role in how they respond to people's needs and preferences, but having far less control over the details of the support that people receive – taking on roles which strongly focus on brokerage, information and service advocacy.

Among the welter of specific proposals in the recent national policy documents, the three most significant drivers for change to have an impact on the workforce are:

- The existence of a Joint Health and Social Care White Paper, heralding closer or joint working across the health and social care divide;
- The growth in the focus on the customer as a knowledgeable consumer of services, able to take responsibility for their lives and choose what is best from a range of options;
- The primary importance of employment both for the economy and the health and welfare of individuals.

The concordat, Putting People First sets out shared aims and values, which work across agendas with users and carers, to transform people's experience of local support and services for adults who need care and support. To continue to deliver support to those who need it while simultaneously transforming a long established system will require investment and commitment from all partners to progress the personalisation agenda. The establishment of the Putting People First Strategic Board in 2010 works across the public sector to develop approaches and interventions which will mean more people can get help, minimise dependency and maximise choice and control when services are required.

1.5 Scope

The workforce strategy is intended to be fully inclusive of the local social care and health service workforce within Stoke on Trent. It includes staff from statutory adult social care working in the city of Stoke on Trent, the NHS Stoke on Trent and community services in North Staffs Combined Healthcare as at the 6th April 2010³. It also includes those employed in the private, voluntary and independent care sector involved in the provision of services for older people, adults with learning, physical and sensory disabilities, adults with mental ill-health and other vulnerable groups held by the National Minimum Data Set-Social Care as at 6 April 2010⁴.

Central to the development of a vision for the workforce is to recognize the changing patterns in the commissioning of services. The agenda that stems from this vision is wide ranging and demands new skill mixes, new roles, new integrated teams, new employers and self directed services through direct payments and individual budgets, in which individuals may be a growing proportion of the workforce. There is limited information on the personal assistant workforce at this time. With government targets anticipating that 30% of all eligible customers have a direct payment by March 2011, further measures have been put into place so that a clearer insight into the demographics of this growing workforce is understood.

1.6 Consultation

The people of Stoke on Trent deserve an Adult Social Care and Health workforce that demonstrate the appropriate values and behaviors, that are well trained and motivated, and can operate within a changing environment. The identified demographic shifts mean significant challenges for workforce planning and management. There is a need to develop existing skills and to establish new ones, and it is going to be crucial to create additional capacity from non-traditional backgrounds and to create a positive environment for the new types of workers working in non traditional roles.

The Workforce Strategy will be widely shared both through its development and implementation and review stages. The "Achieving Personalised Services" communications group will ensure broad consultation with people who use services and their carers, elected representatives, staff groups, partnership boards, representatives from the private, independent and voluntary sectors, partner agencies and other stakeholders.

³ Adult Social Care Payroll system and the Strategic Health Authority Self Assessment 2010

⁴ National Minimum Data Set-Social Care

Key actions and deliverables 2010-15

- 1.1 Workforce mapping exercise across learning disabilities, mental health and dementia – March 2011
- 1.2 Analysis of demographic profile of the current personal assistant workforce – March 2011
- 1.3 Work with regional leads to improve the quality of workforce data held within the NMDS-SC and the facility to map this with the ESR health workforce data – March 2011
- 1.4 VAST – development of database to capture social care volunteers – March 2011
- 1.5 Withdrawal from the sub regional workforce partnership with Staffordshire County Council in order to develop an outcome focused partnership that is able to drive the required workforce transformation – April 2010

2 Mapping Service change

Stoke on Trent clearly requires a step change to a more personalised method of adult health and social care and we need a more sophisticated workforce to help us to do this. Service and workforce requirements need to match the commissioning strategy and we have to bring these into balance with financial and workforce strategies. With all of this, plus rising demands from customers and increasing budgetary pressures “business as usual” is no longer an option.

2.1 Coordinated Cross-Sector Provision

Coordinated cross-sector provision is necessary. Traditional services, in the past often will be supplemented by a range of personalised support opportunities delivered by mainstream and specialist providers.

Personalisation

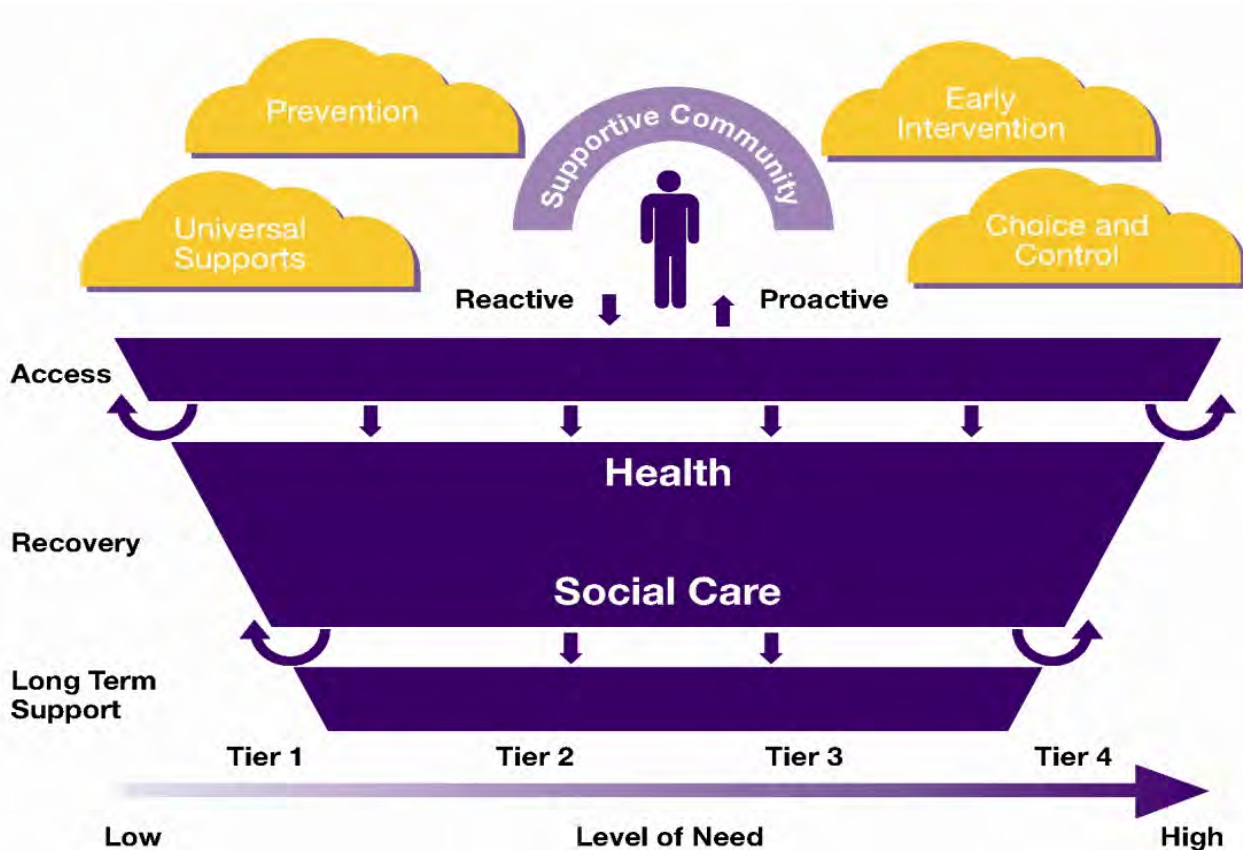
People who use services and their carers are increasingly less willing to accept ‘one size fits all’ services. Instead, support (given the availability of finite resources) will be tailored to the individually-defined needs and aspirations of people, and success will be measured through the achievement of planned outcomes. Key themes of personalisation are as follows:

