

Joint Workforce Strategy

for

Health and Social Care in Dudley

2009 – 2015

Contents

1	Executive Summary	3
2	Introduction	5
2.1	Purpose.....	5
2.2	Scope.....	6
3	Vision & Strategic Aims	6
3.1	Our Vision is	6
3.2	Our Strategic Aims are to:.....	6
4	Background	7
4.1	Policy Framework.....	7
4.1.1	National Drivers.....	7
4.1.2	Regional Policy (Health)	8
4.1.3	Regional Policy (Social Care).....	8
5	The Local Context	9
5.1	Local Strategic Priorities and Strategic Drivers	12
5.2	Related Local Plans	12
6	The Health & Social Care Workforce in Dudley	13
6.1	The Social Care Providers.....	13
6.2	The Social Care Workforce.....	14
6.3	The Children’s Workforce	14
6.4	Health Care Providers	15
6.5	Health Care Workforce	15
7	Workforce Demand	15
7.1	Demand - The Demographic Challenge.....	15
7.3	Demand - Projected Service Demand in Health and Social Care	17
7.4	Demand - New roles and responsibilities.....	18
8	Workforce Supply	19
8.1	Supply – The Local Economy	19
8.2	Supply – Informal Carers.....	20
8.3	Supply - Workforce Development	20
8.4	Supply – Current Workforce Development Initiatives - Opportunities for Development	21
9	Recommendations	21
9.1	Priority Development Areas	21
9.2	Resources	22
10	Conclusion	22
11	Appendices	Error! Bookmark not defined.
11.1	Workshop Outcomes	23
11.2	Joint Workforce Action Plan (Draft v2).....	24

1 Executive Summary

This strategy is a statement of the priorities for joint development of the health and social care workforce in Dudley. It has been agreed by the Health Improvement Modernisation Management Team (HIMMT). One of its tasks is to ensure that there is a workforce in the borough to deliver planned Health and Social Care services which is sufficient in quality, size and skills. This strategy is intended to enable the HIMMT to fulfil this role.

Our Vision

Is to improve the quality of life for Dudley people through the development of a confident, enabled, equipped and sustainable workforce for health and social care.

Strategic Aims

1. To develop and agree a set of strategic principles to underpin integrated workforce planning
2. To design and agree a framework for joint workforce planning
3. To agree and implement priority programmes of workforce development

The strategy represents the culmination of a programme of work over the last 12 months, which has involved high-level strategic negotiation across organisations and a consultative workshop in March 2009, (*See Appendix 11.1*), which included representatives from all stakeholders, with the aim of establishing the basis for the development of this Joint Workforce Strategy.

The principle drivers for change over the next 5 – 10 years are:

- ◆ Transformation in the shape of health and social care services across the country.
- ◆ Changes in the demographic profile of the country which appear likely to increase demands on services and decrease the available pool of labour to deliver them.
- ◆ The opportunities for better, more efficient services delivered with the help of new technology
- ◆ Ongoing skills shortages in specific areas
- ◆ The need for partners to work together effectively for the benefit of people who use services
- ◆ The need to involve patients and service users in planning the workforce

It is recommended that the following actions are undertaken in response to these challenges:

- ▲ Leadership and Management – mapping of current Leadership and management qualification and development programmes in the borough and consideration of joint provision where appropriate.
- ▲ Data Collection and analysis – development of good quality workforce data across the whole sector.
- ▲ Identification and development of areas for Joint Training provision (Core & mandatory training, NVQ)

- ^ Joint Commissioning – review of current arrangements and development of micro commissioning capability for patients and service users
- ^ Apprenticeships – Consideration of feasibility of developing shared apprenticeship schemes across Health and Social Care – Public Service Apprenticeships
- ^ Dementia – Maximise opportunity for joint training and skills development under a borough wide dementia strategy
- ^ Safeguarding – Further development of joint training under the auspices of the Safeguarding Boards for both children and vulnerable adults.

The various organisations involved in developing this strategy will be jointly responsible for leading this work.

FINAL DRAFT

2 Introduction

The Health Improvement Modernisation Management Team (HIMMT) is the executive team of the Dudley Health and Wellbeing Partnership – one of the thematic partnerships in the Dudley Community Partnership, the Local Strategic Partnership for Dudley. One of its tasks is to ensure that there is a workforce in the borough to deliver planned Health and Social Care services which is sufficient in quality, size and skills. This strategy is intended to enable the HIMMT to fulfil this role.

The strategy represents the culmination of a programme of work over the last 12 months, which has involved high-level strategic negotiation across organisations and a consultative workshop in March 2009, (*See Appendix 11.1*), which included representatives from all stakeholders, with the aim of establishing the basis for the development of this Joint Workforce Strategy. A key outcome of this work has been the development of a set of strategic principles agreed to underpin integrated workforce planning across the Health and Social Care Economy, these are:

- ❖ Improving the experience of service users and patients in the delivery of care by a skilled and competent workforce
- ❖ Working in partnership in matters relating to workforce activity wherever possible
- ❖ Applying a consistent approach to the workforce elements of any commissioning activity
- ❖ Working to ensure that workforce activity is seamless and consistent
- ❖ Ensuring that the connection is made to wider workforce initiatives is made when developing key links and connections locally
- ❖ Supporting the local economy as large employers through economic regeneration and supporting 'fit to work' programmes
- ❖ Endeavouring to attract resources to support joint and integrated working
- ❖ Developing the capacity of staff to integrate workforce planning into strategic and service planning
- ❖ Wherever possible working in partnership with patients, service users and carers to deliver the workforce they want and need.

