

Cheshire West & Chester Council

Adult Social Care and Health

Workforce Strategy

2013/2014



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1. Introduction and Context

- 1.1 The ever changing nature of adult social care and health is complex and challenging. Cheshire West and Chester Council, in collaboration with partners and stakeholders seeks to ensure that the social care workforce of tomorrow, both paid and voluntary, are knowledgeable and skilled and able to respond to changes that the sector demands.
- 1.2 To meet these challenges and deliver the vision for adult social care (as outlined in ***“Shaping the Future Together”***¹) we expect the workforce to continue to diversify. They will be employed increasingly by individual and micro employers, small to medium enterprises and large organisations across the NHS, private, voluntary and independent sectors and also in local communities.
- 1.3 The continued transformation of the Adult Social Care and Health Directorate will result in a workforce that is deployed in a wider range of ways, including through integration with health and other public sector team arrangements.
- 1.4 We will continue to provide more:
 - ✓ Choice and control
 - ✓ Personalised support
 - ✓ Direct Payments
 - ✓ Personal budgets
 - ✓ Support to people with complex needs through innovative service design
 - ✓ Commissioning led Council roles
- 1.5 This will require a flexible and responsive sector which will develop a workforce that is fit for the future. Effective arrangements for the continued safeguarding of vulnerable adults will be in place to underpin this major transformation.
- 1.6 Critical to delivering this strategy and making it real is the need to develop leadership and vision in the sector that is shared and understood and linked explicitly to effective organisational development and sustainability. This will ensure quality and a commitment to continuous performance improvement.
- 1.7 A priority for the sector is to draw its workforce from a wider labour market, the development of community skills and capacity, and equipping people with an appropriate level of competence and capability.
- 1.8 Effective joint commissioning strategies will ensure that high quality outcomes are assured. These will be supported by wider quality and workforce development frameworks, thus ensuring improvements in the sector which the

customer chooses and delivers best value within the Council's overall levels of affordability.

- 1.9 This workforce strategy outlines the direction needed in order to support both the Council's vision and the national agenda.

2. Strategic Intention

- 2.1 The following statements reflect the strategic intention for the development of the workforce across the Borough of Cheshire West and Chester Council :

- ✓ To create a workforce that is fit for the future
- ✓ At the heart of care and support will be a single purpose that connects whoever provides services. This means creating connections between these organisations to share skills, knowledge and resources to deliver improved services.
- ✓ To create workforce development plans that ensure the availability of the right skills, in the right place and at the right time to help ensure that people get the right level of support early enough to prevent situations from worsening.

3. Strategic Aims

- 3.1 The overall aims of the strategic approach to developing the workforce are :

- ✓ To develop leadership and capacity across communities and providers of care and support.
- ✓ To enable individuals and organisations to innovate and provide localised and personalised care and support.
- ✓ To ensure that the workforce will continue to ensure the safety and well being of customers.

4. Strategic Priorities

4.1. Joint Strategic Commissioning

4.1.1 The local Joint Strategic Commissioning Framework document "**Strategic Commissioning for Independence, Health and Well Being**"² describes the key priorities for the Directorate in its work in partnership with health in a strategic and co-ordinated way. Developing the shape of the future workforce will be reflected in the ways in which commissioning is undertaken.

4.1.2 Skills for Care's national workforce development strategy – **Capable, Confident, Skilled (2011)**³ underpins the Government's **Vision for Adult Social Care**⁴ and confirms that commissioning new services is

also about commissioning the workforce to ensure there is high quality and safe care and support. In line with Skills for Care's national programme, commissioning the workforce is not simply a matter for employers and providers but also about building a wider labour market of choice and about developing skills within communities, equipping people with the right behaviours, competences and attributes. This is not just about practitioners, but also about citizens, people who use services, carers and volunteers.

- 4.1.3 Joint and integrated strategic commissioning with Clinical Commissioning Groups will be an integral element of future activity along with a whole council approach to commissioning in line with the Council's ambitions.