- **Support to be independent.** The main service priority will be to enable people to live as independently as they can for as long as they can.
- **Preventative support to enjoy good health and wellbeing.** Services will enable people to take opportunities to improve their health and wellbeing, and to benefit from active involvement and citizenship.
- **Choice and control.** People will have awareness of, and control over the money committed to their support, and be able to choose how it is spent.
- **Support closer to home.** People will increasingly be able to choose service options in their localities and, if required, in their own homes.

'Achieving Personalised Services' describes a new three stage model of delivery for adult social care and associated services. The stages are '**access**', '**recovery**' and '**long term support**'. These stages align directly with the proposed four-tier structure for local services, which are

- Tier 1 – Self help and prevention
- Tier 2 – Front line community services and primary care
- Tier 3 – Specialist community services (primary and social care)
- Tier 4 – Acute/hospital and residential/nursing care services

In order to improve the integration of local planning and service provision NHS Stoke on Trent, the City Council, Staffordshire Police and other bodies have agreed that services will increasingly be organized in the 5 neighbourhood areas across the city. These areas also align with practice based commissioning (PBC) clusters and follow the "hub and spoke" model of facilities within each area illustrated in the following model.



2.2 Access Stage

This is the 'front-of-house' for adult social care and health services. At this stage people can begin to assess their needs and get information about the kinds of support that may be available to meet them.

In the past, local authority social services have been primarily aimed at people without the necessary money to pay for their own services. In the future through improved partnership working with the private and voluntary sector, the support offered at the 'access' stage will be available to all, including self-funders who pay for their own services.

Information, advice and advocacy

Most important at the 'access' stage is that there be understandable information about what services and support are available and how to access them. This is especially important as many people find social care and NHS systems complex and confusing.

Information and advice will be offered in a range of ways. First, there will be accessible web-based information online. Second, under a 'no wrong door' approach, public-facing staff in council and NHS facilities (e.g. neighbourhood offices, libraries, GP surgeries, museums, leisure centres) will be trained to support people who are not confident with IT to get the information they need using the same web platform. The web platform will also offer a self-assessment tool.

For a range of reasons, some people requiring adult social care support may be vulnerable and unable to speak for themselves and represent their own interests. For this reason, there will be available **advocacy support** at the 'access' level, to ensure that such people receive fair treatment.

The five neighbourhood city areas are covered well in terms of services operating from health centres and community hospitals being located equitably and close to the most deprived areas. However, the map of location⁵ suggests there are no health centres belonging to Stoke on Trent Community Health Services within the three outer wards (Bagnall and Stanley, Brown Edge, Endon and Caverswall) that fall outside of the local authority boundary.

Initial assessment

At the 'access' stage of the process, people will be encouraged to consider their own needs, and to '**self-assess**' using the web-based assessment tool. To support with this, there will be five neighbourhood-based co-located NHS and social care teams, who will be available to offer guidance to people through the process of assessment if they need it. In addition to these teams, there will be a hospital-based service that will support people to safe and timely discharge from hospital.

During 2010/11 assessment and care management teams will be required to develop and enhance existing skills to ensure that self directed support is available wherever

people live, including in residential and nursing homes. Simple but powerful person-centred approaches to practice will result to help people retain their dignity and stay connected to their families, friends and communities. Risk management and safeguarding will also be addressed in a balanced way across all sections of the community, avoiding an approach that views people in receipt of social care funding as most at risk.

⁵ Baseline position and review of key primary and community services at NHS Stoke on Trent – March 2010

At an individual level, choice, control and greater efficiency will be achieved when workers in health and social care are skilled to help people decide and pursue their goals and stay connected to their community.

Preventative support

For many people, information and advice at the 'access' stage is all that they will need from local authority adult social care services. It may be, however, that it is identified that they would benefit from some lower-level support that may help them to remain independent and prevent decline into mental and/or physical ill-health. A range of information about **supportive mainstream 'universal' and specialised services** will be available on the website in directory format.

2.3 Recovery Stage

At the 'recovery' stage people assessed as eligible will get the support necessary to regain and maintain their independence and to continue living as close to their own homes and communities as possible.