2.1 Purpose

The purpose of this strategy is to provide a framework for a joint understanding of the sector wide health and social care workforce in Dudley - statutory, private, independent, and voluntary, both paid and unpaid. It will be a vehicle for communicating the principles that underpin workforce planning and workforce commissioning in the borough. It will provide a summary of key trends and workforce data, as well as signposting to other developments and information sources. It identifies priorities for action and provides a framework for commissioning further projects to develop a workforce, which delivers the local strategic plans of the partnership, which are consistent with the financial plans.

It recognises that further work will be necessary to engage commissioners of services and financial managers, consult with providers of services and other stakeholders, and consult with patients, people who use services and carers on the workforce requirements in the Health and Social Care sector of the local economy.

2.2 Scope

- The strategy encompasses primary and secondary health care and community care for both adults and children. It covers the geographical area of the Metropolitan Borough of Dudley. The organisations signed up to and committed to this strategy in line with their membership of HIMMT are:
 - Dudley MBC
 - NHS Dudley
 - Dudley Community Services
 - Dudley Mental Health Partnership Trust
 - Dudley Children’s Trust
- Clearly, the challenges outlined in this strategy are significant, it is anticipated therefore that this strategy will set the direction of travel for the next 3-5 years; it acknowledges however that it will need to take account of the likely service requirements over the next 10 years.
- Within the context of this strategy workforce is defined as:

Paid & voluntary workers in

- The statutory sector (NHS & Local Government)
- The independent sector
- The voluntary sector
- The employment of people who have Individual Budgets, Direct Payments or fund their own care and support.

3 Vision & Strategic Aims

3.1 Our Vision is

Is to improve the quality of life for Dudley people, through the development of a confident, enabled, equipped and sustainable workforce for health and social care.

3.2 Our Strategic Aims are to:

1. Identify the changing context for health and social care and evaluate its implications for workforce requirements.
2. Identify and assess the future requirement for skills in the health and social care economy.
3. Assess the gap between current labour supply and future labour requirement.
4. Propose measures to bridge the gap.
5. To develop and agree a set of strategic principles to underpin integrated workforce planning
6. To design and agree a framework for joint workforce planning
7. Identify and engage employers and employers’ organisations.

8. Gain commitment from employers and employers' organisations, to deliver the plan.
9. To agree and implement priority programmes of workforce development
10. Document findings, recommendations and action plan in a summary report, jointly agreed by all sectors of the health and social care economy.

4 Background

4.1 Policy Framework

4.1.1 National Drivers

We are at a time when the shape of health and social care services across the country is being transformed. The shift is from patients and users of services being seen as recipients of services planned largely by professionals, albeit with an increasing emphasis on the rights of patients and users, to services being aimed at supporting the development of active and contributing citizens who have increasing amounts of choice and control about the nature and development of the health, care and support services they use.

This is further supported by an emphasis on preventive services and shifting services away from institutionally delivered to health and care closer to home. The common theme in the documents listed below is the emphasis on a shift to developing services that are shaped to individual needs – personalized – in both health and social care. Key national policy documents that are intended to shape the development of services and the workforce include

- Working Together: Public Services on your side (principles of public service reform)¹
- Every Child Matters (Laming Report)²
- Valuing People Now (Learning Disabilities)³
- Putting People First⁴
- Putting Patients First (Darzi report)⁵
- Investing for the Workforce (NHS)⁶
- A High Quality Workforce (NHS next stage review – development of NHS workforce)⁷
- Working to Put People First (National workforce Strategy for Adult Social Care)⁸
- World Class Commissioning (the national framework for commissioning of services)⁹
- Transforming Community Services (the development of care pathways)¹⁰
- Talent & Leadership Management¹¹
- The Boorman Report – NHS Staff Health & Well-being¹²

¹ Working Together Public Services on your Side 2009 HM Gov

² Every Child Matters 2008 Dept for Children Schools & Families

³ Valuing People Now 2001 HM Gov

⁴ Putting People First 2007 HM Gov

⁵ Putting Patients First 2009 DoH

⁶ Investing for the Workforce 2009 NHS West Midlands

⁷ A High Quality Workforce 2007 DoH

⁸ Working to Put People First 2009 DoH

⁹ World Class Commissioning 2007 DoH

¹⁰ Transforming Community Services 2009 DoH

¹¹ Inspiring Leaders – Leadership for Quality 2009 NHS

¹² NHS Health & Well Being The Boorman Review 2009 DoH

4.1.2 Regional Policy (Health)

The principal document is “Investing for Health: a strategic framework for the West Midlands”¹³, especially “Investing for the Workforce”. Drawing on the principles of “Our Health, Our Care, Our Say”, which highlights the following aims:

