

Adult Social Care and Health

Integrated Social Care Workforce Plan 2012 – 2015

Our Strategic Vision and Three-Year Implementation Programme

“People have the right to have choice and control over services that promote their health and wellbeing, delivered by a high quality, skilled and passionate workforce that promotes dignity and respect”



Contents

Section 1

Our Strategic Vision.....	5
Strategic Priority Outcome's	5
Where we want the workforce to be in achieving better outcomes.....	7
National and Sector Policy Reform.....	9
The Demographic Challenges	9
National and Local Workforce Intelligence	10
National Intelligence	10
Barnet Intelligence	10
Workforce Reform.....	11
Our Achievements so Far.....	12
Next Steps	13
Communication and engagement	13
Implementation Programme and review	13
Section 2 – Three Year Implementation Programme.....	15
Section 3 – Appendices	22
Appendix1 - NMDS-SC Data - February 2012.....	22
Appendix 2 - Additional Factors affecting the local workforce.....	28
Appendix 3 - Key National Strategies and the Workforce	29

Introduction from the Director of Adult Social Care and Health

It gives me great pleasure to introduce the London Borough of Barnet 2012- 2015 Integrated Adult Social Care Workforce Plan, and Implementation Programme. I look forward to working with employers across the service, partners, service users, carers and our own workforce to ensure that that our aspirations as set out in this plan are achieved. We are experiencing changing and challenging times in adult social care, with reduced budgets, demographic changes, and changing national policy.

This plan sets out the vision, aims, outcomes and values that will enable the social care workforce in the London Borough of Barnet to deliver high quality, person-centred, safe services focused on enabling service users and their families who need adult social care support to have as much choice and control over their lives as possible. The plan and supporting implementation programme takes into account the leadership role of the local authority to help service areas, and providers of care to design their own business plan, and develop the skills of their workforce within the context of the 'Caring for our Future: reforming care and support' White Paper.

This is an integrated approach; aiming to deliver on eight priority outcomes providing a framework for action for all involved in adult social care in the London Borough of Barnet, and requires commitment from across the social care sector. This integration is the first step in developing the right workforce, and builds on our collective achievements so far. It will establish a new partnership approach to achieve consistently high quality and person-centred focused services in all settings, regardless of who the service provider is or the job role.

The social care workforce in Barnet is made up of committed and trained individuals who are passionate about what they do and driven by the needs and aspirations of users and carers. I recognise that this plan is written in very challenging and uncertain times and that the scale of change affecting the workforce creates much anxiety and uncertainty. Supporting the workforce, and focusing on enabling carers to continue caring is reinforced in the new White Paper, this is central to ensuring we use our resources effectively, and that people who use services get the best quality service possible. In producing this plan I hope to ensure that the workforce in every setting is developed, retained and supported, available and able to respond to the changing nature of adult social care in a market that offers a wide variety of choice. It will enable us to deliver on our commitments to the people in Barnet, as published in our Local Account in February 2012.



A handwritten signature in black ink, appearing to read 'Kate Kennally', written in a cursive style.

Kate Kennally
Director of Adult Social Care and Health
London Borough of Barnet

Adult Social Care and Health in Barnet - Our Commitments to Residents



Our Strategic Vision

The London Borough of Barnet has set out a workforce plan and a three year implementation programme for adult social care provision in which:

“People have the right to have choice and control over services that promote their health and wellbeing, delivered by a high quality, skilled and passionate workforce that promotes dignity and respect”

Our workforce plan focuses on eight strategic priorities:

- Leadership and Partnership
- Safeguarding, Quality and Dignity in Care
- Prevention and Self Care
- Capable and Competent Workforce
- Effective and Efficient Workforce Intelligence
- Increased Capacity in the workforce and a wider economic contribution
- Integrated Working
- Think Family

It aims to guide those involved in commissioning, assessing and delivering adult social care, and support other organisations operating within the London Borough of Barnet in developing their own annual workforce plans. The plan provides a resource for commissioners and providers on the national policy and context, the current workforce picture based on the National Minimum Data Set-Skills for Care (NMDS-SC) data, and future demand based on the Joint Strategic Needs Assessment. It places the views, needs and aspirations of service users and carers at the centre of workforce planning, and provides a framework to develop the skills of the workforce required to meet these aspirations.

Strategic Priority Outcomes

1. Strategic Outcome One - Leadership and Partnership
 - To provide leadership and a governance structure for an integrated workforce approach bringing together partners and providers across all sectors, education partners, service users and carers to support, nurture and develop the right workforce for the future.
2. Strategic Outcome Two - Safeguarding, Quality and Dignity in Care
 - To have a workforce, which has safeguarding and providing a high quality service as their top priority, which enables people to be treated with dignity and respect and manages choice and risk in line with legislation and best practice.
3. Strategic Outcome Three - Prevention and Self Care
 - To promote and develop a social care workforce that is based on the principles of self care. Supporting service users, carers and their wider families to exercise choice and control. Increase workforce confidence and usage in the use of prevention and early intervention strategies such as the use of assistive technology.
4. Strategic Outcome Four - Capable and Confident Workforce
 - To develop a social care workforce that has the skills to deliver an excellent standard of flexible and responsive care for people and their carers and that is able to meet

the growing and changing needs of service users in a proactive way through adopting a process of Continuing Professional Development.

5. Strategic Outcome Five - Effective and Efficient Workforce Intelligence

- To develop and utilise workforce intelligence to inform strategic commissioning, workforce planning and improve the quality of assessment and provision of social care services leading to improved outcomes for service users, carers and their families.

6. Strategic Outcome Six - Increased Capacity in the workforce and a wider economic contribution

- To increase capacity within the workforce by ensuring that social care is seen as a career of choice, that new roles are developed in line with increased choice and control and contribute to employment opportunities within the London Borough of Barnet.

7. Strategic Outcome Seven - Integrated Working

- To ensure that the workforce strategies within social care, health and other stakeholder organisations work together to make best use of resources and to promote the interests of service users and their carers.

8. Strategic Outcome Eight - Think Family

- To have an adult and children's social care workforce that is skilled and experienced in working with families from a holistic perspective, supporting them to make long term changes to their lifestyles and their behaviors reducing and managing risk so that they can become a positive part of their community and individuals within it enabled to fulfill their potential.

Where we want the workforce to be in achieving better outcomes

	STOP	GO
Professional roles (Social workers, Occupational therapists worker)	<p>A deficit based assessment process</p> <p>Commissioning council managed budgets and services as the default option</p> <p>Process driven Care Management</p>	<p>Strengthens based approach</p> <p>Meet statutory duties in a creative way</p> <p>Providing more advice and guidance to others</p> <p>Social work to include Community development</p> <p>Integrated working with health and other partners</p> <p>Seeing users and families as experts</p>
Social care provider Coordinators/Managers of community and residential services	<p>Just focusing on input and output measures</p> <p>Delivering just Council Commissioned Services and meeting national minimum standards</p> <p>Providing task and time interventions</p>	<p>Outcomes based commissioning and monitoring</p> <p>Flexible support to meet outcomes through direct payments and individual service funds for residential care</p> <p>Enable service users to exercise more choice and control</p> <p>Facilitate interventions to meet aspirations /support planning</p>
Commissioning/infrastructure roles	<p>Work in silos</p> <p>Just focusing on input and output measures</p> <p>Focus on compliance with process and procedure without regard to outcomes</p>	<p>Working collaboratively with providers and social workers</p> <p>Leadership and strategic commissioning role across sectors</p> <p>Involve service users and carers in commissioning and design</p> <p>Supporting sector led quality assurance and safeguarding</p>

	STOP	GO
Service Users	Recipient of council managed budgets as default option	Commissioner of own services Involved in training, commissioning and service design
Care and Support staff	Traditional Care, task and time givers Delivering just council managed budgets Traditional roles	Personal Relationship based approach to care support Employed as Personal Assistants Flexible and well trained
Information and Advice Support roles	Working in isolation Directing towards agencies and traditional services	Undertake support planning and brokerage Creative and community development role
Carers	Not knowing how to get support Only gathering information at crisis points	Supported to continue in their caring role Flexible support to meet outcomes
Volunteers	Not utilised to fulfill their potential	Acting as advocates for the community Involved with the planning and delivery of training to staff Key partners in how services are delivered

National and Sector Policy Reform

The cost of traditional ways of providing support to people in need becoming greater than the available support was recognised even before the recent global crisis. With the largest proportion of those budgets supporting the salary cost of the existing workforce, there is now a greater need than ever to ensure that strategic workforce plans are implemented to provide the right workforce, doing the right things at an achievable cost¹.

