

# Difficult times, better solutions ...

## Stoke on Trent - Adult Social Care and Health Integrated Workforce Strategy 2011 – 2016



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Health and Wellbeing Board  
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## Foreword

The complexities and ever-changing nature of adult social care mean that commissioning personal, preventative and safe services in Stoke on Trent is a challenging process. We in local authorities together with our partners are concerned to ensure that a skilled workforce is available for all providers to implement these national priorities. It means change and new ways of working and that is why the Stoke Adult Social Care Employment and Skills (SASCES) consortium is working with employers, partners and the Corporate Director of Adult and Neighbourhood Services in the production of a jointly owned local workforce strategy.

*“We are intent on improving the commissioning system to fully include the workforce changes that will achieve better partnership working, increased productivity and enhanced professionalism.”*

Hugh Evans – Assistant Director Development, Evaluation and Commissioning

The complexities of care decision-making undertaken by individuals, by myriad social care enterprises, by workforces and by statutory organisations, are all likely to intensify. Leadership and vision to both commission and provide for national priorities have to be applied with equal vigour. So now, more than ever before, we need to rethink familiar approaches to service commissioning. Workforce planning is not just a matter for employers and providers but is about building a wider labour market of choice, about developing skills in the community and equipping people (and this is not just practitioners but also people who use services, carers, volunteers and all who make up the support networks in our neighbourhoods) with the right competences. We also need to consider how best to manage the growing number of personal assistants and how this will impact on workforce commissioning.



To commission high quality services it makes good sense to consider both demand (for services) and supply (of resources; including money, facilities and critically people with the right skills, knowledge and abilities). So when we commission a service we are also, in effect, commissioning the workforce that implements it at the same time. Workforce commissioning will help us put in place a workforce that will deliver the right outcomes for people who use services and ensure the success of adult social care in Stoke on Trent.

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## Introduction

The workforce is our most valuable asset with over 5000 dedicated and committed workers who currently provide services which at their best can transform the lives of those they work with. The Government's *Vision for Adult Social care: Capable Communities and Active Citizens* emphasises that people have an important part to play in taking forward the reform programme. *Equity and Excellence: Liberating the NHS* sets out the Government's long term vision for the provision of health services. Delivering both visions demands a confident, capable and well trained workforce which is at the forefront of empowering people to have independence and choice, and enabling them to stay healthy and active in the ways that the agenda demands. To support this Skills for Care have produced a national workforce strategy *Capable, Confident, Skilled: A Workforce Development strategy for people working, supporting and caring in adult social care* and the NHS have produced their workforce strategy *Liberating the NHS: Developing the healthcare workforce*.

In Stoke on Trent commissioners face the unenviable task of providing for increasingly complex needs whilst simultaneously operating in an environment which has seen unprecedented spending cuts. Clearly there is a need for growth of the workforce but at the same time a workforce that is far more cost effective and can deliver more services to support the Adult Social Care Two Year Plan 2011-2013 *Achieving Personalised Services* and Health's *Transforming Community Services* and *Fit for the Future* programme.

The *Adult Social Care and Health Integrated Workforce Strategy for Stoke-on-Trent 2011-2016* aims to bring together these agendas and to increase capacity of the whole sector by considering recruitment; retention; job redesign; and increasing the range of skills that staff possess. The strategy includes those in paid employment and non-paid, such as volunteering and carers, and it pertains to the public sector, described as comprising of "central government, local government and public corporations"; and the private sector, described as "comprising private non financial corporations, financial corporations, households and non profit institutions serving households". The strategy recognises the private sector is subdivided further identifying those organisations that are non profit, commonly known as the third or voluntary sector. Unpaid carers and those recipients of care who employ their own workers, known as Personal Assistants are also detailed separately. The strategy is conceived through a consortium approach, facilitated by the Stoke Adults Social Care Employment and Skills (SASCES) Workforce Commissioning Board.

This strategy provides the direction and framework needed for employers to move the workforce along the path that support the aims and focus of the national and local vision for social care and health.

## Context and Drivers

### A changing workforce

Nationally, demand for care and support will continue to increase. Skills for Care workforce simulation model has projected to 2025 the numbers of paid social care workers that may be needed to meet the future social care needs of adults and older people in England. These projections cover various hypothetical scenarios based in various changed patterns of service delivery. They suggest that the number of people working in adult social care could increase from the current 1.6 million to between 1.8 million (12.5%) and 2.6 million (62.5%) in 2025, depending on the scenario used.

In Stoke on Trent, using national scenarios this is likely to see an increase from the current estimate of 5534 paid workers to between 6226 and 8993. However based on local demographic data utilised within the Joint Strategic Needs Assessment, February 2011, it is assumed this figure is likely to be in line with the lower estimate. In order to respond to the workforce needs of the Fit for the Future programme a growth of 5% in a health care support worker role is forecast by commissioners. This role will require the skills and flexibility to respond to the pressures facing acute hospitals in prevention and discharge.

Increased take-up of direct payments and the extension of personal budgets, alongside people funding their own care, will be instrumental in changing the shape of the workforce such as increasing the number of personal assistants. There will be changes in who employs the workforce, with more micro-employers, social enterprises and mutual providing services.

According to the National Minimum Data Set (NMDS-SC) there are a reported 5534 paid workers across social care and health in the city, referred to above, which is likely to increase by 12.5% over the next decade. *(It is important to note that the figure of 5534 quoted is only representative of 63% of those working in the city due to limited active involvement by employers in the NMDS-SC locally).*

However, the paid workforce is only a small proportion of those who support people. Over 26,870 carers locally are reported to be providing care, with 7000 of those providing more than 50 hours of care each week.

Additionally, while it is difficult to be precise it could be estimated that based on national figures there is likely to be in the region of 13,000 volunteers in the city. However this figure is unlikely to be representative of the actual local volunteer workforce which is reported as only 484 within the NMDS-SC.

#### Summary of local workforce intelligence

There are an estimated 5534 paid jobs in adult social care and health in Stoke on Trent. Of which 3921 work in social care and 1613 in health. Currently, most of the workforce is employed by private and voluntary sector organisations, including more than 111 privately run social care services. This group is largely made up of residential, day, home and community care workers.

Most adult social care and health jobs involve directly providing care and support. In April 2011; 2999 (76%) of the total were jobs of this kind. The rest consisted of 315 managerial and supervisory jobs; 1852 professional jobs, which include nurses, social workers and occupational therapists; and 368 administrative, ancillary and other jobs.

Forty three percent (2360) of adult social care jobs were in the private and independent sector. The NHS community provision accounted for 1613 (29%) of the total, nearly 3 times as many as the voluntary sector with 484 (9%).

There were 807 (14%) adult social care jobs employed by the Local Authority and 270 (5%) employed by recipients of direct payments.

#### The national social care agenda

The government's new vision for adult social care sets an agenda to make services more personalised, more preventive and more focused on delivering the best outcomes for those that use them. It is based upon the values of freedom, fairness and responsibility, and is built upon seven principles:

- **Personalisation:** individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.
- **Prevention:** empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.
- **Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing.
- **Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.
- **Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.
- **Productivity:** greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.
- **People:** we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.

### Workforce implications of the national agenda

Supporting people to have autonomy and make informed choices requires the workforce to have skills to enable easy access to information – advocacy, brokerage, advice and guidance.