- ❖ Full Engagement (i.e. full public engagement in health and wellness)
- ❖ Improving quality and safety of services
- ❖ Care Closer to Home¹⁴
- ❖ Sustainable Services and Sustainable Local Health (structured transfer of staff to community health services and large-scale workforce change)
- ❖ Organisations fit for Purpose (by strengthening workforce planning and linking it to strategic and financial planning.)
- ❖ High quality education programmes

4.1.3 Regional Policy (Social Care)

The key documents are Every Child Matters (for Children) and the national Putting People First (for adults). They are jointly owned across central and local government, health, user-led and professional leadership organisations and employers. Workforce planning approaches are outlined in the ‘One Children’s Workforce Tool’ (OCWT – for Children’s Services) and Working to Put People First (for Adult Services. April 2009)

The One Children’s Workforce Tool sets seven areas for development essential for an integrated workforce. They are organised as a set of rainbow arcs and aim to ensure the delivery of the 5 key outcomes from Every Child Matters. The areas for development are:

- ❖ Shared identity, purpose and vision
- ❖ Common values and language
- ❖ Behaviours focused on positive outcomes for children & young people
- ❖ Integrated working practices
- ❖ High quality appropriately trained workforce
- ❖ Complementary roles focused around children & young people
- ❖ Capacity to deliver and keep children safe

The following six “key themes” are priorities for working to put people first:

- the leadership of local employers in workforce planning whether in the public, private, or third sectors and of Directors of Adult Social Services in their strategic workforce commissioning role,
- ensuring the right steps are taken to promote recruitment, retention, and career pathways to provide the many talents the workforce needs;
- workforce remodelling and commissioning to achieve service transformation; and
- workforce development so we have the right people with the right skills; all to be in conjunction with

¹³ Investing for Health 2007 NHS West Midlands

¹⁴ Care Closer to Home 2008 DoH

- more joint and integrated working between social, health care and other sectors; and
- regulation for quality in services as well as public assurance.

5 The Local Context

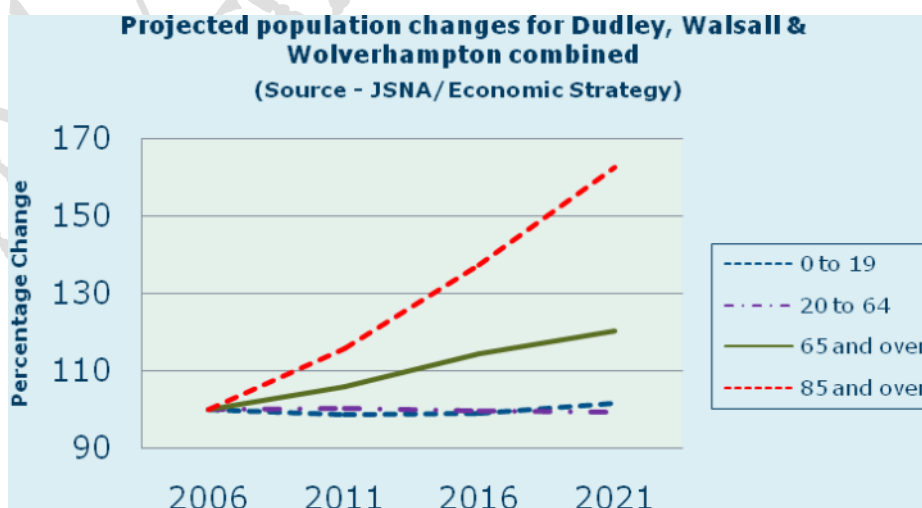
Dudley lies at the heart of the Black Country, a part of England unique in terms of its cultural and economic heritage. Rather than being dominated by one major centre, Dudley is composed of a number of small townships, each having its own identity and culture. The main towns are Dudley itself, Stourbridge in the south-west, Halesowen to the south and east and Brierley Hill in the middle of the Borough. The Borough has a resident total of over 305,000.

As part of the Local Strategic Partnership’s Borough Challenge, a vision for Dudley has emerged based on the views of the people who live and work in the Borough. This vision encompasses the concept of building stronger communities over the next 15 years:

A strong community is a place where all people are happy to live: ‘It has decent housing and a clean environment and it is safe, prosperous, attractive, vibrant and harmonious. In a strong community people would not be disadvantaged by where they live, their culture or social background, their age, gender, or how much money they earn’