The scale of policy reform is significant in social care and health. In September 2011 the government launched ***Caring for our Future: Shared Ambitions for Care and Support*** - an engagement with service users, carers, local councils, care providers and the voluntary sector about the priorities for improving care and support. The consultation outlined key areas that will have the greatest potential to make improvements to the care and support system. These include workforce development; personalisation and choice; integration of services; prevention and early intervention, and funding. Published in 2012 '**Caring for our future: reforming care and support**' **White Paper**, sets out a vision for a reformed care and support system Key elements are:

- People will be confident about the quality of care;
- People will be treated with dignity and respect;
- Everyone will know what they are entitled to;
- Everyone will have control over their care;
- Carers will have new rights to public support;

all of which will require the right workforce, doing the right things at an achievable cost.

Putting People First was, and is, a national, cross-government plan aimed at reforming public services to enable people to live their own lives as they wish; and is the foundation block of personalisation, which sees support shaped around an individual's own expertise and resources. Personalisation is about enabling all people to participate as citizens in society and take as much control as possible over their own lives.

The government has already committed to promoting changes in adult social care through their Partnership Agreement ***Think Local, Act Personal***; the sector's commitment to personalisation and community-based support. This prioritises targeted joint prevention strategies, integrated commissioning and effective provision of information and advice, and enabling people to have choice and control, so that service delivery models change. The Partnership Agreement commits the social care sector to the concept 'Nothing about Me without Me' involving service users and their families in equal measure at the highest level of service planning and decision making.

The Demographic Challenges

Demand nationally and locally for adult social care support is growing. National data illustrating the demographic data includes:

- The number of people over 85 will rise from 1.05 million to 2.95 million by 2036
- There will be 42% more people in England aged over 65 by 2025
- The number of people with long term conditions will rise by 3 million to 18 million
- The number of people with dementia is expected to double over the next 30 years
- The number of people over 50 with learning disabilities is projected to rise by 53% by 2021

Barnet's Joint Strategic Needs Assessment (JSNA) reflects national trends with the associated implications effecting the local health and social care system, in addition to those pressures due to the changes in public sector funding and policy.

Barnet is London's second most populous London borough, having had a steady increase in population over the last ten years and is expected to increase by a further 5.5% (19,400) by 2016. Barnet is projected to have some of the strongest growth in elderly residents out of all London Boroughs over the next five to ten years with an estimated 47,700 people aged 65 or over already living in Barnet. Significant actual growth is also expected in the population of children over the next five years, particularly within the five-nine age group (23% increase) likely to lead to a sharp increase in the demand for support to children with complex needs and their families.

Significant numbers of unpaid carers already exist in Barnet; the last JSNA estimated that there are 5,334 people over the age of 65 providing unpaid care to a partner, family member or other person.¹ This represents 11% of older people in the borough and by 2020 this number is set to increase by over 1,000. Nearly 40% of these carers are aged 75 or over; there is also a small but significant number of carers aged 85 or over (estimate of 356 in 2010).

These increases and changes in demography will mean a sharp rise in the demand for long term care of the elderly and support for their carers and the prevalence of age related health conditions including dementia. They will require Barnet Adult Social Care and Health to work closely with partners to ensure high quality, joined up services are available to enable people to live independently and to ensure that we have the right workforce across all sectors to respond effectively to these challenges.

National and Local Workforce Intelligence

The main source for social care workforce intelligence is the National Minimum Data Set for Social Care (NMDS-SC) gathering information about the social care workforce. It is designed to provide a single source of basic information about services and workers enabling employers to plan their business activity and determine the skills base needed by the workforce now and into the future. However the data it produces is reliant on providers and commissioners entering the data and gaps exist.

National Intelligence

The social care workforce is the second largest industry in the UK and is the fastest growing sector. There are an estimated 1.75 million paid jobs in adult social care in England. Currently, most of the adult social care workforce is employed by private and voluntary sector organisations, including more than 24,000 privately run social care services. Most adult social care jobs involve directly providing care and support. The greatest number of jobs (675,000) are in domiciliary services (including recipients of direct payments), with 629,000 in residential care, 290,000 in community services and 158,000 in day care services². As a workforce it therefore can, and does, make a significant economic contribution nationally and in local communities.

Barnet Intelligence

A separate workforce intelligence report has been developed, based on the data entered into the NMDS-SC to inform this workforce strategy. Barnet has one of the highest numbers of organisations entering data, but gaps still exist. In February 2012 49% of the Care Quality Commission registered care homes in Barnet (141) and 48% of CQC registered domiciliary care agencies (71), entered data

¹ Department of Health's POPPI model

² <http://www.skillsforcare.org.uk/soascw>

into the system. However, no data exists on numbers of personal assistants, and other directly employed staff, and this is a priority area for Skills for Care to develop. The headline analysis on the data we have shows, 3,995 people working in the sector across providers, with 80% of these female, 54% aged between 35-54 and the majority working in traditional care roles.

Barnet social care sector faces similar issues to those found nationally, including recruitment, retention, attracting young people into social care roles. Confidence and competence in delivering prevention, early intervention, self care and shifting the focus to promoting quality and dignity are low across the sector, with an over reliance on task orientated interventions. Providers are keen to develop workforce strategies that focus on prevention and quality, to reduce safeguarding and shift from process, however not all providers feel confident in establishing their own workforce development strategies.

Workforce Reform

The challenges and opportunities have already been recognised at a national level, with reform already in place, focusing on commissioning, developing, regulating and shaping the workforce. Changes already in place include the introduction of the College of Social Work and new roles as a result of personalisation are also beginning to emerge. National priorities for the social care workforce include:

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

National activity to nurture a workforce fit for the future, which includes paid and unpaid roles includes specific guidance and standards to be followed such as:

The Common Core Principles to Support Self Care – This sets out the underpinning value base for the health and social care workforce in practising self care and promoting people's self direction.

Qualifications and Credit Framework (QCF) – Which enables people to gain qualifications at their own pace along flexible routes throughout their career provides the foundation for the workforce of the future.

Social Work Reform – This made fifteen recommendations for the comprehensive reform of the social work profession. The five areas of reform are overarching professional standards, standards for employers and a supervision framework, principles that should underpin a continuing professional development framework, proposed requirements for social work education and proposals for effective partnership working. Implementation is now led by the newly established College of Social Work, also underway is the transfer of the social work registration from the General Social Care Council (GSCC) to the Health Professional Council (HPC) and as of September 2012 the Assessed and Supported Year in Employment (AYSE) for newly qualified social workers will be in place.