4.2. *Workforce Information and Demographics*

- 4.2.1 Local challenges reflect the national picture with increasing demands for diverse services against a back drop of a reduction in funding. Between 2010 and 2020 the number of people aged 65 and over will increase by 19,500 and those over 85 by 3,000. The numbers of older people admitted to residential and nursing homes has fallen. There has, however, been an increase in the complexity of packages of care and support.
- 4.2.2 Demand for care and support will continue to increase. Skills for Care have undertaken a range of hypothetical scenarios based on various changing patterns of delivery. The suggestion is that the number of people working in adult social care nationally could increase from 1.6million to between 1.8 and 2.6million by 2025.
- 4.2.3 We know that people are living longer and with more complex health needs and long term conditions. This will present demands for specialised care and support skills and create a demand for a workforce that can be responsive to these changing patterns of delivery.
- 4.2.4 To this end, we will need to integrate workforce strategies and plans across the entire sector.

4.3. *Shaping the Future Together*

- 4.3.1 The Directorate has co-produced with stakeholders a strategic ambition to change the future provision of care and support. This blue print sets out a vision of a shift from crisis intervention to a model focusing on prevention, well being and reablement.
- 4.3.2 To realise this ambition we will need to move the workforce of today which has been embedded in a culture of time and task to a new culture,

value and attitude that supports independence, self directed support and prevents or delays people from becoming dependent.

4.4. Altogether Better

- 4.4.1 The Altogether Better programme, as part of the Government's community budgets policy, seeks to find new ways to deliver public services. Its intention is to develop integrated services which deliver better, more cost effective outcomes for customers.
- 4.4.2 New organisations and structures will be developed which cross organisational boundaries and these will require the workforce to be 'change ready' and accepting of new ways of service delivery. They will need to be able to operate in a market that is flexible and able to respond. This will require new collaborative partnerships which aligns the future workforce with new work opportunities.
- 4.4.3 We will further enhance our working partnerships with NHS organisations, internal colleagues (children's, employment and skills and corporately) and education and training providers to optimise resources and potential funding streams.

4.5. Building Community Capacity

- 4.5.1 As new ways of delivering services arise from the Altogether Better programme effective local community activity will provide further capacity to develop and provide an even wider range of service and support options. This will demand increasing levels of integration and collaboration in order to achieve better community outcomes. This will involve further work with the voluntary sector (e.g. through the Third Sector Assembly) and separate legal entities.
- 4.5.2 We will bring increased impetus to ensure safe participation without prohibiting innovation.

4.6. Caring For Our Future₆

- 4.6.1 The stated aim of this strategy is to further enhance the customer choice and control.
- 4.6.2 We will ensure that dignity and respect for people is at the core of workforce development. Best practice underpinned by codes of conduct will be produced across the local health and social care sector. A compact will be produced that outlines an agreement between employers and employees which commits the sector to continuing to improve the skills, competencies and behaviours.

4.6.3 This development will underpin our stated intention to work collaboratively by identifying resources that are needed by the sector and share the skills, talent, best practice and human resources in pursuit of a stated and shared aim.

4.6.4 We will continue to support the development of individual employers and their personal assistants in line with the **Department of Health Personal Assistant Framework** and promote their involvement as partners.

4.7. *Think Local Act Personal*

4.7.1 This national initiative seeks to transform adult social care through personalisation and community based support.

4.7.2 We will develop a workforce that provides a range of support networks, tailored to individual needs that support outcomes for people in order to realise their full potential. New kinds of workers and different ways of working across traditional boundaries will be developed.

4.7.3 Current practices will be challenged and formal and informal workforce roles will be developed that will focus on the provision of timely and accessible information and enabling access to appropriate levels and types of care and support. Effective leadership and management through supervision and performance management will be promoted across the sector. Poor performance will be dealt with appropriately and in a timely way.