Within the period of this plan, the sector plans to build upon existing excellent practice and continue to directly provide services for the 'recovery' stage. These are as follows:

- **'Reablement'/intermediate care** residential and domiciliary services, in partnership with NHS Stoke-on-Trent, local authority and private organizations
- **Supporting community capacity** so people make use of informal support from family, neighbours, volunteers, community enterprises and live in support tenants
- **Dementia-specific** residential and domiciliary services, in partnership with NHS Stoke-on-Trent
- **Telecare and Telehealthcare** services
- **Community equipment** services
- **Employment support** services

Specific 'recovery' stage support for people with Learning Disabilities is planned with a redesign of existing services to support people with higher levels of need to access community services, activities and facilities and to move towards independence.

NHS Stoke on Trent is currently developing an Intermediate Tier care pathway and is exploring how the current team will align to this. In accordance with Fit for the Future 2012/2013 there will be demand for additional intermediate care beds and home-based intermediate care places within the city.

2.4 Long Term Support Stage

It is intended that following the 'recovery' stage people will have attained good levels of independence and health compared to how they previously were. However, many people will require long term support due to chronic medical and physical conditions and disabilities. As noted, the main prerequisites of the long term services of the future are that they are closer to people's homes, preventative and supportive of good health and wellbeing, and that people can exercise choice and control over them.

Traditionally, local authorities have directly provided a lot of long term support in the form of domiciliary care, residential care and day services. In the future **residential nursing care and long term support needs** will be met by organisations within the private sector.

As noted, there will be an emphasis on an '**outcome-focused**' approach to support services. Strategic work is underway with a range of service providers in the independent sector to ensure that future activity will prioritise outcomes, and ensure that each person will receive a service tailored to their individually-defined needs and (as much as possible) in a manner that they prefer. The existing role and skills of commissioners and care brokers will be reviewed and a training strategy put into place to support the redesign of role and development needs.

Further gains are to be made by the local authority and the PCT's communicating and involving the PIV sector as a full partner in developing proposals to meet the personalisation and transformation agenda, so that they can contribute to discussions and are fully engaged with and informed of workforce developments. To avoid duplication of effort in working groups, meetings etc. consideration needs to be given to mapping existing networks and working groups to rationalizing and standardizing work streams in order to make best use of resources and reduce costs.

To achieve this, social care and health employers will:

- 1 **Support professional development and equip staff so they can play their part in the shift to personalization.** Ensuring all interactions are respectful and encourage the increasing choice and control of the person's support is at the heart of all personalized service provision.
- 2 **Support the development of new types of workers and help remove barriers to informal support.** This includes the adequate supply of skilled personal assistant support and the removal of unnecessary rules and practices whilst still ensuring appropriate safeguards are in place.
- 3 **Help all providers, including local and micro-providers and families to recruit and train staff** able to deliver personalized support and build or retain community connections.

- 4 Focus council care management and social work resources on areas that legally require local authority involvement, such as formal assessment, review and authorizing support plans, or helping people in complex or risky situations. Staff deployment and connected processes could be re-focused towards people who need the most help and targeted prevention programmes.
- 5 Develop the health and care workforce to work in multidisciplinary teams around the needs and support of people with complex and intensive support needs so that they can remain at home
- 6 Facilitate the sharing of information and integrate mobile IT systems to enable the workforce to work more productively

Key actions and deliverables 2010-15

- 2.1 Introduce a Workforce Commissioning Board that includes key stakeholders across the sectors that can identify and influence workforce commissioning within the locality – September 2010
- 2.2 Produce, implement and maintain an Information and Advice Strategy – October 2010
- 2.3 Support organizations to identify and commission training providers for the effective provision of quality and cost effective training provision that meets the learning needs identified within the workforce strategy
- 2.4 Housing Services Workforce Plan and Training Strategy – September 2010
- 2.5 Build on existing partnerships with universal services such as Fire and Rescue and the Police to raise the skills and behaviours of the holistic workforce that directly or indirectly provides care and support for the public
- 2.6 Support the review and redesign of commissioning and care brokerage in the development of a 3 year training strategy

Carers

Carers are an area of key priority for adult social care and health services. Unpaid carers provide huge amounts of care and support for some of the most vulnerable people in society, and often face personal disadvantage because of this. In Stoke on Trent, it is estimated that there are approximately 7,000 unpaid carers providing over 50 hours per week to those that they care for. As the largest employers within the city, the local authority and the NHS must consider those staff they employ that also undertake a caring role in addition to their “day job”. The national strategy predicts that 1:7 or potentially 608 of the staff employed within the social care sector are also unpaid carers.

Key actions and deliverables 2010-15

- 3.1 Produce a Carers training strategy:
 - to provide learning opportunities for carers employed within the local authority
 - To provide a series of lunch time bites for staff to explore the “carer journey”
 - Pilot a number of existing courses to offer to unpaid carers within the locality
- 3.2 Safeguarding – Recognition and Response FREE training to be made widely available to paid and unpaid carers within the city

Self-Directed Support

A key element of personalised services is self-directed support. People eligible for services will have knowledge of the resources allocated to them through a Personal Budget, and may choose to take some or all of that money as a Direct Payment. Using Direct Payments, people will be able to make their own arrangements to organise their services, subject to safeguards. It is anticipated that by March 2011, 30% of eligible users in Stoke-on-Trent will have a Personal Budget.

In order for self-directed support to work, there needs to be a range of available services and activities that will enable people to live independently and participate in community life. The local authority is working in partnership with the voluntary sector to devise a **Commissioning Strategy for Cross-Sector Personalised Services**.

Additionally, joint working with NHS partners is underway to devise category-specific strategies for people with Learning Disabilities and for people with Mental Health issues in the city. These strategies will consolidate service approaches to these key areas of work, and ensure that increasingly scarce resources are committed as wisely as possible.

Workforce planning and service commissioning needs to be brought closer together to improve sharing of information and working relationships so that better and more focused use can be made of limited resources, and workforce planning can reflect the needs of the services provided and business plans of how they can be most effectively provided.