National Competence Framework for Safeguarding Adults – This provides details of the skills, knowledge and experience required for an individual's role and responsibility. The framework is endorsed by Skills for Care and Learn to Care and together with the **Care Quality Commission's Essential Standards of Quality and Safety**, will support safe and high quality services that are focused on promoting dignity in care. In addition **The Refreshed Common Induction Standards** reflect current policy and practice across the adult social care sector, with eight new standards mapped to the mandatory units of the new Health and Social Care Diploma.

Conditions, specific national strategies and pathways also highlight the need for the workforce to be developed and shaped differently to meet rising demand but also changing expectations from service users, their families and the wider community. Examples include **Dementia, Autism and Carers** strategies, and developing pathways for **Frail and Older People**. All of these will significantly impact on the shape, skills and competencies of the workforce in the future. Examples of how different roles might change to support the right outcomes are described in the table (pages 7-8)

Our Achievements so Far

Right to Control

Through our 'Right to Control' programme, we have 10 trained service users to be accredited peer support brokers, able to support people to develop a support plan that meet their aspirations and needs.

Safeguarding Adults

Safeguarding Adults has been high priority, and to support this we employed a dedicated part time trainer to raise individuals Safeguarding awareness. This has helped us to deliver Safeguarding Adults raising awareness sessions within care settings of which a total of 599 staff from provider organisations across the sector attended. A further 21 sessions were delivered at North London Business Park bringing the total attendees to 880 in 2011- 2012 alone

Self Directed Support

We have commissioned four accredited **brokerage** programmes to develop a network of brokers across the borough giving individuals more choice and support in taking control of their own care; we are working in partnership with the independent and voluntary sector to ensure we target a wide selection of candidates from all areas in particular experts by experience.

To support the implementation of the **Transforming Community Equipment Services (TCES)** project we delivered three sessions for Occupational Therapists and District Nurses when 63 attended, a further two sessions were delivered to the newly registered retailers.

Social Work Reform

Newly qualified social workers - Five newly qualified social workers (NQSW's) have completed the NQSW programme with two of them going on to complete the post qualifying consolidation module.

17 Social workers from the Older Adults, Learning Disabilities and Mental Health teams carried out the practice assessor/supervisor role to social work students from Middlesex and Royal Holloway Universities

E-Learning

We have set up an E-learning portal which allows all Adult Social Care and Health staff the opportunity to access e-learning training modules ranging from Basic to Advanced IT, Health and Safety, Management and Leadership to interpersonal and communication skills. These courses can be accessed at work or from any PC at any time which is convenient to the learner, with the achievements contributing towards their Continuing Professional Development (CPD).

Our Approach to developing the integrated workforce strategy

The London Borough of Barnet Workforce Plan has been developed using the Skills for Care approach to Workforce Commissioning, commonly known as the InLAWS framework, which sets out the structure for the Director of Adult Social Care (DASS) and their teams to put in place all the elements of the Workforce Plan across their local area. A series of workshops was undertaken using this framework, with staff across Adult Social Care and Health within the council, independent providers and voluntary sector partners and providers contributing. In addition the outcome of the annual health check undertaken with social work staff within the department, data from the NMDS-SC, the JSNA and safeguarding, commissioning and the Barnet People Values have been used to inform the Plan and a three year implementation programme set out in this document.

Next Steps

This plan has set out aspirations and a vision for the workforce in Barnet and has highlighted the wide range of activity already underway across the sector and where there are options to do more. We will work with our partners, those organisations representing people who use services, carers, employers and key national delivery bodies to ensure that the aspirations set out in this plan are scoped appropriately, jointly developed and co-produced. Our next steps are set out in our three year implementation programme.

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 Programme and Review

This workforce plan document and its objectives are valid for three years but will be subject to an annual review that will take into account timely workforce data as at 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 programmes to meet the specific needs of each organisation that follow the deliverables set out in this document. The Workforce Commissioning Board will meet regularly to discuss the continuous “plan, do, review” cycle and to commence development for the next workforce plan document

Section 2 – Three Year Implementation Programme

1. Leadership and Partnership

2012-2013	By who	By when	2013-2014	By who	By when	2014-2015	By who	By when
1.1. Develop and implement the Integrated Workforce Plan into the Commissioning Governance structure	Associate Director of Joint Commissioning	Sept 2012	Integrated commissioning board annual review completed	Associate Director of Joint Commissioning	Jan 2014	Commissioning of 2015-18 Plan	Associate Director of Joint Commissioning	Jan 2015
1.2. Launch Integrated Workforce Plan and new Annual Conference	ASCH Workforce Lead (WL)	Jan 2012	Annual Conference	ASCH Workforce Lead (WL)	Oct 2013	Annual Conference	ASCH Workforce Lead (WL)	Oct 2014
1.3. Scope current resources supporting workforce development within the council, and the NHS partners, and identify and present efficient and effective models for the future delivering shared function approach	WL	Sept 2012	Implement preferred model	WL	March 2013	Review model in line with outcomes and present report to WCB	WL	May 2014
1.4. Explore opportunities for strategic partnership with local and national further education partners including entry level and degree level developments	WL	Oct 2012	WCB commissions range of training courses to meet market need	WL	Sept 2013	WCB commissions range of training courses to meet market need	WL	Sept 2013
1.5. Re-focus Existing Training plan operational group within LBB ASCH and widen membership to become operational delivery group of Workforce Commissioning Board	Heads of Service (HoS)/WL	Nov 2012	Training Operational Plan group ensures delivery of WCB priorities	HoS/WL	Sept 2013	Training Operational Plan group ensures delivery of WCB priorities	HoS/WL	Sept 2014

2. Safeguarding, Quality and Dignity in Care

2012-2013	By who	By when	2013-2014	By who	By when	2014-2015	By who	By when
2.1. Develop and make available e-learning dignity, safeguarding, whistle blowing and self care learning tools that are accessible across sector	WL	March 2013	Extend use of e learning, and other modular training across sector and provide a web forum for sharing and promoting best practice, and network of training champions	WL	Oct 2013	Full range of e learning training and web forum available to all working in social care sector in Barnet and review of effectiveness and report presented to WCB	WL	Sept 2014
2.2. Review Safeguarding Adults (SA) training program for ASCH staff following internal and external audits currently being undertaken and implement new training programme in partnership with independent and voluntary residential and home care managers with agreed approach to funding across statutory agencies	SA Lead	Sept 2012	Agreed SA training commissioned across ASCH sector, with expert by experience trainers commissioned to support SA training in line with Law Commission recommendations	SA Lead	Sept 2013	Review SA programme and strategy	SA Lead	Sept 2014
2.3. Provide and or commission sufficient training to meet responsibilities under Deprivation of Liberty (DoLS), Mental Capacity Act and Mental Health Act	WL	March 2013	Provide and or commission sufficient training to meet responsibilities under Deprivation of Liberty, Mental Capacity Act and Mental Health Act	WL	March 2013	Provide and or Commission sufficient training to meet responsibilities under Deprivation of Liberty, Mental Capacity Act and Mental Health Act	WL	March 2014
2.4. Commission annual multi-agency Safeguarding Board development session ensuring up-to-date on changes in practise and legislation	SA Lead	March 2013	Commission annual multi-agency Safeguarding Board development session ensuring up to date on changes in practice and legislation	SA Lead	March 2014	Commission annual multi-agency Safeguarding Board development session ensuring up to date on changes in practice and legislation	SA Lead	March 2015

2.5 Support our residential sector, using the "My Home Life" Programme to develop and implement training and development plan for residential home managers	Supply Management lead	Sept 2012	Develop and implement a training and development plan for residential staff below residential manager level	Supply Management lead	March 2013	Monitor and develop systems/ support to care homes in providing outcome focused care	Supply management lead	March 2014
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3. Prevention – and Self Care