4.8. *Public Health*

4.8.1 This function transfers to the local authority in April, 2013. This will provide an opportunity to embed public health and well being practices into all functions of the Council and more widely. Those providing care and support will develop skills that will ensure that “health and well being conversations” are held routinely. This will ensure that the health and well being of customers is an ongoing consideration in all of our activity.

4.9. *Prevention and Well Being*

4.9.1 The planned transformation of prevention and well being services places an emphasis on a future that is increasingly integrated with health and places significant importance on effective and evidence informed decisions by those undertaking assessments. Clear, focussed plans will be person centred and located in choice for individuals resulting in the best possible outcomes.

4.9.2 Prevention via an enhanced first point of contact with the local authority and reablement of those experiencing hospital treatment or recovering from medical interventions will be a primary focus of the new

arrangements going forward and these will require new and different skills of those in roles within the service.

4.9.3 Distinct roles of those responsible for the business and performance of the service and those responsible for the professional practice of staff are very much in line with recommendations of the Social Work Reform Board as are “principal social work” functions for both Head of Service and Senior Managers.

4.10. Professional Standards

4.10.1 A range of professional staff are required to register with their professional bodies in order to maintain quality decision making in assessment and intervention e.g. Social Work, Occupational Therapy, public health, nursing etc. Registration with a professional body requires staff to maintain a required level of competency, capability and proficiency in line with national standards of practice. Registered professionals must demonstrate their ability to practice and must take personal responsibility for updating their skills and knowledge.

4.10.2 Registered professionals must be able to demonstrate the rationale for their judgements and this must be in line with current policy and research and be evidence informed.

4.10.3 Social Workers no longer register with the General Social Care Council and in line with others in the health and social care sector register with the **Health and Care Professions Council**. This will help support integration.

4.10.4 Quality outcomes in care and support are dependent on quality assessment decisions and professional and therapeutic interventions.

4.11. Leadership and Management

4.11.1 Robust leadership is critical to all organisations and groups and at all levels. Strength of leadership will ensure that the vision is turned into reality. This will be done through:

- ✓ Strategic and commissioning leadership which will shape the capacities and capabilities within the local current and available/potential workforce.
- ✓ Organisational leadership which will ensure that organisations have the ability to implement change and sustain change through programmes of continuous improvement.
- ✓ Operational leadership to develop the individual capacity to deliver.

4.11.2 We will be informed by the **National Minimum Data Set for Social Care (NMDS-SC)**¹⁰ and local demographic and workforce data which will be analysed and utilised by strategic commissioners in agreeing plans for the future.

4.11.3 We will utilise the **Leadership Qualities Framework**¹¹ which is nationally available to inform needs and develop programmes of support in line with this.

4.12. Quality Assurance

4.12.1 Quality needs to be at the core of everything that we do. It is an essential element to assure safe practice and positive outcomes for customers.

4.12.2 To ensure quality, people who are providing care and support will be appropriately skilled, qualified and have the personal attributes to be in a role that has dignity and respect as an essential requirement. We will be mindful of the current and emerging quality and outcomes frameworks.

4.12.3 Locally, this will mean operating within these frameworks and with other agencies, such as the **Care Quality Commission (CQC)**¹² as the sector's regulatory and inspection body to ensure that the **Essential Standards for Care and Safety**¹³ are met as a minimum and exceeded as an objective.

4.12.4 We will continue to promote the development of effective care and support through a shared approach to strategic commissioning and supplier management working closely together through audit and a focus on quality outcomes.

4.13. Safeguarding

4.13.1 The Council will continue to have lead responsibility for ensuring that care and support provision not only complies with the essential standards of care as set down by the Care Quality Commission but also works collaboratively to ensure that best practice and continuous improvement are assured to ensure that vulnerable people remain safe and that, where necessary are proactive in applying local policies and procedures relating to the **protection of vulnerable adults**¹⁴. We will continue to operate through the Adult Safeguarding Board's work programme and integrated learning and development plan.