Personal Assistants are playing an increasingly important role in delivering personalised care and support and will become a more significant proportion of the workforce.

Practical application of the *Common Core Principles to Support Self Care* is of paramount importance. The case for community skills development is strongly supported by evidence that social activity and engagement have a significant preventive effect that benefits both physical and mental health.

Workers need to promote independence and choice while supporting people to manage risk proportionally and realistically.

The workforce will be increasingly employed in different types of organisations, some of which will work across traditional social care and health boundaries to deliver more integrated services. Commissioners and training providers need to better understand market capacity and capability whilst the workforce develops new skills in community organising and the ability to work across service boundaries.

The workforce must be mobilised and empowered to improve efficiency and effectiveness. Simplified decision-making means devolving responsibility where it matters and empowering people to use data locally to drive improvements.

The workforce will be empowered to work more in partnership with carers and volunteers locally, and will help to develop community capacity and skills.

## A Vision for Adult Social Care: Capable Communities and Active Citizens

Promoting a plural market for social care delivery will require wide engagement with a diverse workforce to promote the development of new and diverse skills to meet the challenges of building a “big society”.

The challenge is to bring other community assets together, along with the wider workforce that supports social care and health, such as housing and benefits staff, and the resources of local communities, to help maintain independence and prevent dependency, while unlocking the potential of local support networks to reduce isolation and vulnerability. This is especially important when considering the drive for greater integration between social care and health; particularly in relation to prevention, re-ablement, health improvement, opportunities for collaboration on local commissioning plans and any joint commissioning arrangements.

A “big society” is one that makes the most of its community. In moving forward to meet new expectations, the contributions of all partners that support the provision of high quality social care needs to be explored, defined, resourced and supported.

The government’s vision for the changing relationship between individuals, families, communities and society will be achieved only through cultural change at every level. Everybody involved has to influence not only public attitudes but also colleagues and partners in social care and other services. This vision for social care demonstrates the Government’s values of freedom, fairness and responsibility, shifting power from central to local, from state to citizen, from provider to people who use services. The ambition is to foster the conditions in which communities, social enterprises and others can develop a diverse range of preventative and other support that will help to reduce isolation, improve health and well-being and, by doing so, better manage the demand for formal health and care.

The Spending Review settlement gives local councils a solid basis to reform social care services, rise to the new opportunities and accelerate the pace of change in their existing

responsibilities. The partnership agreement, *Think Local, Act Personal* published in November 2010 set out the immediate actions for councils, focusing on personalisation, a community-based approach to developing services with local communities and other service providers, and a sustained drive on productivity.

### The local social care agenda

Stoke on Trent clearly requires a step change to a more personalised method of adult social care and health 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 planning. Rising demands from customers and increasing budgetary pressures means “business as usual” is no longer an option.

The critical workforce issues facing the local sector reflect national priorities identified within strategy documents such as the *Vision for Adult Social Care, Capable, Confident, Skilled: A Workforce Development Strategy* and the *Operating Framework for 2010/11 for the NHS in England and Equity and Excellence: Liberating the NHS*.

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#### In summary:

1. 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.
2. Create a strategic shift in resources and culture from intervention at the point of crisis towards prevention and early intervention.
3. 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.
4. Develop leadership at all levels.
5. 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.
6. 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.

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## Local Policy – Stoke on Trent

As with any other business adult social care is driven not just by national policy but must be delivered within a local context and is therefore driven by many local policies. Whilst numerous exist within the city the key policy drivers which inform this strategy include, but are not exhaustive, the following:

### Stoke-on- Trent City Council's Mandate for Change

In July 2011 the Local Authority launched its Mandate for Change; the council's flagship plan to make Stoke-on-Trent a "great working city."

Mandate for Change is based on four 'pillars'; making Stoke-on-Trent the place to bring business, a great city to live in, supporting and developing existing businesses and working with people to promote independence and healthy lives.

### Adult Social Care 2 year plan

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. To support the delivery of this framework the following provides a flavour of the direction of travel which organisations will need to consider in order to provide services to customers.

### Assessment and Care Management

It is acknowledged that the current operating model for Adult Social Assessment and Care Management requires reshaping to deliver increased responsiveness to customer needs and improved use of resources. The current model has evolved against 'traditional' concepts of assessment and care management and as such, does not support the effective delivery of key policy directives such as Self-Directed Support; in addition, the profile and deployment of the workforce within the current model has not been informed in any consistent way by a solid understanding of activity and demand.

A blueprint for the future delivery of Assessment and Care Management will be produced to reflect the following influences and requirements:

- The development of integrated pathways with partner organizations
- The development of transition between Adult Services and Children and Young People Services in order to deliver a holistic outcome focused assessment that meets the needs of the family
- The development of a more effective care coordination/care management model which more effectively supports individuals to maintain their well-being/stay out of Acute Care
- Utilising Third Sector capacities to help deliver low-level, preventative support
- The development of lean processes and systems, liberating confident practitioners to better focus on the needs of customers
- Delivery of Self-Directed Support – underpinned by a clearer separation of statutory Assessment/Resource Allocation/Safeguarding functions from support planning and brokerage support which operates at the behest of the customer

### Learning Disability Services

Learning disability services are undergoing significant modernisation resulting in plans which will transform the way services are delivered. This is in part due to National policy guidance such as 'Valuing People Now' and 'Putting People first' but also reflects the growth in local demand for services due to people living longer lives and people with complex needs living longer into adulthood. The focus of future service delivery will be on increasing independence and having less reliance on 'in-house' social care or health services. The major drivers for LD development from Central Government are to improve Health provision, improve the access and choice of accommodation and improving the access for people into work.

In order to facilitate this direction of travel the workforce will need to be shaped to become increasingly more skilled to enable people to live independently, assist people to access a wider range opportunities within their local communities and work in partnership with the third and voluntary sectors to develop the market to support people, where necessary, on an ongoing basis. The demand for personal assistants is increasing as services are becoming more person centred and people are choosing direct payments and personalised budgets as the vehicle for purchasing their support.

### **Carer's**

[In November 2010, The Department of Health published 'Recognised, Valued and Supported: Next Steps for the Carers Strategy'. Stoke on Trent Carers Strategy recommends the involvement of \[carers in local services\]\(#\) and for employers and commissioners of services to \[value their contribution\]\(#\). The Workforce Commissioning Board \[will\]\(#\) continue to \[work with local employers and training providers to adopt the Carers Matter - Everybody's Business resources\]\(#\) which provide the necessary tools to develop the workforce \[in order to achieve this\]\(#\).](#)

### **Older Persons Mental Health**

The key development considerations for staff working older people with mental health needs largely reflect the strategic moves for the social care more generally. The demographic pressure and increase prevalence of dementia will hasten the need to move towards models of care that promote choice, increase independence and reduce or delay dependence on statutory services. Whilst currently a reablement service operates for persons with dementia involving social care and health staff the demand on this service along with the need for appropriate exit maintenance services will undoubtedly increase and it is vitally important that these services are equipped in understanding the best practice approaches key to delivery of care to service users with cognition and capacity issues. In addition it is important that generic services have a better understanding of the issues as the experiences faced by service users and carers as often this lack of awareness leads to exclusion from services.