2012-2013	By who	By when	2013-2014	By who	By when	2014-2015	By who	By when
3.1 To develop and implement a Personal Assistant (PA) programme to equip individuals to support individuals in a safe and professional manner providing 45 places	WL	Nov 2012	On-going PA training commissioned for 75 PA's Review and evaluate programme	WL	March 2013	Ongoing PA training commissioned for 75 PA's	WL	March 2014
3.2 Commission/deliver three Dementia pathway training modules to Carers in conjunction with the Carers Centre/ Alzheimer's Society	Carers Comm Lead	July 2012	On-going commissioning of practical and supportive programme for carers	Carers Comm Lead	March 2013	On-going commissioning of practical and supportive programme for carers	Carers Comm Lead	March 2014
3.3 Develop a training programme for Carer and Service user Mystery shoppers as part of supporting commissioner quality assurance process	Customer Services manger	March 2013	On-going commissioning of training programme and evaluation		March 2014	On-going commissioning of training programme and evaluation	WL	March 2015
3.4 Deliver Telecare/technology awareness raising sessions across the Borough and its role in prevention and self care	Telecare lead	March 2013	To implement /commission training as set out in the agreed Integrated Telehealth/ Telecare Strategy for Barnet	WL	March 2014	To implement/commission training as set out in the agreed Integrated Tele health/ Telecare Strategy for Barnet	WL	March 2015

3.5	Deliver Right to Control training awareness sessions across all partners including Job Centre Plus and support ASCH staff to develop skills around creative support planning	WL	June 2012	Commission and integrate RTC principles into Workforce Commissioning Training Plan	WL	March 2013	Commission and integrate RTC principles in Workforce Commissioning Training Plan	WL	June 2014
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4. Capable and Confident Workforce

2012-2013		By who	By when	2013-2014	By who	By when	2014-2015	By who	By when
4.1	Implement Social Work reform changes applicable in this year within ASCH including if required Assessed and Supported Year in Employment for Newly Qualified Social Workers	WL	Sept 2012	Implement Social Work reform changes applicable in this year within ASCH	WL	Sept 2013	Implement Social Work form changes applicable in this year within ASCH	WL	March 2015
4.2	Commission Annual Health Check within Care Services	Workforce commissioning board WCB	Jan 2013	Undertake Annual Health Check	WCB	Jan 2014	Undertake Annual Health Check	WCB	Jan 2015
4.3	Establish operational champions network across adult social care sector to share and disseminate good practice	WCB	July 2012	Develop practice forums to be facilitated by operational champions	WCB	Sept 2013	Support on-going network and forums	Commissioner Lead	Jan 2014
4.4	Commission leadership programme for social work managers, and equivalent managers across the sector in line with Skills for Care	HoS	Sept 2012	Ensure access to on-going management and leadership training in adult social care in line with Skills for Care standards across ASC sector	WL	March 2013	Ensure access to ongoing management and leadership training in adult social care in line with Skills for Care standards across ASC sector	WL	Jan 2014

5. Competency in the Workforce Intelligence and insight

2012-2013		By who	By when	2013-2014	By who	By when	2014-2015	By who	By when
5.1	Increase the number of organisations actively registered on the NMDS-SC 40%	Commissioner HoS	March 2013	Increase the number of organisations actively registered on the NMDS-SC to 50%	Commissioner HoS	March 2014	Increase the number of organisations actively registered on the NMDS-SC to 75%	Commissioner HoS	March 2015
5.2	Produce NMDS-SC report six monthly to inform commissioning workforce intelligence report	Performance HoS	Sept/ March 2012	Produce NMDS-SC six monthly to inform commissioning workforce intelligence report	Performance HoS	Sept/ March 2013	Produce NMDS-SC six monthly to inform commissioning workforce intelligence report	Performance HoS	Sept/ March 2014
5.3	Workforce intelligence is embedded into strategic commissioning plans and Joint Strategic Needs Assessment	Commissioner HoS	June 2012	Workforce intelligence is embedded into strategic commissioning plans and JSNA	Commissioner HoS	March 2013	Workforce intelligence is embedded into strategic commissioning plans and JSNA	Commissioner HoS	March 2014

6. Increased Capacity in the workforce and a wider economic contribution

2012-2013	By who	By when	2013-2014	By who	By when	2014-2015	By who	By when
6.1 Review and re-launch of the Care Ambassador schemes. This will include supporting them to work alongside Jobcentre Plus advisors and the range of other stakeholders who are working to implement the 'Get Britain Working' initiative.	WL	Sept 2012	On-going review of progress with key stakeholders in making a positive impact in recruitment	WL	SEPT 2013	On-going review of progress with key stakeholders in making a positive impact on recruitment	WL	Sept 2014
6.2 To establish links for developing/promoting apprenticeships in Social Care	WL	Dec 2012	To have 10 registered apprenticeships in Social Care	WL	Sept 2013	To have 20 registered Apprenticeships in Social Care	WL	Dec 2014
6.3 Support Home care providers on framework in recruitment and retention drive	WL	May 2012	Integrate on-going workforce and talent management of home care staff into workforce commissioning plans	WL	March 2013	Integrate on-going workforce and talent management of home care staff into workforce commissioning plans	WL	March 2014
6.4 Develop close links with schools deliver 10 sessions of raising awareness of roles in social care linked to new National Career Service	WL	Jan 2013	Ongoing mentorship and awareness raising of opportunities within social care as a career in schools integrated into workforce commissioning plan	WL	March 2013	On-going mentorship and awareness raising of opportunities within social care as a career in schools integrated into workforce commissioning plan	WL	March 2014

7. Integrated Working

2012-2013	By who	By when	2013-2014	By who	By when	2014-2015	By who	By when
7.1 Commission range of core training for health and social care on key strategies including Dementia, Autism, Mental Health and where possible jointly commission with local NHS partners	WL	July 2012	Implement a NHS and ASC integrated commissioning workforce approach on specific strategies	WL	March 2013	Implement a NHS and ASC integrated commissioning workforce approach on specific strategies	WL	March 2014
7.2 Develop relationships with provider and commissioning workforce leads in the NHS including emerging CCG	WCB	September 2012	Joint training commissioning approach agreed and implemented	WCB	March 2013	Joint training commissioning approach agreed and implemented	WCB	March 2014

8. Think Family

2012-2013	By who	By when	2013-2014	By who	By when	2012-2013	By who	By when
8.1 Joint training programme for LBB Children's and Adults Social Care staff three sessions on key areas delivered in year and discussion commenced on further integrated workforce approach and training programme	WL	March 2013	'Think family' training approach developed and agreed with Children's services	WCB	March 2013	Joint 'Think family' training programme commissioned	WCB	March 2014

Section 3 – Appendices

Appendix 1 - NMDS-SC Data - February 2012

The NMDS - SC data shown in this appendix is based on a data extracted between December 2011 and February 2012. Gaps do exist in the data as the data set is reliant on organisations using the system. However, it does give a baseline and some analysis can be drawn to inform workforce commissioning plans over the next three years.