Key actions and deliverables 2010-15

- 4.1 Introduce a Workforce Commissioning Board that includes key stakeholders across the sectors that can identify and influence workforce commissioning within the locality – September 2010
- 4.2 Workforce Commissioning Manager becomes lead for the Skills for Care sub regional partnership – June 2010
- 4.3 Workforce Commissioning Board to inform Local Strategic Partnerships and SHA Locality Boards
- 4.4 Implementation and training of all assessment staff in Self-Directed Support – July 2010

2.5 Safeguarding Vulnerable Adults

The local authority has a statutory responsibility to take the lead on the Safeguarding of Vulnerable Adults in Stoke-on-Trent. Public awareness of Safeguarding issues has become heightened in recent months, and the volume and complexity of Safeguarding work has expanded accordingly. The Adult Social Care directorate takes safeguarding very seriously, and is engaged in a partnership arrangement with Staffordshire County Council, the Police, the Fire Service and a range of sub-regional NHS organisations to

coordinate Safeguarding activity in the area. Internal systems to manage Safeguarding are developing well, and will be further improved.

Safeguarding arrangements for direct payment recipients

Processes and procedures to safeguard adults who receive Direct Payments and employ personal assistants need to develop in line with the West Midlands Personal Assistant Project. The sub regional partnership (SASCES) will promote local and regional workshops to draw on best practice and learning from this project in order to enhance the existing training strategy and to ensure that staff are appropriately qualified and have a “license to operate” in both health and social care.

Key actions and deliverables 2010-15

- 5.1 Adult Safeguarding Training Strategy – September 2010
- 5.2 Stoke on Trent Safeguarding Training Strategy to include a public awareness campaign – March 2011
- 5.3 Safeguarding – Recognition and Response FREE training to be made widely available to paid and unpaid carers within the city
- 5.4 Support for quality improvement to enable informed and challenging inspections, thus promoting safe and dignified care

2.6 Workforce Development

A cross-cutting element of the ‘Achieving Personalised Services’ agenda is workforce. In the region of 7500 people in Stoke-on-Trent work across the sectors of the health and social care economy. It is the responsibility of the local authority and NHS to drive improvement within this workforce, especially as the personalisation agenda will require more flexibility and creativity when workers are supporting people with their individually-defined plans.

Duplicated effort in designing and delivering training

A mapping exercise is required to identify all training in specific fields. Consideration then needs to be given to how local authorities, health trusts and training providers standardize and rationalize training provision, to enable and encourage shared training within localities and across boundaries in the areas of common concern such as leadership, dementia, learning disability, autism and long term conditions.

Key actions and deliverables 2010-15

- 6.1 Up skilling of a workforce through flexible and responsive qualification credit framework – March 2015
- 6.2 Consistent and timely analysis of employee and skills data through NMDS-SC – March 2012
- 6.3 Skills For Life – access for staff to Literacy, numeracy and functional skills – March 2012
- 6.4 Cross cutting projects delivered in partnership – dementia, end of life care, valuing people, falls prevention – March 2012
- 6.5 Ongoing strategic planning to support applications for funding through the European

2.7 Developing Efficient Systems and Improved use of Resources

The local authority has embarked upon a process to ensure good awareness and understanding of the way that it conducts internal and external business, and of the way that it commits resources. Support to organisations will be provided to ensure that over the next three years significant remodeling will take place within the sector to ensure that systems are efficient, and that increasingly scarce resources are committed to optimum effect by meeting the needs of the most vulnerable.

Key actions and deliverables 2010-15

- 7.1 Lean working concept applied to activities within the training and development centre – April 2010
- 7.2 Strategic planning of training resources to ensure the workforce is equipped to keep up with the change that is required – April 2010
- 7.3 Leadership competency framework will focus on performance and financial management, and managing change – March 2012
- 7.4 Development of the Workforce strategy is underpinned by the InLAWS concept and identifies a joint strategic approach of leads from finance, commissioners and workforce planners – October 2010

3 Defining the required workforce

3.1 Capacity and demand

Planning workforce demand is done as an integral part of the wider commissioning and financial planning process. Workforce demand will be driven by the planned delivery of services illustrated above, but workforce is also a limited resource like finance which may constrain the services that can be delivered.

Building a picture of what activities are required requires a combination of direct evidence gathering and judgment from workers. Information on the length of time taken to perform activities, what needs to be done to achieve the required standards and the skills that may be required is drawn from research and engagement with

practitioners. Consideration has also been given to identify which types of workers should best carry out particular activities and this information has supported the reconfiguration of statutory in house provision. Consistent workload analysis is sporadic across the sectors, often only looking in isolation at a certain group of staff or profession. NSCH for the past 12 months has undertaken a comprehensive review of activities and skills of health professionals and this will be considered as a potential model to be adopted for future holistic mapping of future workforce demands. A further workload and capacity analysis has been carried out as a result of the Social Work Task Force and this has identified a series of improvements and actions captured in the Task Force “health check” and review of the senior practitioner role.

3.2 Information and Technology

The introduction of new technology is a vital mechanism for improving productivity and the ability to provide timely and accessible information and advice to the public. The effective use of assistive technology within working practice has led to a rethink of and redesign of business processes, skills and IT infrastructure. There remains difficulty in systems communicating across agencies and a large number of care workers and small organizations require support as they do not have the equipment and/or skills to utilize the full benefits of technology.

Stoke on Trent has seen a rapid growth in the use of sophisticated telecare/telehealth technology over the past 3 years. Dedicated teams of social care technicians provide assessment and first response to “life lines” within the community and text messages remind the public of appointments with social care and health professionals.

3.3 Patterns of working

Another way to improve productivity is to eliminate dead time or duplication of effort. Dead time can be eliminated by better deployment of the workforce to ensure that the workforce matches predictable peaks and troughs in activity. Further reviews and improvement plans will be produced to determine whether peaks in activity such as those facing domiciliary services are caused by practitioner assessment or the choice of the customer.