A key component will be an increased use of client centred/outcome based assessment and care planning, perhaps more widely used in Younger Persons services but key to persons who need to have there needs understood in terms of there own biographical history. Similarly there is a low uptake of Direct Payments/Individual Budgets but recent health studies/conferences are stressing the need for this approach to be embraced as PA,s may well provide the opportunity for more consistent and familiar care delivery.

### **Day opportunities**

Work is currently underway to develop a clear vision for day opportunities in Stoke-on-Trent that is aligned with the strategic direction set out in Achieving Personalised Services and that has a clear focus on supporting Carers in Stoke-on-Trent.

From the Achieving Personalised Services policy framework, it is known that that Day Opportunities in Stoke-on-Trent should involve:

- The PIV (Private, Independent and Voluntary Sector) taking a more significant role
- A greater focus on reablement
- Easier access to services and clearer pathways
- A greater focus on commissioning and brokerage

To achieve this existing services and ways of working will need to be reviewed to identify the potential challenges.

The Healthy Living Centre's demonstrate that there is an effective service that offers reablement, is community based/ out-reach focused and utilises the PIV sector services available. However, the key challenges seem to be ensuring adequate capacity and variety of the services available and to improve access to day opportunities services through re-designing the pathways and processes. The Workforce Commissioning Board will monitor the findings and outcomes of the task groups established.

## **Physical Disabilities**

Developments within physical disability services and services for older people are in line with the key national strategic drivers around personalisation and self directed support. To meet the predicted increased demand for services there is a need to develop systems that increase independence, provide more choice and control for individuals and improve access to preventative options that reduce reliance on statutory services.

To make this transformation a reality a workforce needs to be developed that is able to deliver support and care in a more individualised way that increases independence and access to more mainstream facilities. Direct payments and personal assistants will play an increased role going forward if this is to become a reality and a staff pool that is skilled and able to deliver more outcome focused support will need to be developed.

## **North Staffs Combined Healthcare Integrated Business Plan**

- To provide patient centered mental health, specialist learning disability and related services for people of all ages
- To be the best in all what we do
- To work in partnership to deliver services that promote recovery, well being and independent living

**The Department of Health's national Transforming Community Services (TCS)** programme was completed on 31 March 2011. The transformation of community services continues at local level namely to:

- develop people and leaders
- innovate and improve services
- reform systems to support high quality 21st century care at or close to home
- improve health outcomes

**Fit for the Future** is an ambitious project to improve the health of people across North Staffordshire over a four year period. Patients, the public and partner organisations NHS North Staffordshire, NHS Stoke-on-Trent and the University Hospital of North Staffordshire NHS Trust, are working together to design new services and facilities around what patients need. This means providing better health services in local communities as well as improved specialist hospital services and treatment.

By 2012 improvements to local health services will include:

- More outpatient services available at community hospitals and health centres like Shelton, Bentilee and Leek
- More services in the community to help people lead healthier lives and recover more quickly after treatment
- Support to help staff work in different ways to deliver better care for patients
- Brand new hospitals at the City General and the Haywood Hospital.

## Building sustainability through a growing workforce

In 2010 the Workforce Commissioning Board was established to move forward the implementation of the workforce transformation agenda. Chaired by the Sector Skills Lead for the city this placed employers at the heart of change, taking responsibility for 5 key priorities:

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- Support organisations within the sector to meet current and future business requirements by attracting and appointing capable staff
- Work with partners to effectively recruit a sustainable workforce that reflects the diversity of the community it serves
- Retain and maintain an appropriately skilled workforce with reduced dependency on temporary staffing arrangements.
- Implement a series of policies to support the co-ordination of placement and employment opportunities within the adult social care sector
- Improve the image and profile of adult social care in the city as a chosen career

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### The current workforce (April 2011)

#### Staff groups

2311 (42%) residential care worker,  
315 (6%) management,  
688 (12%) community, support and outreach  
1852 (33%) registered workers  
368 (7%) Ancillary and administration

#### Age profile (where data is available)

456 (12.6%) aged 16 to 24  
1096 (30%) aged 25 to 39  
1096 (30%) aged 40 to 49  
1000 (27.4%) aged 50+

#### Turnover – 764 starters

Private - 479  
Voluntary - 91  
Statutory - 24  
Personal Assistants – not available  
Community Health – 113  
North Staffs Combined Health - 57

#### Turnover – 784 leavers

Private - 373  
Voluntary - 54  
Statutory - 205  
Personal Assistants – not available  
Community Health – 82  
North Staffs Combined Health – 70

Gender	Social Care	Health
Male	15.3%	24%
Female	84.7%	76%

#### Ethnicity

White British - 3033 (82.3%)  
Minority ethnic - 272 (7.4%)  
Not known/not stated - 381 (10.3%)

The “whole system change” required by the personalisation agenda requires a flexible workforce that is equipped to respond to the challenges of the financial climate and the aspirations for community engagement and the “big society” approach.

The city has an estimated increase over the next 5 years of 29% (3000 people) of those adults aged 65-74 and 18% (400 people) over 85. As well as this longevity of the population, advances in medical care have meant that people with various conditions who had relatively short life spans are now living into old age and this is also increasing the need for social care and health services. Predicted increases include:

- The numbers of learning disability adults will rise by 20% by 2041
- The numbers of physically and sensory impaired adults will rise by 17% by 2041
- The numbers of learning and physically disabled adults in households receiving informal care will increase by 15.5%
- The number of assessments of adults will rise by 17.7%
- The number of people using home care services will rise by 18% and day care by 19%

At the same time that the numbers of those needing care and support is increasing, the expectations that the public have of support services are being transformed. Citizens require a dynamic, fluid and responsive service that not only meets their care needs but also their expectations about active citizenship and being part of everyday society.

## Ambitions

### Workforce intelligence and research

Reliable intelligence about the workforce, and research based on quality data, are crucial to all those who need to understand and shape the provision of social care now and in the future. Good commissioning involves using the resources available to secure the highest quality services and best possible care outcome for the population. It relies on high quality, timely, accurate and reliable data about needs and services but as importantly about the workforce itself.

Reliable data on the current workforce, profiling its demographics, geographies, skills and capabilities is a crucial component of workforce planning. However local workforce data is incomplete with an estimated 63% of employers utilising the National Minimum Data Set (NMDS-SC) to collect workforce intelligence. Whilst some data exists on those volunteering in the City the detail behind the data is limited. Even less information is available on those employed on a zero hour contract despite this being described as a critical workforce issue in the City. With an increasing reliance on volunteers workforce data for this group is inadequate. Anecdotal evidence suggests many volunteers will be the paid workforce of the future and yet skills amongst the sector appear to be disproportionate to those already in paid employment. Workforce intelligence is therefore an issue for the City which requires action as part of this strategy.

#### The ambition is to:

- Continue to work with Skills for Care and employers to maintain and develop a robust, resilient and secure system for workforce data collection.
- Continually improve the quality of data and ensure those working in social care understand the impact of poor quality data and value the contribution workforce data can make to improving people's outcomes.
- Support and guide people who employ their own care and support, as well as private and voluntary organisations, to collect accurate workforce data in the most efficient way.
- Continue to work across adult social care, the NHS and public health to improve data collection.
- Promote the use of data to deliver effective workforce commissioning and planning amongst employers.
- Support the production of the Joint Strategic Needs Assessment.
- Support commissioners to use workforce data in preparing local strategies.
- Undertake workforce research and analysis underpinned by quality data.