The NMDS-SC data shows the number of staff employed in the care sector within Barnet at 3,995 of which 92% are permanent positions. The staff turnover rate currently stands at 22%, with Care workers 28% having the highest turnover; this is higher than other London boroughs and the national average (19%) (Fig 2). Social workers have the lowest turnover with a nil % leavers recorded and, within the last two years, LBB sponsored newly-qualified social workers have not been able to secure a qualified social work position within the council. Leaver information indicates that the highest known destination for staff leavers was into a health based position. This was also reflected across all sectors, and particularly marked following completion of a level three vocational qualification (fig 1)

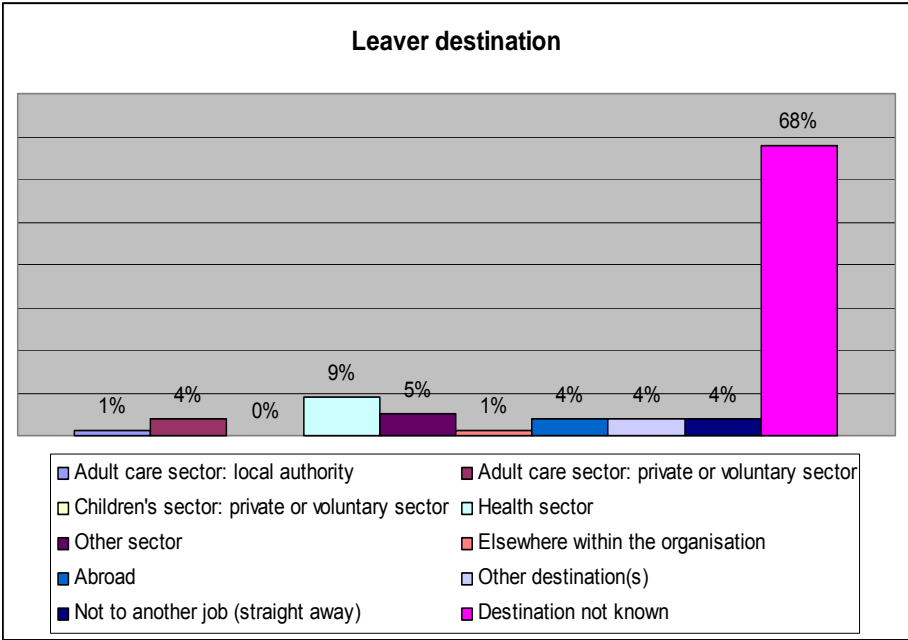


Fig 1 NMDS-SC as at February 2012

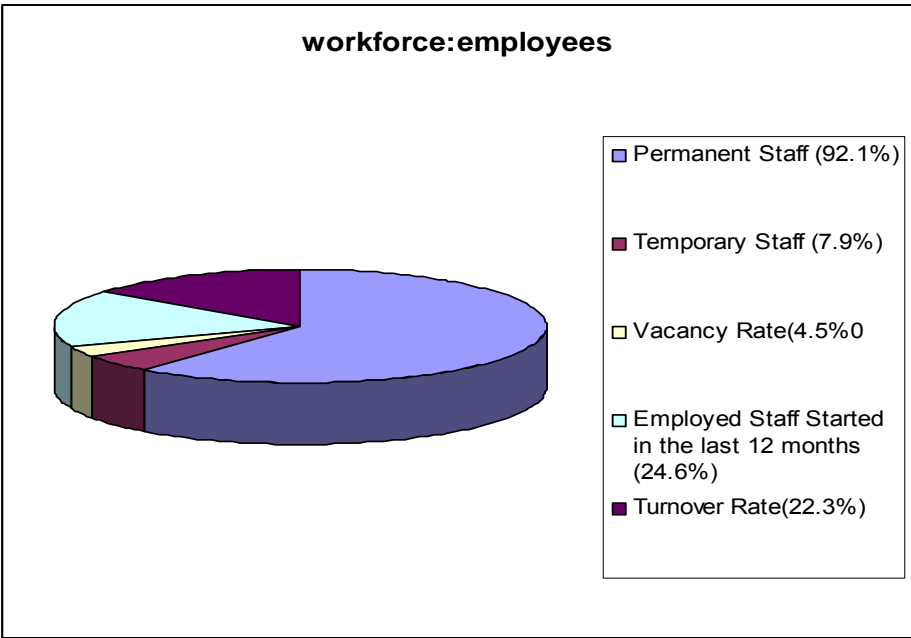


Fig 2 NMDS-SC as at February 2012

Job roles:

Care workers (60%) represent the highest proportion of the workforce, with a considerable gap between this group and ancillary staff the second highest proportion at (7%). Social workers (22%) make up the highest proportion of LBB employed ASCH staff followed by care workers (22%). These figures will change since the development of the Local Authority Trading Company for elements of the Learning Disability service

Job Roles	Total 3,955	Local Authority 467
Senior Management	2%	3%
Middle Management	3%	12%
First Line Manager	2%	0%
Registered Manager	2%	1%
Supervisor	1%	0%
Social Worker	3%	24%
Senior Care Worker	6%	4%
Care Worker	60%	22%
Community, Support and Outreach Work	2%	0%
Employment Support	0%	0%
Advice, Guidance and Advocacy	0%	0%
Counsellor	0%	0%
Occupational Therapist	0%	4%
Registered Nurse	4%	0%
Teacher (qualified)	0%	0%
Educational Assistant	0%	0%
Other job roles directly involved in providing care	2%	11%
Managers and staff care-related but not care-providing	1%	0%
Administrative / office staff not care-providing	3%	2%
Ancillary staff not care-providing	7%	0%
Other job roles not directly involved in providing care	2%	16%

Fig 3 NMDS-SC as at February 2012

Age:

The current ratio of ages working in the care sector is comparatively the same as other London Boroughs. However there are less younger people employed 20-24 age group (5%) against with the national average of 9%, the majority 54% fall within the 35-54 age bracket (fig 4)