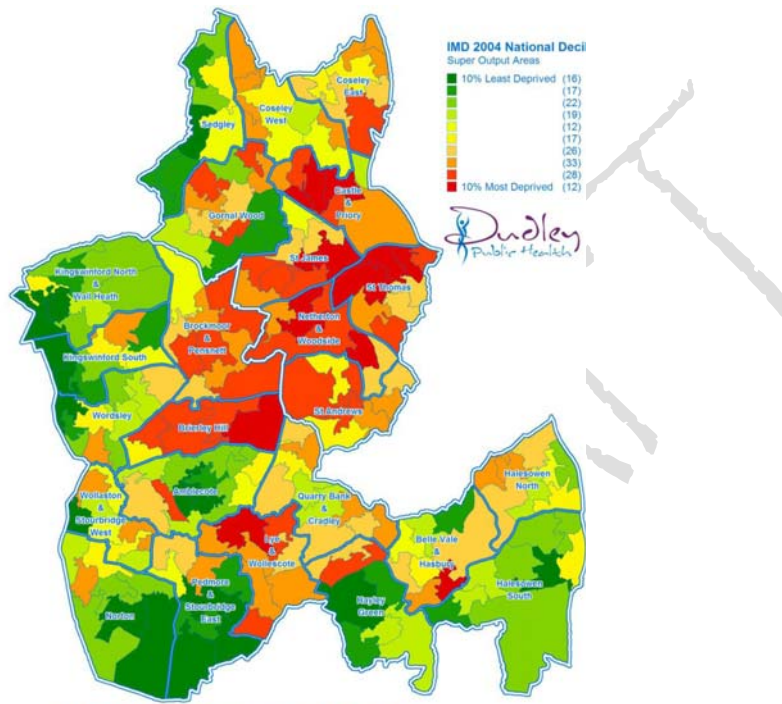
In addition, The Dudley Borough Economic Strategy provides a long term vision, focus and delivery plan for economic regeneration in the Borough, delivered not only by Dudley Council but also partner organisations. The current economic climate will have a significant impact on delivering the vision and aims of the Economic Strategy and will further add to the economic challenges the Borough faces.

Comparisons regionally and nationally show that that Dudley has a higher proportion of people of pensionable age and a lower proportion of people of a working age.



The unemployment rate is approximately 3% (41,335) and the total workless rate (Job Seekers Allowance, Income Support, Incapacity Benefit and Severe Disablement Allowance) is 19%, significantly higher than the national average of 10%

The deprived areas are largely in an area from Brierley Hill, through Netherton to Castle and Priory, with some also in Lye and one or two small pockets elsewhere. Conversely, the most affluent areas are on the southern and western edges of the Borough. Future deprivation/affluence of the Borough will be dependent on the success or otherwise of the local and national economy and the extent to which regeneration policies for the Black Country succeed.

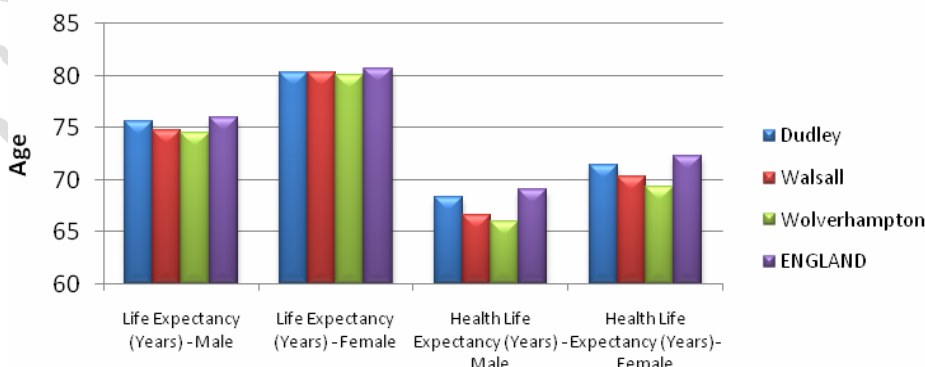


Source: Office for the Deputy Prime Minister (ODPM) Indices of Deprivation, 2004

Source: JSNA / Annual Report of Joint Director of Public Health

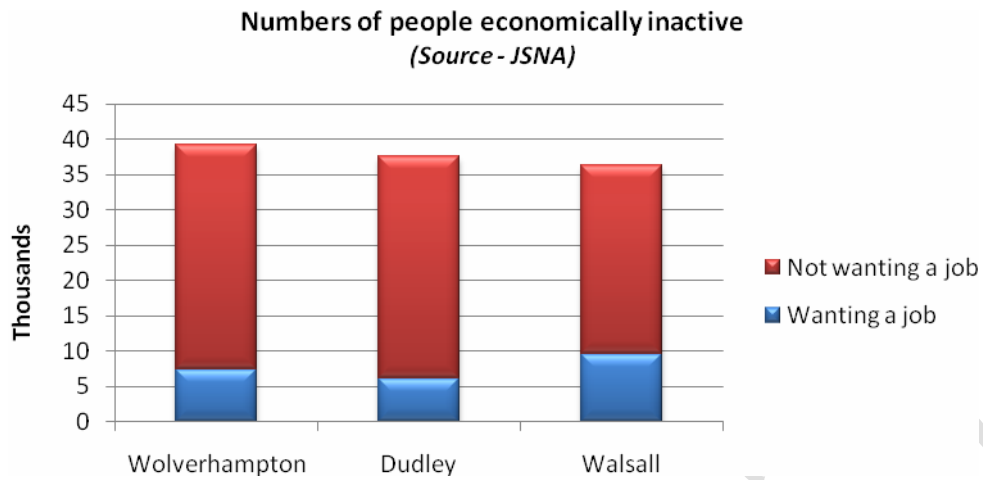
The health of the people of Dudley is a little worse than the England average. The two most important recent trends in health risk factors are the rise in obesity and the increase in alcohol-related diseases.