#### Deliverables to include:

- Continue to support Skills for Care to ensure the National Minimum Data Set (NMDS-SC) becomes the single, comprehensive and credible source of workforce data for employers and commissioners – March 2012
- Target support to employers to enable them to engage with NMDS-SC completion – March 2012
- Increase the number of organizations actively registered on the NMDS-SC to 75% by March 2012
- Continue to support the local authority in the annual bulk upload of statutory employees onto the NMDS-SC – March 2012
- Continue to use the InLAWS principles in the production of the workforce strategy – March 2016
- Workforce intelligence is utilized in the production of the JSNA – April 2013
- Work with the Direct Payment Provider to ensure employee data for personal assistants is captured in the workforce strategy – July 2012

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## Employer Engagement

To deliver on the strategy we need to continue to build upon the existing mechanisms that are in place for engaging our employers. The development of the sub-regional consortium Stoke Adult Social Care Employment and Skills, SASCES, has provided a platform for key partners to participate in steering workforce interventions across the City. SASCES was established in 2010 and will require continuing support both in resource and recognition in order to succeed in representing local employers.

A plethora of engagement activity has been established by the Workforce Commissioning Board, the steering group for SASCES. Activities supported by the Board include employer engagement events; dedicated engagement support; workforce development initiatives; recruitment initiatives and income generation to continue to support business sustainability across the sector. SASCES also provides a flexible and responsive conduit of essential information for existing and potential adult social care employers in the city.

### The ambition is to:

- Increase membership of the SASCES Workforce Commissioning Board to ensure full representation across the city.
- Gain wider recognition of the role the Workforce Commissioning Board plays in sustaining adult care services in the city.
- Continue to provide employer engagement events that add value to business.
- Have a variety of mechanisms in place to communicate with all social care employers.
- Increase income generation to support business continuity through the provision of support and staff development.
- Reduce duplication amongst partners involved in workforce development to increase outputs and outcomes for the investment made.
- Increase awareness of the value of workforce planning to employers to enable them to understand its role in sustaining care services in the city.
- Ensure that all employers in the adult social care sector in the city are listened to and their views are accurately represented at regional and national events.
- Engage with new and prospective employers whilst the "Big Society" agenda develops.

### Deliverables to include:

- Review role of the Workforce Commissioning Board – April 2012.
- Establish a formal link from the Workforce Commissioning Board to the Health and Wellbeing Board – April 2012.
- Quarterly Employer Engagement Events – July 2012.
- Employer Engagement Communication Strategy – August 2011.
- Continue to work with key partners to ensure duplication is reduced – March 2016.
- Workforce Planning promotional campaign – March 2012.



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## Recruitment

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. However, without the continued focus on the supply and quality of the workforce the city will fail to deliver transformational change and the regeneration of the area.

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In order to meet the challenges of the future, we will need to attract a diverse workforce that demonstrates a span of skills and experience across the continuum of health, social care, mutuality and support. Traditional patterns of pre employment training, recruitment, structures and working practices will need to change. A Recruitment Strategy is to be developed through the SASCES consortium which will be launched in 2011 to support this strand of work.

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### The ambition is to:

- Improve the image and status of Adult Social Care and demonstrate its contribution to the "Big Society".
- Enable people who use services to employ care and support workers more simply and with greater confidence.
- Encourage leaders and managers to learn and practice human resource management to aid recruitment decisions right and to retain a committed workforce.
- Research what works to attract and retain workers.
- Attract new entrants and mature workers to the sector and sustain the flow of younger workers.
- Recognise that good practice in recruitment and retention applies beyond the paid workforce and should be tailored appropriately to those providing additional unpaid support.
- Support the Local Authorities Mandate for Change and vision of a "Great Working City" through the provision of interventions, mentoring and support to unemployed citizens choosing a career in adult social care.
- Assist employers with their recruitment issues through the SASCES consortium.
- Provide a workforce that can support independent living through increasing domiciliary care provision, social enterprise and personal assistants.
- Embed apprenticeships into the workforce strategy.
- To have an agreed jointly owned and produced Recruitment Strategy reflective of the adult social care commissioning intentions of the city.

### Deliverables to include:

- Continue to provide the Adult Social Care Trainee Scheme with an emphasis on Domiciliary Care Workers – March 2012.
- Explore concessionary public transport schemes to support access to work and development opportunities – March 2012.
- Develop a jointly produced and owned Recruitment Strategy – Dec 2011.
- Work with the National Apprenticeship Scheme in order to increase the number of apprentices within Adult Social Care – March 2016.
- Work with volunteering organisations in order to promote volunteering as a route into paid care – May 2012.
- Work with Direct Payment Support contract holder to assist services users to recruit a capable and confident personal assistant – March 2016.
- Increase the number of personal assistants in the market – March 2016.
- Effectively utilize the Department of Work and Pensions Work Programme in order to increase the number of care workers in the city – March 2016.
- Deliver the outcomes of the Widening Participation project – May 2012.
- Launch and facilitate the Step into Care recruitment campaign – June 2011.
- Support Work Club career advisors through raising the profile of a career in social care – March 2016.
- Work with the Children's and Young Peoples Services career progression network (14-19 strategy) in order to promote the role of the career, future learning and careers – March 2016.

## Workforce Redesign

Redesigning the social care workforce is the key to the long term sustainability of social care. To embed and deliver workforce culture change that is permanent and consistent will need strategically led workforce commissioning to create the underpinning framework for business planning and redesign. Employers and employees need to take risks, be versatile and continuously rethink the skills they need to do the job. The workforce, regardless of role or service setting will have to work in different ways, develop new skills and work flexibly across organisational and professional boundaries, involving a wide range of services.

The "big society" agenda offers an opportunity for adult social care to lead the way in which local communities, neighbourhoods and citizens get involved in taking responsibility for local services and improving the lives of people.

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### The ambition is to:

- Embed workforce redesign and workforce innovation in practice and organizational culture.
- Foster and embed innovative workforce models in care and support into all parts of the social care sector, including ways of working effectively with assistive technologies.
- To continue joint working with housing to support integrated solutions through workforce development.
- Support workforce development to implement condition specific strategies for example dementia and autism.
- Support the development of community skills to enable those undertaking informal support roles in their community to have access to the knowledge, skills and capacity they need.