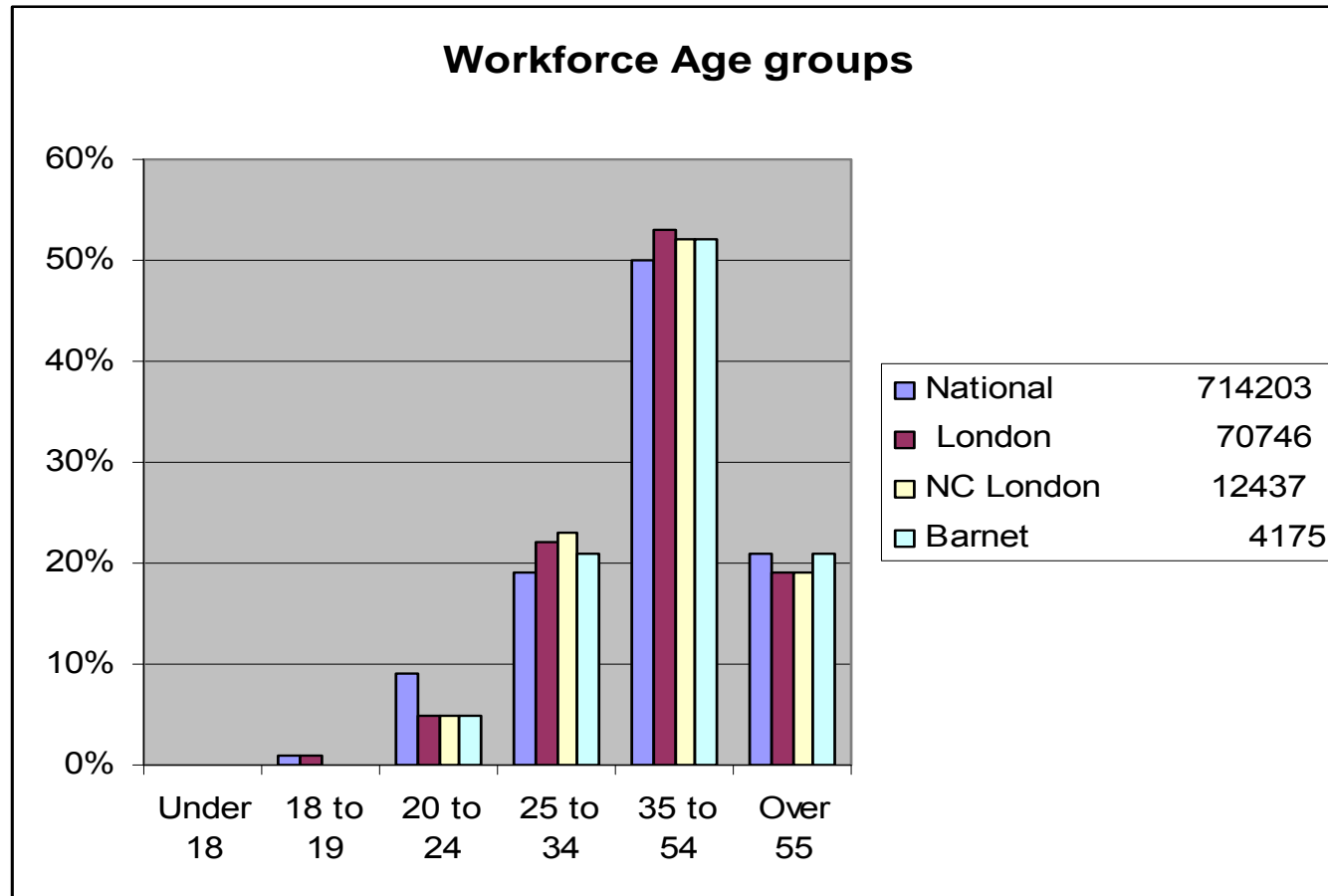


Fig4 - NMDS-SC as at February 2012

Ethnicity:

Barnet's population is growing increasingly diverse, especially in the under 19 age group; the attitudes, ethnicity and culture of Barnet are now more reflective of London than previously.

- By 2016 35% of the local population will be non-White (compared to 29% in 2011)
- Barnet's fastest growing ethnicity is 'Other' - a group that includes Middle Eastern and Central Asian states. Barnet is already home to a growing community from Iran and Afghanistan
- Amongst Barnet resident pupils whose first language is not English, the most common languages spoken are Gujarati, Persian-Farsi, Somali, Arabic and Polish.³

Barnet's largest employed group within the care sector, is Black/Africa/ Caribbean /British workers (36%), with White workers being the next (30%) followed by Asian/Indian workers(14%.) The Black/Africa/ Caribbean /British workers have the largest representation in residential and domiciliary establishments where as the white workers are represented more in day and adult community services (fig 5).

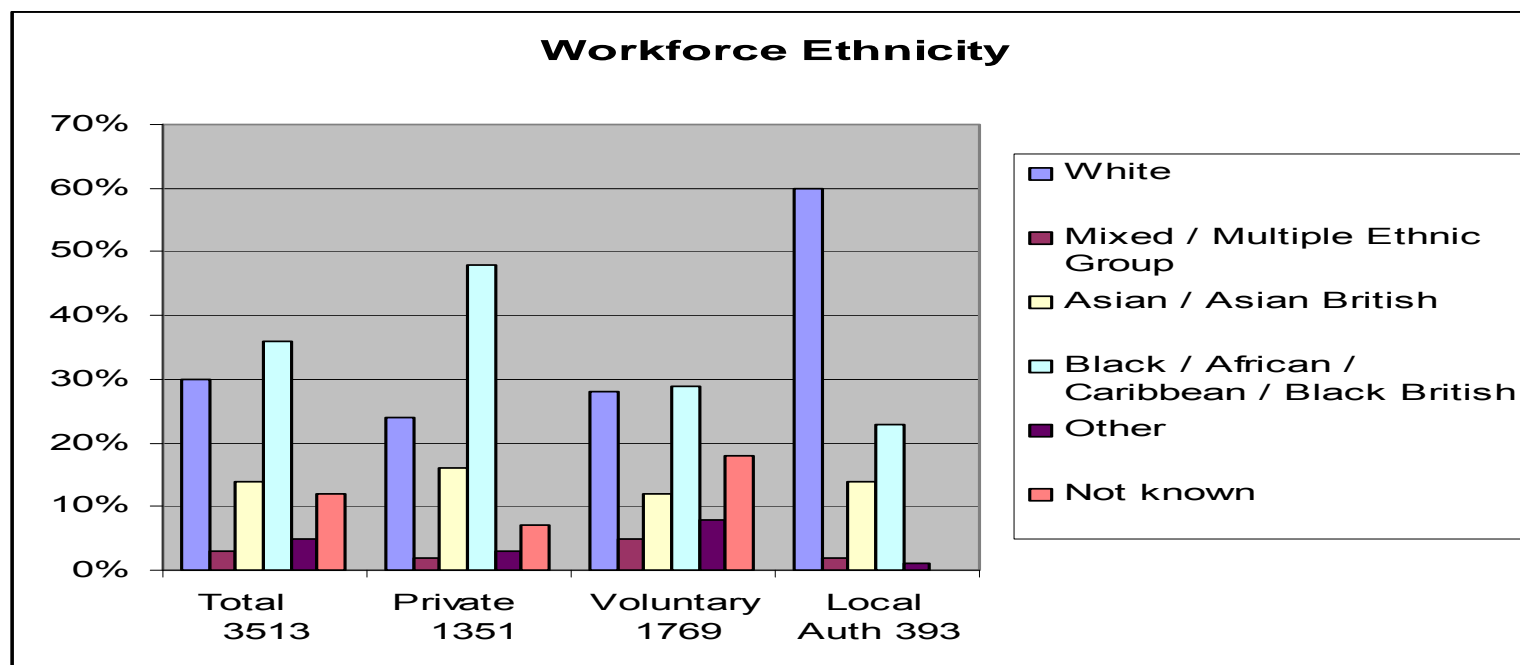


Fig 5 NMDS-SC as at February 2012

Pay:

Barnet care workers are paid between £6.29 - £8.02 an hour, with a median of £7.25, which is slightly lower than North Central London(NCL) boroughs at £7.31 an hour and slightly above London as a whole paying £7.20 an hour. We are unable to ascertain the social worker pay comparisons as we have not uploaded the salaries onto the NMDS-SC. (Fig 6)