Life Expectancy at birth
(Source - JSNA)

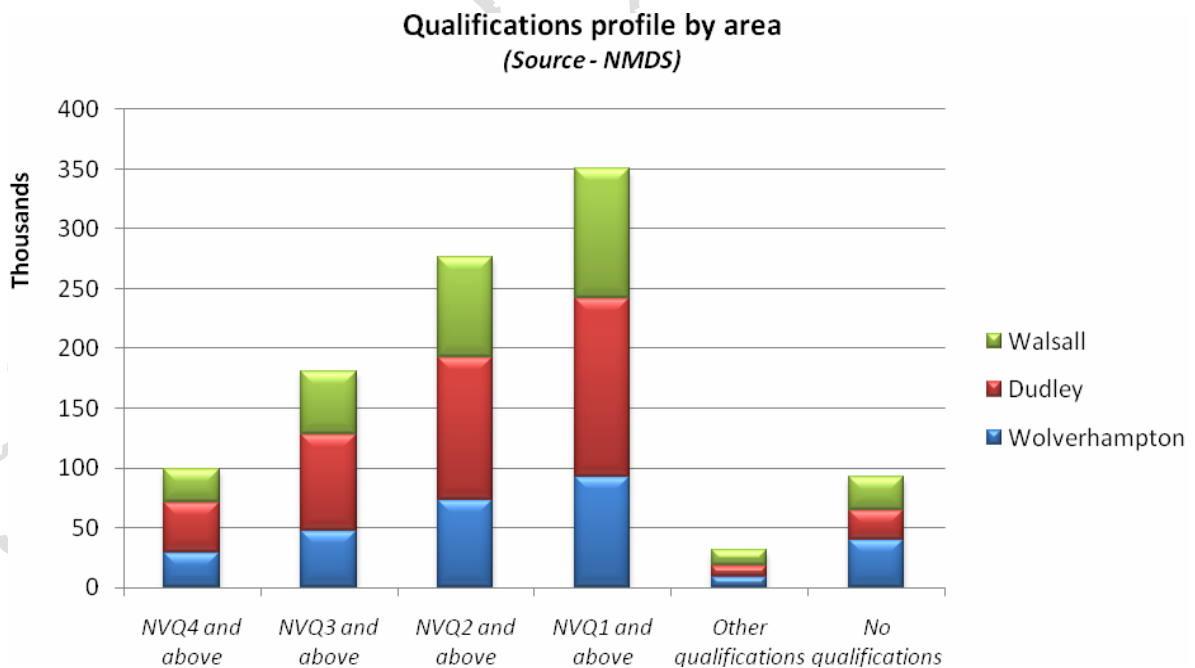


Among the working-age population, one of the most damaging individual experiences is unemployment. Studies have confirmed the devastating effects of unemployment on individual well-being. Young people are at high risk of social exclusion if they become trapped in a downward spiral of worsening health and unemployment. Health problems, particularly

the psychological elements, make it more difficult to find jobs, and, in turn, unemployment makes it more difficult to stay healthy.



It is vital that the local economy has a suitably trained and equipped workforce that can adapt to the changing needs of the service, and is flexible enough to work under a range of settings. The development of a flexible, adaptable workforce capable of moving between organisations and sustain continuous service improvement is critical.. Each organisation must be able to recruit the right people, effectively deploy them, continuously develop them and then motivate them to perform to deliver effective and productive services.



Employing and retaining people of the calibre and value needed to deliver the best possible care and best value does not happen without significant effort.

5.1 Local Strategic Priorities and Strategic Drivers

Local priorities are obviously shaped by the policy requirements of central government, but the local strategies help us to understand how Dudley plans to put the policies into practice. They have a major bearing on the workforce that is required to deliver them in terms of numbers, skills location and new roles. The key Dudley priorities include