### Deliverables to include:

- Develop the skills of the supporting people peer group – March 2012
- Undertake specific engagement with employers to support managers to configure workforce roles and skills – March 2016
- Provide support to employers through the reconfiguration process – March 2016
- Provide bespoke advice and guidance to existing and prospective employers to participate in market shaping – March 2016
- Develop pre employment schemes with health that ensure a skilled and job ready workforce is able to respond to the Fit for the Future agenda – March 2013

### Further reading

Department of Health, *A Vision for Adult Social Care: Capable Communities and Active Citizens* (2010),

Department of Health, *Equity and Excellence: Liberating the NHS*, white paper, (2010)

Care Quality Commission, *Essential Standards of Quality and Safety* (2010)

Department of Health, *Recognised, valued and supported: next steps for the carers strategy* (2010),

Skills for Care, *Principles of Workforce Redesign* (2008),

Skills for Care, *Only a Footstep Away? Neighbourhoods, social capital and their place in the 'big society'* (2010)

Skills for Care & Skills for Health, *Common Core Principles to Support Self Care: a guide to support implementation* (2008)

Skills for Care & Skills for Health, *Carers Matter – Everybody's Business* (2011)

Skills for Health, *The 'Hidden' Workforce in the Health Sector* (2009),

Social Work Reform Board, *Building a Safe and Confident Future: One Year On* (Dep't for Education, 2010)

Department of Health: *Fulfilling and Rewarding lives: the strategy for adults with autism in England* (2010)

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## Leadership and Management

High quality leadership and people management are crucial if the new agenda and the expectations of people who use services are to be achieved. Leaders and managers need effective induction, support such as access to coaching and mentoring, and access to learning opportunities. Clear career pathways and progression routes are also needed. There should be encouragement to aspire to managing and leading.

The National Skills Academy for Social Care has been asked to produce a leadership strategy to address the need to increase capacity in the sector. The strategy will outline how all who work in social care can demonstrate leadership in what they do and how greater emphasis on front line workers, people who use support and communities can improve the quality and experience of care.

In its published Talent and Leadership Plan the West Midlands Strategic Health Authority recognizes the wealth of talent it has, alongside the need for more systematic development and nurturing. Locally the Aspiring Chief Executive programme and ongoing investment into Clinical leadership and HR Mediation programmes, ensure a leadership cascade within primary and acute trusts.



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### The ambition is to:

- Have appropriate leadership and management capacity across the city.
- Ensure a trained and competent cohort of experienced, new and aspiring registered managers is available to meet the demands of care providing employers.
- Ensure that people who employ their own workers have opportunities to develop as commissioners, leaders and managers.
- Support employers in the way they undertake succession planning and talent management.
- Establish a network of mentor support for managers working within the sector.

### Deliverables to include:

- Facilitate local skills development networks of registered managers in partnership with the National Skills Academy for social care and professional associations. – March 2012
- Ensure the communication of the Leadership Strategy once produced – March 2012
- Share the refreshed Management Induction Standards once produced – March 2013
- Continue to promote and develop practical tools for commissioners as part of the InLAWS project – March 2016

### Leaders and managers need to:

- have a clear vision and be committed to making a positive difference
- work to achieve positive outcomes for people who use services within the context of personalised adult social care
- ensure equality, safety and protection from abuse for staff and people who use services
- challenge discrimination and harassment in employment practice and service provision
- listen and respond positively to the views of people who use services, carers and staff
- enable staff and people who use services to develop the services people want
- promote and achieve service aims, objectives and goals
- develop partnerships and effective joint and integrated working practices
- manage resources and budgets effectively
- value people and actively develop talent and potential through a culture of effective induction, supervision, performance management and an environment to develop reflective practice, professional skills and the ability to make judgements
- manage change effectively
- manage conflicts and risk effectively
- inspire staff
- ensure their work supports the shared vision as outlined in Putting People First and its set of seven outcomes

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## Assessment and Care Management

The role of social workers is being reassessed to meet the objectives of personalisation, prevention and protection. We know, from carrying out the Social Work Task Force health check in 2010, that social workers believe that in order to improve services they need more time working directly with people who use services, regular high quality supervision, standing and voice. In December 2010 the Social Work Reform Board published *Building a safe and confident future: one year on* (SWRB 2010). The report launched proposals which cover five key areas, including support for front line social work managers which will be captured through a leadership and management strategy

Different models of employment and practice are being considered through the reconfiguration of Assessment and Care Management (ACM). 'Social work practice' pilots starting locally in 2011 will also test whether independent social worker-led organisations can deliver a better experience and outcomes for people who use services. The trialling of social work practices and the potential for mutuals and cooperatives in social care means that the settings in which social workers practise and are employed may change significantly over time.

The Law Commission's report, due to be introduced as legal framework in 2012, will provide strengthened guidance to the local authority through new statutory principles. The impact of health professionals potentially being assigned to undertake assessments on the council's behalf, and the establishment, through entitlement or right, the support to be offered as a direct payment, will impact on the future configuration of Assessment and Care Management.

### The ambition is to:

- Have in place a publicly understood and respected Assessment and Care Management service populated by high calibre professionals.
- Support the local adoption of national employer standards.
- Support local HEI's to overhaul initial social work education, including practice placements and post-qualifying education.
- Continue to implement a CPD framework that supports both re-registration and transformation requirements.
- Continue to provide representation on local employer/HEI partnerships.
- Explore new models of employment.
- Deploy social workers effectively, including securing arrangements to support people who use services, and carers to drive change locally.
- Encourage practitioners and managers to adopt a framework for reflective practice, mentoring and peer support.
- Provide a clear definition of respective roles between assistant practitioners and qualified social workers.
- Practitioners to effectively deploy assistive technologies and time management skills.
- Practitioners to demonstrate a seamless transition of holistic outcome focused assessments of the families needs

### Deliverables to include:

- Support the sector to engage with, and implement the recommendations and work of the Social Work Reform Board work – March 2012
- Develop and implement a blueprint for the future delivery of Assessment and care Management in the city – March 2012
- Continue to work with strategic managers to review the Social Work Task Force *Health Check*; considering and determining the most effective deployment of social workers' skills locally using the ADASS *Advice Note* (ADASS 2010) – March 2016
- Work with Higher Education Institutes and employers to secure improvements in the initial training and ongoing development of social workers – March 2016
- Work with key partners, including the College of Social Work, to ensure that the provision of post-qualifying education is in line with the regulator's requirements and the new CPD framework – March 2016
- Deliver the Newly Qualified Social Work programme (NQSWS) according to local demand – March 2016
- Work with Skills for Care to deliver a national training programme for front line social work managers that will be built into the local Leadership Strategy – March 2013

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## Standards, learning and qualifications

An adult social care workforce that has the right workforce in place with the right skills, knowledge, values and qualifications to support people who use services is crucial to the success of this strategy. Learning, including organisational and community learning that benefits the worker, the organisation and people using services, should be valued as a vital investment in the future. The skills, knowledge and values required by care workers will continue to move towards enablement, empowerment and facilitation, the focus will be about supporting people to be active citizens and to help them lead a live, not just to receive a service.

With the review of the Health and Social Care Act in 2008 the law now expects that everyone who provides services in care homes must make sure their services meet new essential standards in care that protect your safety and respect dignity and rights. The new qualifications and credit framework (QCF) underpins an employer and sector led approach to ensuring that qualifications and learning are fit for purpose and represent value for money. Through the Workforce Commissioning Board we will actively engage with our partners in higher education to ensure what they offer meets the needs of our employers and the new agenda.

With the introduction of the Carers Matter – Everybody’s Business (CMEB 2011) we have eight National (England) Common Core Principles for Working with Carers. These set the knowledge, skills and behaviours that staff who come into contact with carers should demonstrate. Staff should be performing at the level indicated by these principles. It is up to each organisation to ensure that staff meet these standards or work towards them. CMEB will help to identify current levels of skills and knowledge, explore any areas needing improvement and determine how these improvements could be achieved, giving sample learning resources to adapt and use.