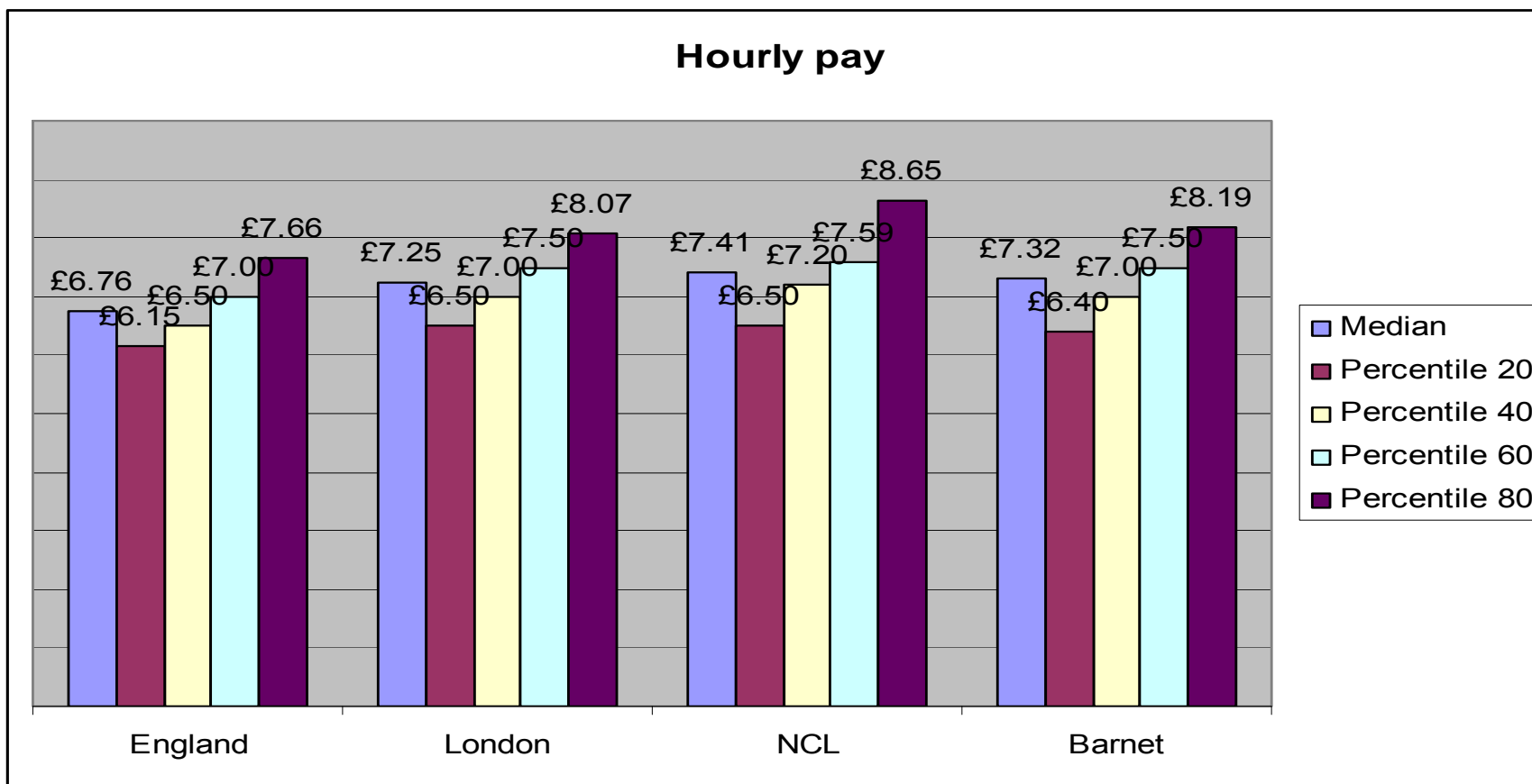


Fig 6 NMDS-SC as at February 2012

Qualifications

National Vocational Qualifications (NVQs) are currently the recognised qualification levels for carers working in social care although the introduction of the Qualifications Credit Framework is now in place. There is a requirement that 100% of people working as carers should be studying towards or have completed a recognised induction programme and recommendations that 50% of the care workers within any residential care home should be qualified to at least NVQ level 2 or working towards it. In addition, 100% of managers should have either a Registered Manager's Award in Care or an NVQ level 4 in Leadership and Management. 43% of Barnet's care sector workforce holds a minimum level 2 qualification with a further 28% in progress, of which both figures are higher than the national and London figures (fig 7). This is not the case for qualified registered managers 31% of staff are registered managers this is less than half the national and London figures, with a further 23% working towards the qualification (fig 8).

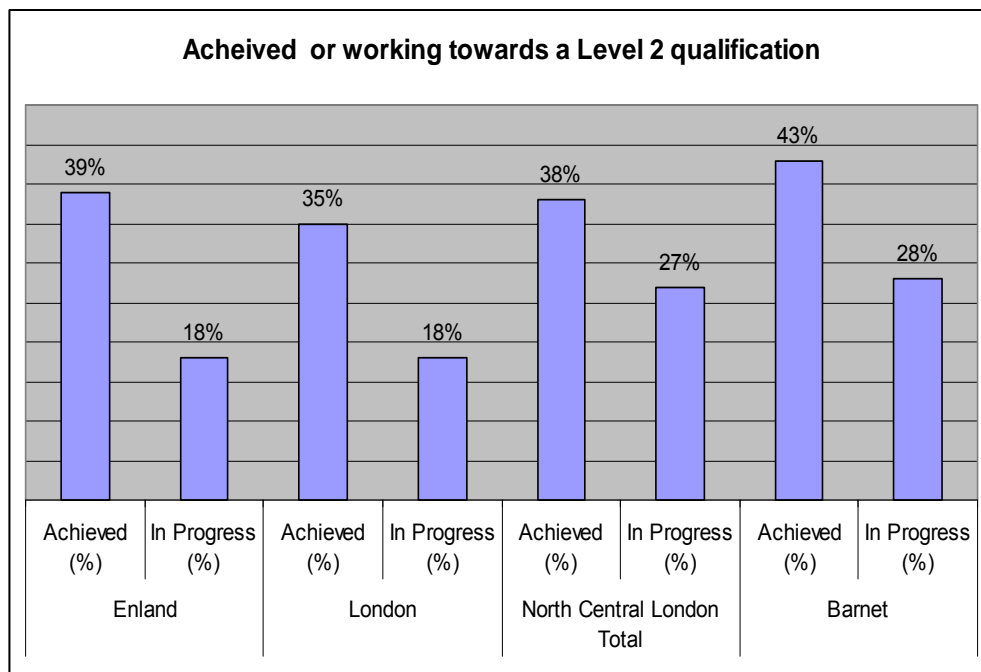


Fig 7 NMDS-SC as at February 2012

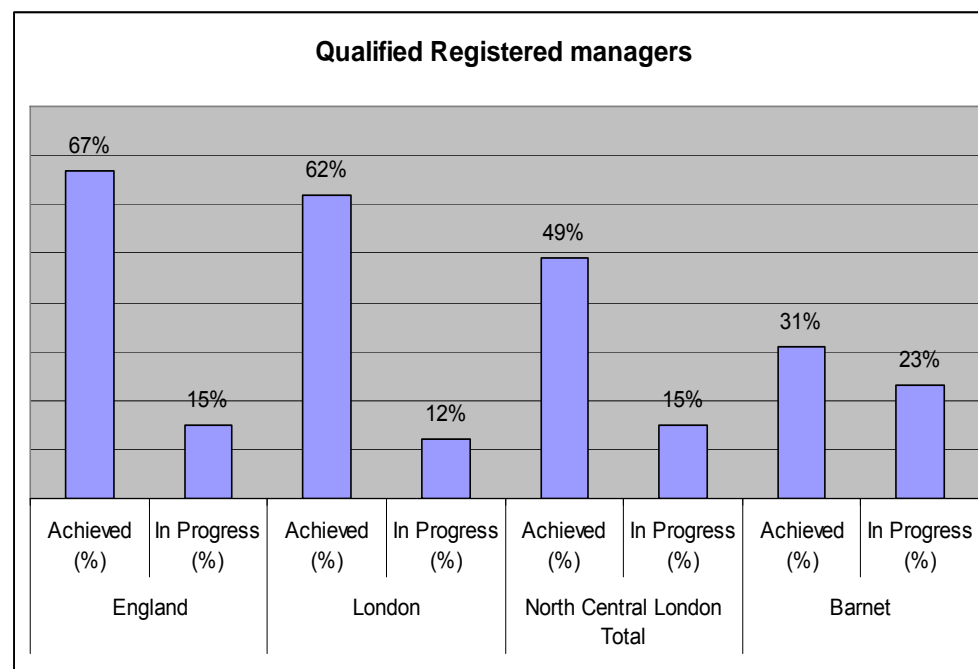


Fig 8 NMDS-SC as at February 2012

Appendix 2 - Additional Factors affecting the Local Workforce

Carers

Carers provide a vital role in supporting people so they can remain at home. It is estimated that 60% of the population will care for someone at some point during their lives, and this informal care makes an enormous contribution to society. In Barnet, almost 10% of the population are currently carers, of whom at least 2,000 are 75 years or older, with nearly 5,000 providing 50 hours or more of care per week. Many carers do not identify themselves as carers and therefore, these 'hidden carers' may not be accessing the support and advice available to them.