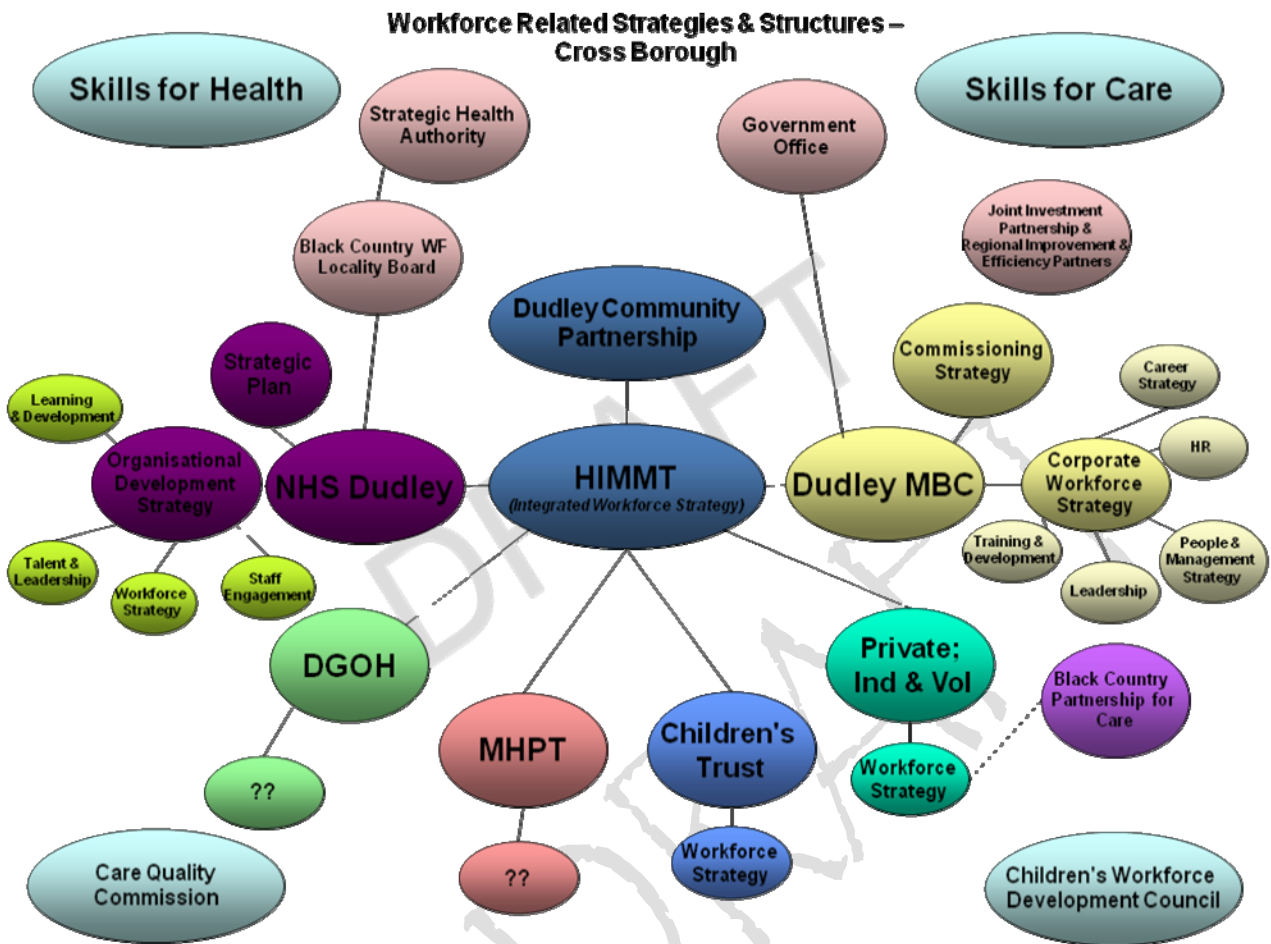
- ❑ The transformation of Social Care
- ❑ Dudley Children & Young People's Plan (2009-11)
- ❑ The Older People's Strategy
- ❑ The modernization of Learning Disability Services
- ❑ The Dementia Strategy
- ❑ Safeguarding vulnerable people
- ❑ Diabetes Strategy
- ❑ Coronary Care
- ❑ Obesity
- ❑ The Carers' Strategy
- ❑ Public Health Annual Report
- ❑ Meeting the requirements of the CAA

Commissioners in both the PCT and the Local Authority, have a vital role in working with providers, to ensure that an adequate number of competent staff will be available to deliver contracted service activity within the tariff or block contract for the service. In addition, ensuring that there are sufficient skilled and competent people in the private, voluntary and independent sector to meet the requirements of people purchasing their own Health, Care and Support services.

With the introduction of Foundation Trusts, and with the priority on strengthening community services away from hospital based care to community based services, PCT Commissioners will play an increasingly important role in working with providers including independent contractors, independent sector and social care to identify key workforce issues as part of the contractual process across their Local Health Economy.

5.2 Related Local Plans

Detailed in the diagram below is a high-level map of the current workforce related strategies, plans and structures across Dudley.



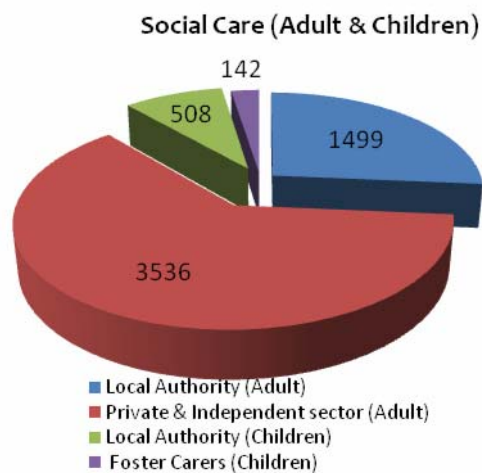
6 The Health & Social Care Workforce in Dudley

6.1 The Social Care Providers

The Black Country Partnership for Care is an umbrella body which brings together partners in the adult social care sector from all sectors with the common aims of improving the knowledge of the sub-regional Black Country workforce, planning the workforce and improving the skills and qualification levels. Achievements of this activity have included the efforts to develop the National Minimum Data Set (NMDS) from which we know:

- ◆ Care Homes and Home Care Agencies and Voluntary Organisations
- ◆ Predominantly Small and Medium sized Enterprises (SMEs)
- ◆ 22% have less than 10 staff
- ◆ 60% have between 10 – 49 staff
- ◆ 18% have over 50 staff