### The ambition is to:

- Access the Workforce Development Fund to assist employers to provide the necessary qualifications to their workforce
- Tackle functional skills, skills for life and employability issues.
- Continue to develop the business case for investing in qualifications in workforce skills.
- Support carers in their caring role.
- Encourage employers to adopt and provide the necessary skills to demonstrate the common core principles for working with carers
- Promote and use the *Common Core Principle to Support Self Care amongst care workers, personal assistants, volunteers and universal services.*
- Promote and use the *Common Core Principles for End of Life.*
- Provide a continued focus on workforce development to enable those providing services to have access to resources to develop the skills, knowledge and ability to provide information and services across sectors

### Deliverables to include:

- Continue to make links between the workforce strategy and the vision of training providers and other partners in the supply side – March 2016
- Support employers to understand the business benefits, qualifications and skills development of their workforce – March 2016
- Ensure employers have the most effective functional skills, skills for life and employability support and that these issues remain high on the agenda – March 2016
- Ensure all available funding opportunities for the adult social care sector are explored, managed and communicated to the sector – March 2016
- Support the dissemination of the learning and training framework for supporting unpaid carers – March 2012
- Through an engagement strategy ensure common core principles are easily accessible – March 2016
- Promotion and utilization of the Adult Social Care Resource Directory – December 2011

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## **Building sustainability through a skilled workforce**

### **Skills**

The provision of training for the adult social care workforce will continue to have an emphasis on the need to access diverse learning methods, including e-learning, with an acknowledgement that the 'how' of learning is as important as the 'what'. Greater flexibility, new ways of working and innovation within the workforce all require greater flexibility, new ways of approaching learning and innovation from those delivering the learning and qualifications. Innovative solutions to how the workforce, employed by increasingly diverse and new employers, can access the skills, behaviours and competences required is continually being explored. The key to delivering these is ensuring that employers of all sizes across the sector can access funding to develop the workforce.

It is crucial to create an even more confident, competent, empowered and diverse workforce, tapping into the talents of whole communities, to secure the quality of care and dignity of people using services. The revised Common Induction Standards and new Qualifications and Credit Framework (QCF) underpins an employer-led approach to ensuring that qualifications and learning are fit for purpose and represent value for money. This will also be achieved by actively engaging with training providers to ensure that what they offer meets the needs of employers and the new agenda.

Information on training and qualification levels in the workforce remains fragmented as many employers are yet to report fully on the qualifications their workers hold. With the requirement to evidence the attainment levels to CQC being removed this is an area of concern that the Workforce Commissioning Board will focus on during the next 12 months to ensure that development of the workforce continues to receive the necessary investment.

With the data available from the Care Quality Commission, National Minimum Data Set-SC, skills analysis and Learning Management Systems we can summarise the current profile of skills within the current social care workforce.

### **Qualifications and Credit Framework**

CQC data shows that by the end of March 2011, some 10-15% of care homes and 20% of domiciliary care agencies have not met the qualifications-related National Minimum Standards. Whilst this figure has increased considerably over the past 5 years the introduction of the Qualifications and Credit Framework (QCF) in 2011 will require close monitoring to ensure resources continue to be invested into building a workforce that demonstrates competence in the minimum standards in addition to the specialist units that are now being promoted.

### **Ongoing assessment of competence**

In order to progress with the desired levels and quality for the delivery of vocational skills and behaviour's in the city, the Workforce Commissioning Board must work collectively to access external resources in order to build the required assessment infrastructure. Within the private sector there are an extremely low number of assessors that are qualified to continually assess the competence of the staff employed around them.

### **Apprenticeships**

Apprenticeships are a priority for the Coalition Government and locally we are taking a proactive role in helping to achieve the objective of improving the number of apprentices and quality of apprenticeship frameworks. Together with this being a government priority, employer's value the opportunities afforded by apprenticeships as an aid to recruitment, retention, career development, and improved quality of work in order to provide successful outcomes for the people who use their services.

In order to deliver a successful apprenticeship framework and a customer focused QCF, adult social care in the city requires the necessary foundations to deliver and sustain the mentoring and coaching of its workforce through qualified assessors. Best practice and cost appraisals suggest that this role should be carried out by internal supervisors qualified to assess the performance of those they supervise.

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## Generic Skills Framework

A strong skills system is fundamental to social mobility, re-opening routes for people from wherever they begin to succeed in work, become confident through becoming accomplished and to play a full part in civil society. Our objective locally is to deliver a skills system driven from the bottom up, able to respond to the needs of individuals, communities and an increasingly dynamic economy. The challenge is to return the local economy and in turn the adult social care sector to sustainable growth, extend social inclusion and social mobility and build the “big society”. Underpinning every aspect of this challenge is the improvement of skills and how collectively employers, training providers and citizens can help to influence the training strategies required to meet that challenge.

It is with this in mind that our ambition is to establish and deliver a framework of generic skills from which we can then build and develop the necessary sector specific competences, such as autism, dementia, and end of life and long term conditions. The following table begins to map out what those generic skills should be for care workers that are “fit for purpose” and motivated to deliver the transformation agenda in the city.

### Deliverables to include:

- Introduce induction and learning programmes that equip staff to cross the continuum of care – March 2013
- Refocus the approach to staffing needs to one that works with a multiplicity of staff to deliver outcomes – March 2016
- Engage personal assistants, carers and volunteers with the qualifications framework – March 2012
- Training providers to develop flexible and cost effective training models; new technologies such as e-learning to be encouraged – March 2013
- Provide clear information about training resources, priorities and funding – March 2016
- Develop learning sets, mentoring and peer support processes – March 2013
- Offer apprenticeship and graduate trainee opportunities – March 2012
- Equip staff to cross the continuum of care, from personal assistants to professions allied to medicine through a robust qualifications and credit framework – March 2013

## Working with people who use adult social care services require generic skills in:

- Supporting self-assessment and person-centred planning with an emphasis on self-directed care, health promotion, growing and sustaining circles of support.
- Supporting risk taking, and helping to manage and minimise harm that may prevent people directing their own lives.
- Outcomes-based and outcomes-driven practice.
- Protecting, where people who use services are deemed not to have the capacity themselves.
- Providing information, advice, advocacy, brokerage and guidance.
- Providing personalised social care, in people’s own homes and in residential and other settings that respect people’s dignity, choice and self-direction.
- Providing care and support with flexibility and understanding in ways that reflect the circumstances, religion, cultural background and lifestyle of the person using services.
- Enabling employment, education, training and other valued activities.
- Supporting people who use services to become employers, acquiring the organisational capabilities to manage their own care and support, including providing reliable information and advice about employment law and practice.
- Recognising the value of the expertise and contributions of service users and carers, and involving them from the outset in designing local care provision, influencing commissioning, and in planning their own care.
- Creating capacity and confidence among people, who use services to lead, manage and work in social care and other organisations, such as new and existing user-led organisations.
- Community capacity building.
- Engaging people who use services in developing strong local communities, enabling them to have a family and community life.
- Facilitating people’s participation in governance, commissioning, training and quality assurance of social care services

## Next Steps

This strategy has set out aspirations and a vision for the workforce in our city and has highlighted the wide range of activity already underway across the sector and where there are options to do more.