3.4 Redistributing skills

There is evidence that many of the tasks undertaken by highly skilled workers could be safely undertaken by less skilled workers at reduced cost. Workers at any level typically spend a large part of their time undertaking tasks that do not require their level of training or skill. These tasks can be successfully transferred to other workers within the organization, known as “changing the skill mix”, or sometimes this may require the development of completely new roles.

The Workforce Commissioning Board will work with partners to ensure role redesign is presented as an answer to the widening gap between service demand and delivery, which cannot be met by the current workforce structures and numbers.

3.5 Leadership

In 2005 the Local Government Association stated that organizations that had achieved transformative change shared the following characteristics, each having the following principles of workforce redesign:

- A well-developed and embedded culture of change that positively valued difference, and that learned from failure
- A record of organizational innovation
- Innovative people-management and strategic transformative approaches to human resource management

Each principle is connected by the recognition that the workforce is the sectors most valuable asset; and that people who use services have a critical role in shaping, development and ongoing support of those resources.

Key actions and deliverables 2010-15

- 8.1 Cross-sector working: the vision for joint working in Stoke-on-Trent – July 2010
- 8.2 Adult Social Care Trainee Scheme – September 2010
- 8.3 Implementation of Information and Advice Directory – October 2010
- 8.4 Social Work Task Force Implementation – Capacity and demand review of assessment and care management service – October 2010
- 8.5 Undertake a review of the existing leadership and management training strategy to ensure fit for purpose across the sector. Provide organizations with web links such as Skills for Care and SCIE resources – March 2012

4 Understanding workforce availability

This section describes the current workforce and its existing skills and deployment. Attention is paid to the age profile of the current workforce and the levels of turnover in order to understand supply and demand in the future.

4.1 Current workforce

Cost

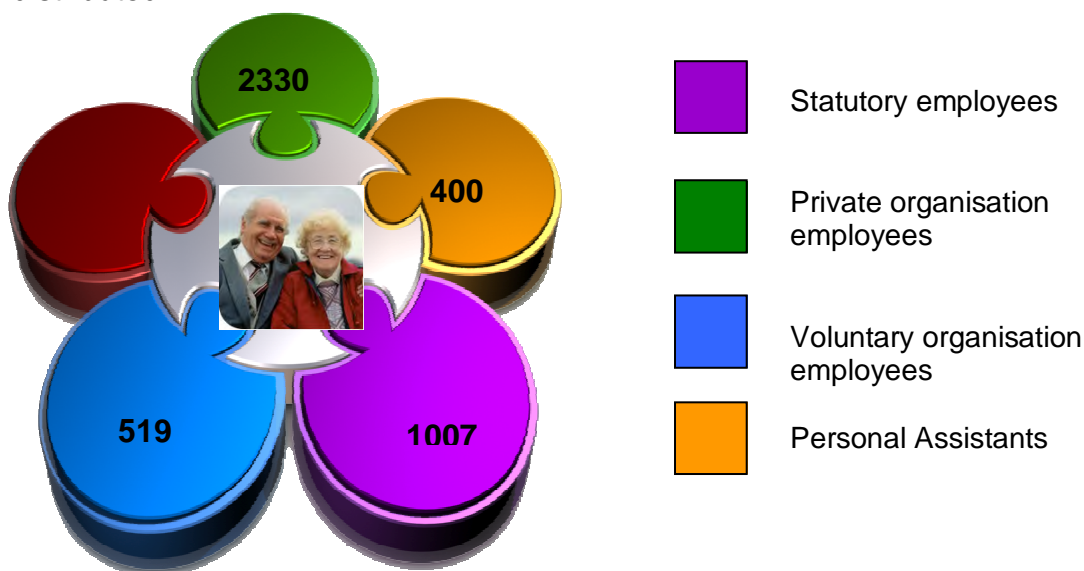
The cost of the holistic adult social care and health workforce in Stoke on Trent can be determined through the salaries of the actual workforce and the “ghost” workforce such as unpaid carers, agency staff and support costs. There is also the running and maintenance cost of the buildings from which a service is provided. The salary costs have proven difficult to obtain from the health service and the private, independent and voluntary organisations as systems are not yet sophisticated or compatible to provide one figure. Further analysis will therefore be required in future strategies in order to collate the overall cost. As at the 28th September 2010, the statutory adult social care workforce has a salary cost of £35,779 per annum with efficiency savings set for a reduction of 20% over the next 2 years.

Demographic employee data

Using information extracted from payroll systems, SHA self assessment returns and the National Minimum Data Set (NMDS-SC), it has been possible to complete an analysis of the current workforce. The following profile captures the social care workforce employed within:

- Stoke on Trent City Council Adult Social Care and Health
- Private organisations within Stoke on Trent captured through the NMDS-SC
- Voluntary and Independent organisations within Stoke on Trent captured through the NMDS-SC
- Personal assistants on the payroll of a commissioned ULO (Disability Solutions)

As at the 28th September 2010, Adult Social Care and Health in Stoke on Trent employs 4256 members of staff and the following figure illustrates how this workforce is distributed.



For the purpose of analyzing workforce data we are reliant on the quality of timely and accurate data through payroll, questionnaires and the NMDS-SC. The entry of employee data is inconsistent and the following figures are based on the data we are confident with using as at the 28 September 2010.

Gender analysis

Demographics for Stoke on Trent show us that females account for 51.3% of the city people, however this ratio is not reflected in the adult social care and health sector where we see 3433 (88%) of the workforce being female.

Age analysis

In 2010, 28% of the workforce is under the age of 35, 55% aged 35 to 54 and the remaining 18% over the age of 55. This indicates in Stoke that we have a “pear shaped” workforce whereby a large number of younger staff employed especially in the private and voluntary sector are in a position to adopt the skills and learn from the experience of those due to retire in the next 10 years.

The age of the workforce is noticeably younger in the private sector with 91% of all those employed under the age of 24 being employed by private organisations. Research and customer surveys would indicate that the ideal workforce would be a balance of skills, experience, continuity and energy so the focus on retention of existing staff and the recruitment of the 24+ needs to be a priority for the next 3 years.