5. Resources

5. 1 The Directorate has managed an overall workforce development budget of £743,656 of which £297,976 has been designated to staffing costs for a team of 7.5 fte (1.0 fte is committed to work with the Approved Mental Health

Professional (AMHP) Programme. The current team includes a Workforce Development Manager, 2 Workforce Development Facilitators, 1 Workforce Development Co-ordinator, a Workforce Information Officer and designated business support.

- 5.2 The team continues to work closely with partners, stakeholders and funding organisations in order to optimise additional income and physical and human resources. For 2013/14 as part of a policy option the budget will reduce by £250,000.
- 5.3 On 1, January, 2013, the team transferred to the Strategic Commissioning Service and is currently part of a consultation exercise to examine options for the most appropriate structure going forward.

6. Summary

- 6.1 This workforce strategy sets out the need to develop a workforce that is responsive and skilled and is able to ensure that it supports the need to provide care and support that is local and promotes choice in line the Council's principles of ***customer first, best practice and value for money***¹⁵
- 6.2 The strategy is set out to reflect the ***Directorate business plan***¹⁶ priorities, corporate people strategy priorities, and national priorities.
- 6.3 This strategy also sets out the commitment to working across the wider health and social care sector, not just those employed by the Council. It also describes how it will develop to support the Directorate "blueprint" for the future, and the Joint Commissioning Strategy framework.
- 6.4 It will be a 'live' document supported by a range of detailed action plans. Specific implementation plans are attached as an appendix to this document.

**Colin Ashcroft,
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March, 2013.**

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16. Adult Social Care and Health Directorate Business Plan.

Appendix One - Workforce Strategy Implementation Plan

| Theme | Activity | Evidence | Outcome | Lead | Time |
|---|--|--|--|-----------------------------------|------------------------|
| 1. Joint Strategic Commissioning | Commissioning the Workforce self assessment using Skills for Care tool. | Completed assessment and agreed action plan. | Improvements in joint decision making and explicit strategies which reflect workforce needs. | Colin Ashcroft | Jun, 2013. |
| | | Refreshed workforce strategy as necessary | | | Sep, 2013. |
| | Align strategic and workforce commissioning priorities and investment plans. | Completed plans are aligned and monitoring arrangements are in place. | | | Feb, 2013 (phase 1) |
| | | | | | Apr, 2013. (phase 2) |
| | Complete safe transfer of workforce development function into strategic commissioning | Workforce development function is relocated into the revised structure and staff from the team have clear plans in place | Raised awareness among the workforce development team. | Colin Ashcroft/ Jamaila Tausif | Jan, 2013 – Jun, 2013. |
| Review and develop quality frameworks and audit tools | Frameworks that are local or not specific to workforce development indicators are re-designed accordingly. | Sector wide organisations are aware of the significance of quality measures in support of their workforce | Colin Ashcroft/ Supplier Management | Mar, 2013. | |

| Theme | Activity | Evidence | Outcome | Lead | Time |
|--|--|--|---|---|---------------------------|
| 2. Workforce Information and Demographics | <p>Establish agreed reporting arrangements and frequency</p> <p>Agree working arrangements between strategic commissioning and performance team.</p> <p>Transfer Workforce Information Officer from workforce team to performance team to test viability.</p> <p>Joint workshops for organisations in the wider sector are rolled out.</p> | <p>Regular and relevant workforce related reports are published.</p> <p>National Minimum Data Set – Social Care (NMDS-SC) is regularly updated and engagement in its use in the wider sector is increased.</p> | <p>Decision making is informed by reliable sources of information and are widely used.</p> <p>Improved and effective workforce planning and people resourcing is evident.</p> | Ian Kirby/ Colin Ashcroft/ Jamaila Tausif | Apr, 2013 – Mar, 2014. |
| 3. Working in Partnership | <p>Establish partnership group/s to support, drive and influence the workforce components of the Ageing Well programme and other key areas e.g. learning disability, safeguarding etc.</p> | <p>Partnership group/s meet and initial action plan to inform implementation plan is signed off.</p> | <p>Representative partners are engaged and understand their roles within the community budget model and other key priorities and plans.</p> | Colin Ashcroft | Jan, 2013 – Mar, 2014. |