SASCES will lead and co-ordinate the implementation of the strategy at a local level. We will work with our partners, those organisations representing people who use services, carers, employers and key national delivery bodies to ensure that the initiatives set out in this strategy are scoped appropriately, jointly developed and co-produced.

To work towards achieving our aspirations, we will investigate the workforce commissioning options identified in this strategy, and other emerging development options, following deliberation and discussion with our partners and stakeholders.

All options will be fully appraised and full cost-benefit analysis undertaken. As local workforce development and recruitment strategies are developed, we will produce impact assessments, including equality impact assessments. Our aim and intention is to ensure that there are no new burdens for employers across the sector and, where possible we will aim to reduce them.

### Communication and engagement

The importance of effective communication is essential to the success of the strategy. We shall achieve this through a variety of media and consultations, to reach all of our stakeholders. This will be a regular, open, and two-way process with close partnership working, sharing good practice and supporting innovation.

### Implementation Plan and review

This workforce strategy document and its objectives are valid for five years but will be subject to an annual review that will take into account timely workforce data as at the 31 March each year. A review of the current position will be made 6 months into the life span cycle.

Each partner agency will develop workforce implementation plans to meet the specific needs of each organisation that follow the deliverables set out in this document. The Workforce Commissioning Board will meet on a 6 weekly basis to discuss the continuous “plan, do, review” cycle and to commence development for the next workforce strategy document.



<b>Workforce Redesign</b>	<u>Develop the skills of the supporting people peer group</u>	March 2012
	<u>Undertake specific engagement with employers to support managers to configure workforce roles and skills</u>	March 2016
	<u>Provide support to employers through the reconfiguration process</u>	March 2016
	<u>Provide bespoke advice and guidance to existing and prospective employers to participate in market shaping</u>	March 2016
	Develop pre employment schemes with health that ensure a skilled and job ready workforce is able to respond to the Fit for the Future agenda	March 2013
<b>Leadership and Management</b>	<u>Facilitate local skills development networks of registered managers in partnership with the National Skills Academy for social care and professional associations</u>	March 2012
	<u>Ensure the communication of the Leadership Strategy once produced</u>	March 2012
	<u>Share the refreshed Management Induction Standards once produced</u>	March 2013
	<u>Continue to promote and develop practical tools for commissioners as part of the InLAWS project</u>	March 2016
<b>Assessment and Care Management</b>	Support the sector to engage with, and implement the recommendations and work of the Social Work Reform Board work	March 2012
	Develop and implement a blueprint for the future delivery of Assessment and care Management in the city	March 2012
	Continue to work with strategic managers to review the Social Work Task Force <i>Health Check</i> ; considering and determining the most effective deployment of social workers' skills locally using the ADASS <i>Advice Note</i> (ADASS 2010)	March 2016
	Work with Higher Education Institutes and employers to secure improvements in the initial training and ongoing development of social workers	March 2016
	Work with key partners, including the College of Social Work, to ensure that the provision of post-qualifying education is in line with the regulator's requirements and the new CPD framework	March 2016
	Deliver the Newly Qualified Social Work programme (NQSW) according to local demand	March 2016
	Work with Skills for Care to deliver a national training programme for front line social work managers that will be built into the local Leadership Strategy	March 2013
<b>Standards, learning and qualifications</b>	<u>Continue to make links between the workforce strategy and the vision of training providers and other partners in the supply side</u>	March 2016
	<u>Support employers to understand the business benefits, qualifications and skills development of their workforce</u>	March 2016
	<u>Ensure employers have the most effective functional skills, skills for life and employability support and that these issues remain high on the agenda</u>	March 2016
	<u>Ensure all available funding opportunities for the adult social care sector are explored, managed and communicated to the sector</u>	March 2016
	<u>Support the dissemination of the learning and training framework for supporting carers</u>	March 2012
	<u>Through our engagement strategy ensure common core principles are easily accessible</u>	March 2016
	Promotion and utilization of the Adult Social Care Resource Directory	December 2011

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<b>Skills</b>	Introduce induction and learning programmes that equip staff to cross the continuum of care	March 2013
	Refocus the approach to staffing needs to one that works with a multiplicity of staff to deliver outcomes	March 2016
	Engage personal assistants, carers and volunteers with the qualifications framework	March 2012
	Training providers to develop flexible and cost effective training models; new technologies such as e-learning to be encouraged	March 2013
	Provide clear information about training resources, priorities and funding	March 2016
	Develop learning sets, mentoring and peer support processes	March 2013
	Offer apprenticeship and graduate trainee opportunities	March 2012
	Equip staff to cross the continuum of care, from personal assistants to professions allied to medicine through a robust qualifications and credit framework	March 2013
<b>Communication and engagement</b>	Develop and implement a communication framework for the consultation and publicity of the strategy	July 2011
	Facilitate 6 weekly meetings of the Workforce Commissioning Board	March 2012
<b>Implementation Plan and review</b>	Workforce Commissioning Board to carry out an annual review	March 2012
	Each partner agency to develop workforce implementation plans to meet the specific needs of each organisation that follow the deliverables set out in this document	March 2014
	A review of the current position will be made 6 months into the life span cycle.	September

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Tracy Kirton, Workforce Commissioning Manager to be identified as author of this work

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**Deleted:** There requires a central database of employers, vacancies, placements and pre employment schemes to reduce duplication and effectively monitor the flow of the workforce. The NMDS-SC and recruitment site needs to be cross referenced.¶

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The current workforce is “apple shaped” with the under 24 and the over 54 supporting each other in terms of recruitment with young graduates and apprenticeships coming through under the age of 24 and over 55’s joining care as a career change, possibly following periods of time caring for family members or choose the flexibility of the role.¶

¶  
Employability frameworks need to be provided to all age groups, raising awareness of specific careers in the sector that are subject to high turnover or new ways of working¶

¶  
The largest turnover is in the role of care worker and data indicates that this is due to internal transfers between organisations or a transfer through into health.¶

¶  
¶  
The workforce needs to develop so that within the city all care workers can demonstrate that they have received the mandatory training and hold recognised generic and specialist skills to enable the internal workflow without having a negative impact on the standard of care provided.¶

¶  
The whole change required will result in an increase in the number of community, support and outreach workers. Barriers to recruitment in these areas are the need to drive and zero hour contracts.¶

¶  
To work independently in the community requires a number of additional skills and a degree of initiative which needs to be nurtured. Employers also need to review ways to overcome recognised barriers so that recruitment into those roles are able to compete with residential employers¶

¶  
There remains limited information on the profile and skills of personal assistants. ¶

¶  
Recruitment of a PA can be sporadic with employers using various media and safeguard controls in recruitment. Engagement with Direct Payment Organisations and social workers is required to ensure employment and development opportunities are available to this workforce. ... [6]



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Reliable intelligence about the workforce, and workforce research based on quality data, are crucial to all those who need to understand and shape the provision of social care now and in the future. Good commissioning involves using the resources available to secure the highest quality services and best possible care outcome for the population. It relies on high quality, timely, accurate and reliable data about needs and services but as importantly about the workforce itself.