6.2 The Social Care Workforce



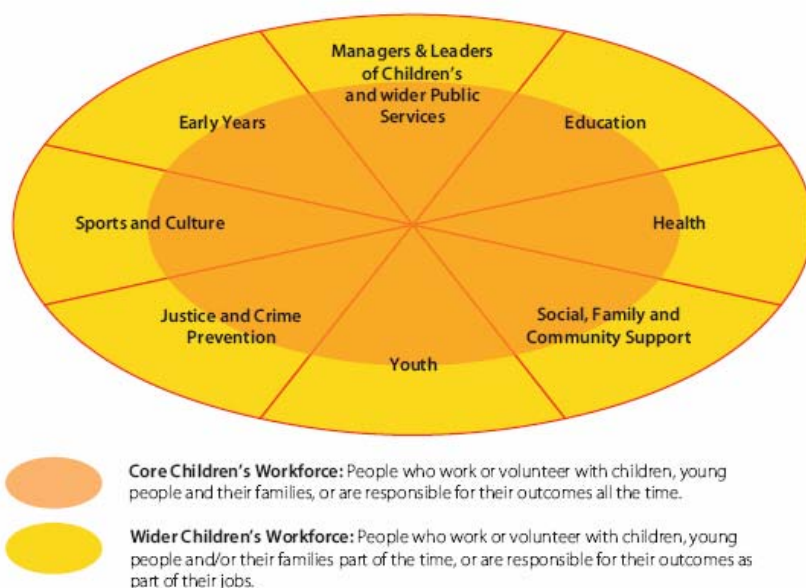
These figures do not include the numbers of staff in the children’s independent sector which are not currently accurately available.

6.3 The Children’s Workforce

The children’s health and social care workforce forms part of a wider children’s workforce that is over 10,000 strong in Dudley. The development of integrated working practices and integrated teams across the Borough, means that children’s health and social care workers are increasingly required to work alongside colleagues from a wide range of disciplines to ensure that families are supported in appropriate ways. This places particular demands on the children’s health and social care workforce that need to be recognised through the provision of joint training, appropriate personal development opportunities and line management and supervision.

Who is in the children and young people’s workforce?

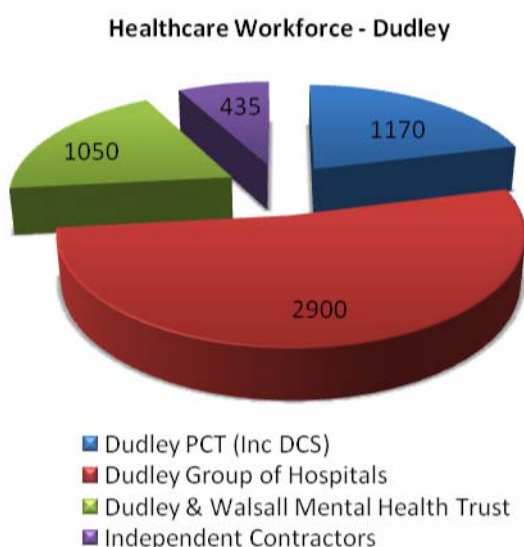
In *Building Brighter Futures: Next Steps for the Children’s Workforce (2008)*, the core sectors of the children and young people’s workforce is depicted in the following diagram.



6.4 Health Care Providers

- ◆ Independent contractors including 53 General practices, 60 Pharmacy contractors, 40 Dental practices and 64 Optometrists
- ◆ PCT In house Community Services
- ◆ Mental Health Partnership Trust
- ◆ 15 acute trusts (but 85% of activity with Dudley Group of Hospitals)
- ◆ Regional specialist services
- ◆ Voluntary organisation providers
- ◆ 135 Independent sector providers – particularly for Intermediate and Continuing Care and Mental health services

6.5 Health Care Workforce



These figures do not include the numbers of staff in the independent sector, which are not currently accurately available.

It is also important to note that we also need to take account of wider workforce, who contribute to the health and well-being of the local population i.e. Leisure, transport, retail etc.

In addition, 35,000 people in Dudley (11% of the population {JNSNA – Census}) have identified themselves as carers. They are an indirect part of our workforce and have potential for future recruitment, providing expertise by experience and may well form part of the resource supporting the personalisation/personal health care agenda.

7 Workforce Demand

7.1 Demand - The Demographic Challenge

One of the major issues that has influenced the development of current policy is the change that has occurred in the population profile of the country since the NHS and the various provisions that make up the Care Service were set up over 50 years ago. In 1948, life expectancy for men was 66 and for women 71. Today it is 77 for men and 82 for women, an

increase of 11 years, and the trend continues. We are an aging society – there are now more people in the UK over 65 than there are under 18. The ratio of people of working age to those retired is currently 4:1. By 2059, this will almost halve. There is also increased life expectancy for people with disabilities, and people are living longer but with greater dependency.

Another element of the change, which requires new roles and skills in the workforce, is the change in expectations of patients and users of services. The current Social Care Green Paper (Personalisation) proposes a personalised service, underpinned by preventive services and information and advice, based on rights and entitlements, consistent nationally. High Quality Care for All announced that from 2009 there will be a pilot programmes, building on experience with individual budgets in social care, to test personal health budgets as a way of giving people greater control over the services they use

The national picture is well documented, and national projections for service demand are available. The way the national picture is reflected or different in the Dudley population is to some extent addressed in the Joint Strategic Needs Analysis, which is currently being updated. Some work has also been done by the Black Country Partnership for Care on the effect of demand on the likely workforce requirements in the Private, Independent and Voluntary Social Care Sector, building on nationally developed alternative scenarios. (BCPC Workforce Strategy March 2009). Key service issues across the Local Health Economy align to the current NHS wide priorities and with the key health and population demographics as summarised earlier. It is recognised that how future services are commissioned, taking into account new and emerging ways of working will impact on workforce planning.