Skills

At the time of writing this strategy, the National Minimum Standards (NMS), established under the Care Standards Act 2000 and regulated by the Care Quality Commission (CQC), are in the process of being superseded by outcome judgement categories under the Health and Social Care Act 2008. This may mean that how we capture and evidence qualifications against the qualification credit framework needs to be built into system development programmes.

The NMDS specifies the levels of management qualification and care worker training currently recognised within the social care workforce, the levels to be achieved by target dates. The majority of which are specified in terms of National Vocational Qualifications (NVQs) although other qualifications apply to other roles such as social work and nursing.

The following table based on NMDS-SC returns September 2010:

Qualification	% of the workforce achieved
Induction	31%
Care NVQ L2 or above	41%
Registered Manager NVQ L4	64%
No equivalent qualification	13%

This analysis demonstrates that according to the NMDS-SC the local workforce has a considerable number of staff that do not hold the recognised minimum standard required to carry out their existing role safely and consistently.

The people of Stoke on Trent deserve excellent standards and therefore a key priority for workforce development is to up skill care workers that are yet to be accredited with the ability to consistently demonstrate the basic competencies, knowledge and behaviours required. The principles are described in terms of competence, the context in which it lies, the expected behaviours and underpinning knowledge.

The Common Core Principles of self care support the radical reform of health and social care services and are embedded into all development programmes and resources. The principles underpin the values and the work of the Workforce Commissioning Board which includes commissioners, employers (including those who employ their own care staff), leaders and managers, people working in health and social care, and education and training:

- Commissioning is at the heart of developing services that are fair, personalised, effective and safe, and focused on improving the quality of care.
- Employers, including people who employ their own staff, can use the principles to ensure care is person-focused and promotes health and well-being.
- Leaders and managers are responsible to their organisation, their staff and, most importantly, the people who use their services and the wider community, for ensuring the highest standards of care are achieved. This includes meeting expectations for personalised services which respect dignity, promote independence and offer maximum choice and control for people who use services.
- Supporting individual empowerment and self care may require workers at every level to work in different ways. The Common Core Principles provide a framework to support practice development.
- The 'Common Core Principles to Support Self Care' should be an integral part of all education and training for staff working in or aspiring to work in health or social care, including vocational qualifications, professional education, induction and continuing professional development

Skills gaps in the workforce

There is a broad range of skills gaps permeating all sectors and levels of the social care and health sector within the city. These can be grouped into four types: generic, care specific such as those identified in the above table, sector specific and those connected to personalisation.

There is the need for staff at all levels to understand the common core principles of person-centred care, what these entail in practice and how to implement them. Specific examples are:

- Developing and supporting staff to be creative, think laterally and to keep finding new solutions as people who use services change and develop their aspirations
- Fostering a commitment to promoting choice and control to people with significant communication and/or cognitive impairment

- Ensuring that individual workers in care homes/wards know what they personally should be doing to support occupation and stimulation, rather than seeing it as solely the task of the activities co-ordinator, and ensuring that they understand that pleasant interactions with residents/patients are as important a part of the job as personal care tasks
- Training in the rights and responsibilities of extra care housing scheme managers in a care setting in which residents exercise choice
- Re-purposing day services staff to shape expectations of people who use the service and helping them to get into employment
- Providing information and advice and signposting to other services
- Empowerment, advocacy and working with users of services and their families/carers
- Risk enablement and assessment
- Social Workers to act as mentors and to monitor the quality of practice whilst promoting quality, safeguarding and protecting vulnerable adults and taking responsibility for more complex practice situations

These examples illustrate how a person-centred approach can require staff skills and knowledge to go far beyond the boundaries of their existing roles, and that personalisation requires a new approach at all levels and whole systems change. The workforce strategy will develop a series of 3 year outcome focused training plans to ensure that the sector receives the appropriate levels of support to meet the commissioning needs within the city.

Key actions and deliverables 2010-15

- 9.1 Innovative approach to recruitment - Adult Social Care Trainee Scheme – September 2010
- 9.2 Strategic 3 year training strategy to support the up skilling of the existing workforce within new types of worker roles – March 2011
- 9.3 Review existing processes and practice to ensure the effective assessment and management of risk – March 2011
- 9.4 Encourage the widespread use of the NMDS-SC for practical and timely workforce commissioning data

4.2 Workforce forecasting

To forecast the future workforce and to control supply so that it meets demand we need to understand the flows into and out of the workforce. The numbers in the workforce on the 28th September 2010 results from the balance between leavers and joiners.

In the past 12 months the sector recruited 443 new employees within its workforce, 379 of which were into the private sector, 66% of which were into the care worker role. When looking at where these new recruits were employed from, 34% were from other private organizations which indicate internal transferring of staff within the sector.

Leavers for the same 12 month period saw a total number of 484 staff leave the sector, 348 of which were from the private sector which may account for the internal transfer of staff moving around organizations within the city.

Overall turnover figures in the social care sector saw 11% of the total workforce leave and 12% start. The roles facing the highest impact were in the care worker role within the private sector and community, support and outreach role in the statutory sector and 34% of all personal assistants only operating within the sector for the past 12 months. The skills and retention of personal assistants requires further consideration as this role develops within the city.

4.3 Options for changing supply

Having established the existing workforce and the likely changes as a result of flows in and out, we need to understand what we can do to influence future supply so that it continues to meet demand.

Recruitment and retention - the turnover in the public service workforce is generally low but is significantly higher within 3rd sector organizations, particularly in the role of care worker. The high turnover of front line care staff is both costly and detrimental to the continuity of care for the customer.

Absence levels - across adult social care and health are poor

Increasing the skills of the existing workforce not only makes them more effective in their current jobs but also creates a potential pool of workers for promotion and enhanced roles.