Reliable data on the current workforce, profiling its demographics, geographies, skills and capabilities is a crucial component of workforce planning. However local workforce data is limited with an estimated 33% of employers utilising the National Minimum Data Set (NMDS-SC) to collect workforce intelligence. Whilst some data exists on those volunteering in the City the detail behind the data is limited. Even less information is available on those employed on a zero hour contract despite this being described as a critical workforce issue in the City. With an increasing reliance on volunteers in the City workforce data is limited. Anecdotal evidence suggests many volunteers will be the paid workforce of the future and yet skills amongst the sector appear to be disproportionate to those already in paid employment. Workforce intelligence is therefore an issue for the City which requires action as part of this strategy.

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Continue to work with Skills for Care to maintain and develop a robust, resilient and secure system for workforce data collection.

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Supporting an information and data led approach to service development, commissioning and workforce planning.

Continuing to strive to minimise the burden of data collection on employers to ensure only vital workforce data is collected.

Continuing to support Skills for Care to ensure the National Minimum Data Set (NMDS-SC) becomes the single, comprehensive and credible source of workforce data for employers and commissioners.

Targeting support to employers to enable them to engage with NMDS-SC completion. Continuing to use the InLAWS principles in the production of the workforce strategy.

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Continually improve the quality of data and ensure those working in social care understand the impact of poor quality data and value the contribution workforce data can make to improving people's outcomes.

Support and guide people who employ their own care and support, as well as private and voluntary organisations, to collect accurate workforce data in the most efficient way. Continue to work across adult social care, the NHS and public health to improve data collection.

Promote the use of data to deliver effective workforce commissioning and planning amongst employers.

Support commissioners to use data in preparing local strategies.

Undertake workforce research and analysis underpinned by quality data.

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The current workforce is “apple shaped” with the under 24 and the over 54 supporting each other in terms of recruitment with young graduates and apprenticeships coming through under the age of 24 and over 55’s joining care as a career change, possibly following periods of time caring for family members or choose the flexibility of the role.

Employability frameworks need to be provided to all age groups, raising awareness of specific careers in the sector that are subject to high turnover or new ways of working

The largest turnover is in the role of care worker and data indicates that this is due to internal transfers between organisations or a transfer through into health.

The workforce needs to develop so that within the city all care workers can demonstrate that they have received the mandatory training and hold recognised generic and specialist skills to enable the internal workflow without having a negative impact on the standard of care provided.

The whole change required will result in an increase in the number of community, support and outreach workers. Barriers to recruitment in these areas are the need to drive and zero hour contracts.

To work independently in the community requires a number of additional skills and a degree of initiative which needs to be nurtured. Employers also need to review ways to overcome recognised barriers so that recruitment into those roles are able to compete with residential employers

There remains limited information on the profile and skills of personal assistants.

Recruitment of a PA can be sporadic with employers using various media and safeguard controls in recruitment. Engagement with Direct Payment Organisations and social workers is required to ensure employment and development opportunities are available to this workforce.

Public services are likely to see a continued reduction of in-house provision with services being delivered within the community and by voluntary organisations.

The transition of this workforce must be supported through “potential redundancy” and “enterprise coaching” so that the skills are not lost and the market continues to develop.

The personalisation agenda will require new ways of working and improved integration between providers of health and social care.

The employability strategy will need to ensure that providers are developing roles and skills that will be fit for purpose in the future.

There are a large number of government webs that provide recruitment toolkits, career pathways and downloadable documents that raise awareness of a career in social care. There is no consistency in the message relayed to the local community in the opportunities and support that is available should they wish to choose a career in care.

Establish a partnership that collectively links to the priorities of the Workforce Commissioning Board, improves employability, enables access to funding, reduces the number of benefit claimants and builds a sustainable workforce.

### **Employment Partnership**

SASCES in partnership with the alliance of JET Business, Sector Skills Council, Jobcentre Plus, National Apprenticeship Service, UHNS Education and Skills Academy, local adult social care employers and local education providers, has developed a strategic approach to assist social care sector employers to find sustainable solutions to their most challenging areas of recruitment.

Through an employment partnership between recruitment agencies, employers and training providers, the various schemes in operation within the city are collectively able to build on best practice in terms of recruitment processes, vetting, training, work placements and selection. By effectively utilising the skills of partners the strategy is in a position to pay the necessary attention to those groups of entrants that require a more supportive approach within the care sector selection procedures.

Whilst previously recruitment has focused on the young, there are three main potential pools of labour supply in the city that needs to be more fully exploited:

Males are highly under-represented at most levels in the care sector

Unpaid carers. The state of the social care workforce 2004 published that there are 5 unpaid care workers for every 1 paid worker.

Workers from ethnic minorities. There remains a disproportionate number of BME carers supporting the community it serves. With the progress of direct payments and increase in the BME population in the city, the projected demand for BME staff will increase in order to provide cultural differences.

We can see from appendix 1 that pre employment training and recruitment operates currently in an uncoordinated and fragmented way with the potential for duplication and mixed messages over what the workforce actually needs in order to be sustainable.

There are 2 distinct work areas at present, the first being to raise awareness of social care and enrich school and FE curriculum through the provision of work shops and learning. This role has value in raising the awareness of key communication skills required within the sector and beginning the engagement process with teachers, pupils and parents to inform career and year 9 curriculum choices.

The other area of work and a priority for adult social care is highlighted as pre employment training, work experience and the actual recruitment and selection of the person into sustainable employment. The table shows just a few of the organisations and initiatives that are involved in these stages which supports the early statement of the fragmented approach that currently exists in the locality. There is little evidence of a strategic approach to recruitment of new roles or the potential labour pools highlighted above. The work appears to focus on areas of funding such as long term unemployed, NEET and socially excluded and whilst this work is required within the city there is the potential to target this work more effectively.

### **Moving Forward**

The aim of this strategy is to coordinate effort and resources in order to help individuals move into sustainable employment through local partnerships:

The components of the work streams that the employment partnerships will undertake will include:

An employability checklist to identify attitudes, skills and behaviour expected to become a carer  
Guidance and resources for use in selection processes, including interviews and assessments  
Resources (training plans, timetables, materials and handouts) recommended to deliver a contextualised pre employment programme. The programme combines theoretical and vocational training which is assessed within a work placement

A central hub of information and resources for work placements within the city – work experience, social work placements, apprenticeships, work placements, volunteering

The content of the work streams will be tailored to meet the specific needs of the local social care sector as identified within InLAWS, such as male, BME and unpaid carers, also specific roles such as personal assistants and community support staff.

The co-development of resources will be linked to the National Occupational Standards and Skills for Life standards for adult literacy, numeracy and functional skills including the use of information and assistive technology.

Promotional and career literature will be sourced through existing Skills for Care materials.

There are numerous benefits to this approach including the acknowledged link between worklessness and health inequalities. These will be measured and reported in line with the annual review of InLAWS:

Employers report a reduction in recruitment and retention costs

DWP report a reduction in the number of citizens claiming benefits

Participants enter employment “job ready” and motivated, having proved themselves able employees in work placements

A means to overcome difficult to recruit posts such as community workers that do not drive

Promotion of engaged organisations as an employer of choice within the local community

Allows the development of partnerships to gain access to a wider pool of candidates and funding streams

Is locally adaptable to the needs of the employer

## 6 Conclusion and recommendations

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 and the regeneration of the area.

By working more effectively in partnership this strategy aims to reduce the number of unemployed people in the area and create a highly skilled, flexible local social care workforce that will contribute to a more diverse and competitive local economy.