Employment

The December 2011 Labour market bulletin showed that 229,100 (65%) of Barnet's population was of working age and had an employment level of 68.9% which is in between London at 68.1% and the national figure of 70.2%.

46.2% of the unemployed is registered disabled and 42.4% is over 50 years of age. The total claiming job seekers allowance was 6,965, of which 1,485 were in the 18-24 age bracket, 4,335 in the 25-49 group and finally 1,115 in the over 50 age group, there were also 1,860 carers registered as unemployed in this period (fig 9)

Care worker positions are regularly top of the top ten notified vacancies. However they never get into the top ten of most sought after list. Work needs to take place to make care a job of choice not the only option; this will also work toward the dignity and respect agenda if it is a chosen profession (fig 10).

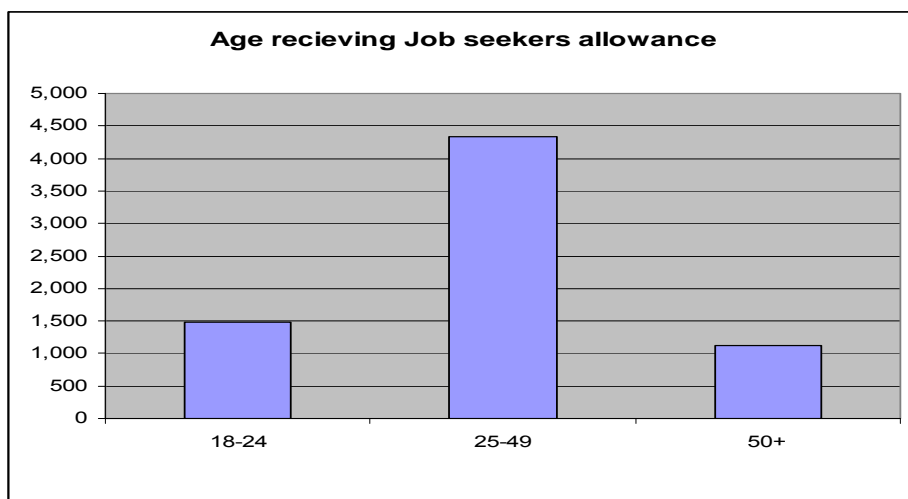


Fig 9 - Barnet Labour market Dec 2011

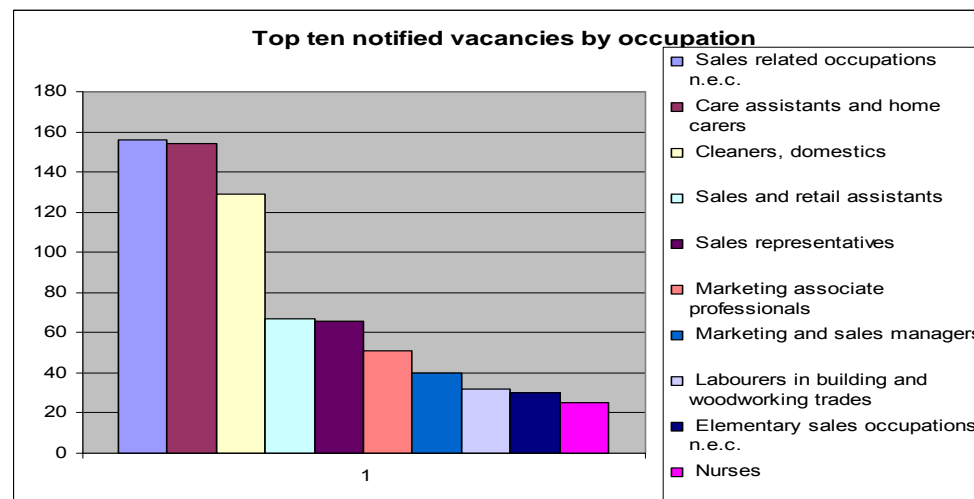


Fig 10 - Barnet Labour market Dec 2011

Appendix 3 - Key National Strategies and the Workforce

Dementia

The **National Dementia Strategy**⁴ aims to radically transform the quality of life for people with dementia and their carers in the next four years. The Dementia Strategy sets out recommendations which require the NHS, local authorities and care providers to improve dementia care services by raising awareness and understanding, ensuring early diagnosis and support to help people to 'live well' with dementia. The implementation of the plan will require up-skilling of staff across health and social care providers.

Autism

Improved training for front-line public sector workers is at the heart of a new government strategy aimed at enhancing the lives of adults with autism. The **Fulfilling and Rewarding Lives Strategy**⁵ is intended to improve diagnosis and access to services, and tackle social exclusion and unemployment, which currently stands at 85% for adults with autism. Under the plan, which is underpinned by the Autism Act 2009, £500,000 has been invested in developing training with professional bodies in health and social care, while autism awareness training will be given to all Job Centre Plus Disability employment advisers.

Carers

Moving on from the Carers Strategy 2008 the Government published the **Recognised, Valued and Supported: next steps for the Carers Strategy**⁶ the strategy aims to ensure the best possible outcomes for carers and those they support, including:

- supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages
- enabling those with caring responsibilities to fulfil their educational and employment potential
- personalised support both for carers and those they support, enabling them to have a family and community life
- supporting carers to remain mentally and physically well.

End of Life Care

The Government has published the **End of Life Care Strategy**⁷ - promoting high quality care for all adults at the end of life which is the first for the UK and covers adults in England. Its aim is to provide people approaching the end of life with more choice about where they would like to live and

⁴ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

⁵ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369

⁶ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077

die. It encompasses all adults with advanced, progressive illness and care given in all settings. The plan stresses the importance of education, training and support for the workforce in improving this provision and bringing about the required cultural change.

Learning Disability

In January 2009, Valuing People Now was published setting out a three year strategy to improve the lives of people with learning disabilities. Called 'Making it Happen for Everyone', Valuing People Now is an opportunity to help get better lives for all people with learning disabilities and their families, including those with complex needs, and people from black and minority ethnic communities. In Barnet, the Learning Disability Partnership Board has jointly produced the 'Small plan to make an even bigger difference'

Mental Health

No health without mental health: a cross-government mental health outcomes strategy for people of all ages sets out six shared objectives to improve the mental health and well-being of the nation, and to improve outcomes for people with mental health problems through high quality services.

The Equality Act 2010

The Equality Act 2010 aims to protect disabled people and prevent disability discrimination. It provides legal rights for disabled people in the areas of:

- employment
- education
- access to goods, services and facilities including larger private clubs and land based transport services
- buying and renting land or property
- functions of public bodies, for example the issuing of licenses

The Equality Act also provides rights for people not to be directly discriminated against or harassed because they have an association with a disabled person. This can apply to a carer or parent of a disabled person. In addition, people must not be directly discriminated against or harassed because they are wrongly perceived to be disabled.

The Act has turned the spotlight on the need to promote age equality and tackle issues of age discrimination in the provision of health and social care. Social Services staff will need to understand the implications of 'Associative discrimination' under this Act in undertaking carer's assessment in the future. Therefore, regular updates on knowledge of current legislations and its impact on practice should be an essential element on continuous professional development of social work staff

⁷ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277