Key actions and deliverables 2010-11

- 10.1 Wider participation work experience project – UHNS and Social Care – 2010-2012
- 10.2 Adult Social Care Trainee/Apprenticeship Scheme – September 2010
- 10.3 UHNS and social care joint Young Apprenticeship and Apprenticeship Program – March 2012
- 10.4 Care Ambassadors – review of current outcomes and produce strategic approach – November 2010
- 10.5 Social care employer guaranteed interview scheme – January 2011
- 10.6 Review CareMatch outcomes and recommend alternatives – July 2010
- 10.7 Ensure managers and supervisors have the skills and support to manage the attendance policy effectively – March 2012

5 Planning to deliver the required workforce

5.1 Critical workforce issues

The key message that has emerged from producing this strategy is that the city requires an integrated local care workforce that has the capacity and capability to deliver choice and support individual control, with staff that are appropriately trained and empowered to be able to work with people to enable them to manage risks and resources and achieve high quality outcomes. The critical workforce issues that face the local sector reflects national priorities which can be summarised as follows:

- Change the social care and health system away from the complex, bureaucratic traditional service provision towards a more straightforward, flexible approach which delivers the outcomes that people want and need and promotes independence, well-being and dignity.
- Create a strategic shift in resources and culture from intervention at the point of crisis towards prevention and early intervention.
- Raise the skills of the workforce to deliver the new system, through strengthening commissioning capability, promoting new ways of working and new types of worker and remodelling the adult social care and health workforce.
- Develop leadership at all levels to enable this to happen
- Develop mechanisms to actively involve family members and other carers as expert care partners, with appropriate training and practical support to enable carers to develop their skills and confidence
- Develop a workforce that is able to manage risk – confident in their ability to strike a balance between protecting those who find themselves in vulnerable situations and supporting people to determine their own lives

Taking into account the workforce profile, current legislative and equality standard requirements, the following key messages emerge:

- Continued under-representation of employees from minority ethnic groups, while the minority ethnic population is increasing
- Under representation of skilled male workers
- The workforce within public services is ageing with the numbers of employees under the age of 25 relatively low. In the private, independent and voluntary sector the profile of social care employees is reverse with the majority of staff under the age of 34.

- Resources and grants to support the provision of employment and skills in the city do not reflect the critical local workforce issues identified in this document.

5.2 Action planning

The challenge facing the sector is how to utilize this intelligence and collaboratively develop a sustainable action plan that addresses the critical workforce issues within existing resources. Appendix one details those tasks, timeframe and responsible lead officer.

6 Implementation, monitoring and refresh

6.1 Implementation

Putting People First has two immediate implications for the workforce. First, there needs to be a sufficient range of services and staffing available including new and innovative services as well as advocacy and brokerage to support people in planning their care and support. Second, existing services and staff need to be part of the new model, and the battle for “hearts and minds” is a crucial one. It is already clear that whilst there is widespread support for the principles of personalisation amongst the workforce, there is also suspicion of the practicalities of implementation, and this suggests the first task will be to focus upon the significant cultural change and changing attitudes, behaviours and skill base of all people working within the health and social care sector. Whilst transformation has direct implications for commissioning strategies and engaging with service providers, there are also issues for the local authority and NHS Stoke on Trent to manage the message to employers so that there is a common understanding that the future of the organisations may look quite different.

6.2 Monitoring and managing change

When raising awareness of the importance of an effective and strategic approach to workforce planning it is necessary to understand the risks. Without a systematic approach to the recruitment, retention and development of employees, Adult Social Care and Health in Stoke on Trent may be in a situation where it is:

- Unable to deliver statutory duties and deliver key services
- Failing to achieve its national objectives and locally agreed priorities
- Ineffective in competing for scarce skills and resources within the labour market
- Incurring unnecessary expenditure on agency and temporary staff and external consultants

Without a workforce reform valuable employee resources will remain tied to unproductive processes and traditional ways of working. Managing turnover, flexible employment arrangements and the use of ICT will all help to create efficiency gains.

Working collaboratively with partners will provide a better understanding of the local workforce and opportunities for sharing resources to deliver joined up services. The Workforce Commissioning Board will lead on this agenda with representatives from all stakeholders including service user and carers to ensure a customer perspective is maintained at all times.

6.3 Review

With rapid changes to its external environment and internal ways of working, it is important to keep themes and actions of this plan under constant review. The workforce strategy will continue to be informed by changing workforce priorities within the sector. The transformation agenda calls for continued realignment to ensure that critical issues are identified.

A formal review of this plan, and the accompanying action plan, will therefore be undertaken every 3 months whilst the personalisation work streams forge the direction of travel for the future workforce. This cycle will continue until a document in December 2010 confirms the implementation actions for April 2011.

From April 2011 the review of the workforce strategy will fall in line with the annual service planning process which is the main vehicle for engaging with managers on their current and future workforce requirement. More widely, as corporate performance frameworks develop, the strategy will remain the key mechanism that aligns workforce planning with service planning, financial planning and market shaping through effective commissioning strategies and development of the Adult Social Care in Stoke on Trent.

7 Conclusion and recommendations

Transformation means that there is a need to build on the skills and best practice that already exists within the workforce whilst equipping it with the confidence and capability to meet new challenges and changes.

The challenges of workforce development and transformational change must be addressed in tandem. Increasingly, the workforce cannot be described simply in terms of local authority, health authority or independent sector, but must also include personal assistants, family carers, volunteers, advocates and brokers.

The national Workforce Strategy for Adult Social Care published in 2009⁶ and more recently in the NHS 2010-2015 - from good to great: preventative, people-centred,

productive⁷, recognised implications for “the capacity, competency and commitment of the social care and health workforce”. Six strategic priorities were identified: recruitment, retention and career pathways; workforce development; remodelling; leadership, management and commissioning skills; joint and integrated working across sectors and regulation.

By using this framework to explore the key workforce issues we have developed the required response to ensure that front line staff, managers and other members of the workforce are on board, recognise the value of the changes, are engaged in the design and the development of the reform and crucially have the skills to deliver it.