| Theme | Activity | Evidence | Outcome | Lead | Time |
|---|---|---|---|----------------|--------------------------|
| 3. Working in partnership (cont) | Promote communities of interest which will optimise access to knowledge pools, funding resources. | Regular communications, supported by development activity ensures knowledge is utilised for the benefit of the wider sector | Improved access to knowledge sources support potential for continuous improvement for organisations and those working and volunteering. | Colin Ashcroft | Sep, 2013. |
| | Extend contract with Cheshire Centre for Independent Living (CCIL) in support of the development of learning and development opportunities to individual employers and personal assistants. | Programmes of support are available which meet individual needs. | Increasing numbers of individual employers are confident in their role and personal assistants are developed in line with their needs and those of their employers. | Colin Ashcroft | Apr, 2013. |
| | Review contract to explore options | Options appraisal completed | Effective and efficient provision is in place | Colin Ashcroft | Dec, 2013. |
| | Continue to procure learning programmes in line with strategic commissioning priorities | Ongoing programmes are in place. Investments are based on joint funding where available. | Awareness, skills and knowledge levels are raised in the wider sector and organisations learn from each other. | Colin Ashcroft | Apr, 2013- Mar, 2014. |

| Theme | Activity | Evidence | Outcome | Lead | Time |
|---|---|---|---|---|---------------------------|
| 3. Working in partnership (cont) | Dementia; Stroke; End of Life Care; Autism; Learning Disability; Mental Health; Pre employment; Essential standards ; Leadership and management; Public health | Funding in support of the achievement of qualifications and accredited awards continues to be optimised | Increasing numbers of organisations access formal qualifications and development. | Colin Ashcroft NHS Childrens Corporate OD Skills Junction | |
| | Workforce planning | Support and development arrangements are in place that promote the use of workforce development and planning. | Organisations have the right people in place when they are needed and they are also able to plan for the future e.g. in terms of recruitment needs. | Colin Ashcroft | |
| 4. Safeguarding | Continue to provide an effective programme of sector wide awareness level training. Continue to procure specialist training as and when needed. Provide consultative support to organisations providing single agency training. | Cross sector learning and development plan in place and is endorsed off by Adult Safeguarding Board. | Individuals and organisations are confident in their work with ensuring that vulnerable people are protected. Social Workers are confident in their responsibilities e.g in achieving best evidence. | Colin Ashcroft/ Karen Owen | Apr, 2013 – Mar, 2014. |

| Theme | Activity | Evidence | Outcome | Lead | Time |
|---|--|---|--|---|---------|
| 5. Professional Standards and registration | Provide programmes that support the registration requirements of a range of professionals | Partnership arrangements are maintained and programmes delivered that are of a high quality, including employer and University partnerships. | <p>Council deploys sufficient numbers of competent Approved Mental Health Professionals (AMHPs)</p> <p>Newly Qualified Social Workers are assessed and confirmed as capable within the framework rolled out as a result of national reform recommendations.</p> <p>Continuing Professional Development is available (where possible on a multi disciplinary basis)</p> | <p>Colin Ashcroft/ HR/ Jill Broomhall</p> <p>Jill Broomhall/ Colin Ashcroft</p> | Ongoing |
| 6. Organisational Development | Support developments which engage the sector in supporting change and responding to new demands. | <p>Transition plan in place which supports changes to in house services and public health.</p> <p>Plans in place to support the transition of the in house providers to separate legal entity status.</p> | | Colin Ashcroft/ Vicki Craven | |