Appendix 1 begins the journey to address each section of the six strategic priorities listed above. An important first step has been to secure agreement on the vision required to deliver both workforce redesign and transformation through the Stoke Personalisation Board. At the heart of this is the belief that the quality of an organisation’s output and achievement is determined by the quality of its workforce. The task ahead is to take the principles of personalisation and mould them into a coherent long term workforce strategy.

There are increasingly different imperatives driving the children’s and adult social care and health agendas. It is essential that the interconnections of these are identified and reinforced if they are not to lead to irrevocable separation and division.

Contrary to popular belief the social care and health workforce is not in a state of crisis or failure, but on the cusp of radical and comprehensive change at all levels. The adult social care sector in the city has already begun this journey by recognising the importance of linking workforce development to current and future policy dynamics. Without the continued focus on the supply and quality of the workforce, the city will fail to deliver transformational change.

⁶http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098481

⁷http://www.careknowledge.com/uploadedFiles/CareKnowledge_CMS/Public/Documents/200912/dh_109887.pdf

Appendix 1 - Key actions and deliverables 2010/15 to ensure workforce has the appropriate skills and capacity to deliver

	Key action / deliverable	Date to commence	Completion date	Lead
1.1	Withdrawal from the sub regional workforce partnership with Staffordshire County Council in order to develop an outcome focused partnership that is able to drive the required workforce transformation	June 2009	April 2010	T Kirton
1.2	Introduce a Workforce Commissioning Board that includes key stakeholders across the sectors that can identify and influence workforce commissioning within the locality	April 2010	September 2010	T Kirton
1.3	Produce, implement and maintain an Information and Advice Strategy	April 2010	October 2010	Y Banks
1.4	Support organizations to identify and commission training for the effective provision of quality and cost effective workforce development that meets the learning needs identified within the workforce strategy	April 2010	ongoing	K Stanyer
1.5	Housing Services Workforce Plan and Training Strategy	April 2010	September 2010	T Kirton
1.6	Build on existing partnerships with universal services such as Fire and Rescue and the Police to raise the skills and behaviours of the holistic workforce that directly or indirectly provides care and support for the public	Ongoing		K Stanyer
1.7	Support the review and redesign of commissioning and care brokerage in the development of a 3 year training strategy	January 2011	March 2011	K Stanyer
2.1	Workforce mapping exercise across learning disabilities, mental health/ dementia	April 2010	March 2011	T Kirton
2.2	Analysis of demographic profile of the current personal assistant workforce	April 2010	March 2011	F Burton
2.3	Work with regional leads to improve the quality of workforce data held within the NMDS-SC and the facility to map this with the ESR health workforce data	April 2010	March 2011	F Burton

2.4	VAST – development of database to capture social care volunteers	September 2010	March 2011	F Burton
3.1	Produce a Carers training strategy: - to provide learning opportunities for carers employed within the local authority -To provide a series of lunch time bites for staff to explore the “carer journey” -Pilot a number of existing courses to offer to unpaid carers within the locality	January 2011	September 2011	K Stanyer
3.2	Safeguarding – Recognition and Response FREE training to be made widely available to paid and unpaid carers within the city	April 2010	March 2011	K Stanyer
4.1	Workforce Commissioning Manager is appointed as interim lead for the Skills for Care sub regional partnership SASCES	April 2010	June 2010	T Kirton
4.2	Implementation and training of all assessment staff in Self-Directed Support	April 2010	March 2011	K Stanyer
5.1	Adult Safeguarding Training Strategy review	April 2010	September 2010	K Stanyer
5.2	Stoke on Trent Safeguarding Training Strategy to include a public awareness campaign	January 2011	March 2011	K Stanyer
5.3	Recognition of the role to be played by the workforce development manager for review and quality improvement to enable informed and challenging inspections, thus promoting safe and dignified care	April 2010	October 2011	T Kirton
6.1	Up skill the workforce through access to flexible and responsive qualification credit framework	April 2010	March 2011	S Ruscoe
6.2	Skills For Life – access for staff to Literacy, numeracy and functional skills	Ongoing		
6.3	Cross cutting projects delivered in partnership – dementia, end of life care, valuing people, falls prevention	April 2010	March 2011	K Stanyer
6.4	Strategic planning to support applications for funding through the various government grants, Sector skills Council and Strategic Health Authority	ongoing	March 2011	T Kirton

7.1	Lean working concept applied to activities within the training and development centre	Ongoing	Ongoing	T Kirton
7.2	Strategic planning of training resources to ensure the workforce is equipped to keep up with the change that is required	April 2010	March 2011	K Stanyer
7.3	Leadership competency framework will focus on performance and financial management, and managing change	April 2010	March 2011	K Stanyer
7.4	Development of the Workforce strategy is underpinned by the InLAWS concept and identifies a joint strategic approach of leads from finance, commissioners and workforce planners	April 2010	March 2011	T Kirton
8.1	Social Work Task Force Implementation – Capacity and demand review of assessment and care management service	April 2010	October 2010	T Kirton
9.1	Strategic 3 year training strategy to support the up skilling of the existing workforce within new types of worker roles	April 2010	March 2012	K Stanyer
9.2	Practical steps to engage the 3 rd sector more effectively – withdrawal from the sub regional partnership and utilize a number of existing employer forums	April 2010	June 2010	T Kirton
9.3	Review existing processes and practice to ensure the effective assessment and management of risk are built into training programmes	April 2010	March 2011	K Stanyer
10.1	Wider participation work experience project – UHNS and Social Care – 2010-2012	September 2010	December 2012	F Burton
10.2	UHNS and social care joint Young Apprenticeship and Apprenticeship Program	January 2011	March 2012	F Burton
10.3	Care Ambassadors – review of current outcomes and produce strategic approach	January 2011	July 2010	F Burton
10.4	Social care employer guaranteed interview scheme	January 2011	March 2011	F Burton
10.5	Review CareMatch outcomes and recommend alternatives	January 2011	March 2011	T Kirton

10.6	Ensure managers and supervisors have the skills and support to manage the attendance policy effectively	January 2011	March 2012	K Stanyer
-------------	---	--------------	------------	-----------