Key factors include:

1. The demand for services will increase due to the rising numbers of older people and increasing levels of life style related ill health.
2. Differences in outcomes for people who live in different parts of the borough have persisted without change over the past 10 years, despite efforts to tackle.
3. Managing the rising expectations of service users and the way they want to interact with local services.
4. Continued effort within the PCT for the achievement of WCC. This includes ensuring that workforce plans are aligned to service development and financial plans.
5. Re-configuring community services to align with Transforming Community Services and develop the skills of the workforce to deliver integrated care along pathways.
6. Manage the workforce implications of the separation of provider services from the PCT.¹⁵
7. In partnership with the acute provider manage the transition to Care Closer to Home.
8. The development of all services in line with ‘High Quality Care for All’.
9. The acute trust anticipate that current health implications are likely to result in an increased demand for Diabetic and Coronary Heart Disease services.
10. In addition higher infant death rates in the Black & Minority Ethnic communities have the potential to increase demand for neonatal services.

Further work is needed to integrate information, from across the agencies, to develop a more sophisticated understanding of the likely future service, financial and workforce issues.

¹⁵ Our health, Our Care, Our Say - 2007

7.3 Demand - Projected Service Demand in Health and Social Care

As with the demographic pressures, work has been done nationally on the projected service demand both for specific services, and for the sector as a whole. This is available at Projecting Older People Population Information System (POPPI ¹⁶). In relation to Social Care, specific work has been undertaken based on three possible scenarios in relation to the developments that could flow from different levels of implementation of Putting People First. These are outlined in The State of the Social Care Workforce (Skills for Care 2009). This is further examined in terms of its local implications in the BCPC workforce Strategy (March 2009). The demand issues are also examined on a regional basis in the Skills for Care West Midlands Recruitment Strategy ('One every 9 Minutes' Sfc West Midlands 2007). Further intelligence is available from the SHA and from the West Midlands Regional Observatory.

The financial position nationally presents a significant challenge for all healthcare providers going forward, we all face significant financial challenges over the next 5 years.

It is difficult to assess the possible impact this may have on workforce numbers in the future. Where possible the principles of minimising the risk of redundancies by using strategies to ensure that staff are utilised more effectively will be employed.

Expanding knowledge and technological capabilities in all areas of science are leading to improvements in health and social care. Some people say these will lead to a reduction in costs. However, in the short-term they will cost more because:

- As researchers find out more, they are “discovering” new diseases and illness categories to treat. This leads demands for more diagnostic testing and monitoring of individuals.
- Many new treatments are targeted at previously untreatable conditions.
- There is a move to home-based care so some hospital activity might be replaced with other “high-tech” activity.
- The private sector will continue to seek high levels of return for their investment.
- Many new high cost treatments are not one off interventions, but are treatments which a patient might need to take for years.
- There is a time lag between a new treatment or technology being introduced and the benefit that is realised

In terms of workforce specifically the following factors impact significantly:

1. The range of national, regional and local strategic drivers which impact on organisations.
2. Local operating plans and operating frameworks that outline service developments.
3. Managing service users' expectations within a defined resource but addressing their aspirations for the services of the future.
4. Financial resources will be a significant challenge for the Health and Social Care Economy as a whole over the next five years; from 2011 onwards this may have a disproportionate impact on those services not on tariff.

¹⁶ <http://www.poppi.org.uk/>

5. The uncertainty of JIF, the delay in the Comprehensive Spending Review, the reduction in LSC/Skills Funding Agency budgets and other external funding streams is also of very real concern to ensure support for all social care staff and health staff at bands 1-4.
6. Ensuring efficiencies and productivity rather than growth of the workforce.
7. Within both the PCT and the Local Authority Social Care services, the ageing workforce (27.2% of the PCT workforce, and 36.5% of the Social Care Workforce is over 50 years of age) and the new pension changes will have an effect on workforce planning.
8. The implications of the separation of Provider/Commissioner following the national driver Our health, Our Care, Our Say: a new direction for community services Jan 2006.
9. Continued work with Partner organisations including Acute Hospital and Local Authority to support the good work already in place for working together.
10. Engagement with the independent/voluntary sector to reduce duplication, improve equality and efficiency.
11. Management of sickness in the acute trust and the Local Authority.
12. Increasing staff engagement and improve productivity.
13. Managing the cost pressures of national terms & conditions of employment, and of Equal Pay and Job Evaluation in the Local Authority.
14. The impact of local regeneration programme on NHS organisations and Care Providers' recruitment strategies as large employers.
15. Exploring opportunities for more flexible roles across health & social care.
16. Supporting the children's health and social care workforce to engage with the wider children's workforce through integrated working practices and integrated teams.

7.4 Demand - New roles and responsibilities

The developments in national policy and the requirements articulated by patients and service users mean that the work roles, responsibilities and skill sets of the existing workforce will have to be reviewed and changed over the coming five years. Already in Health there is an increased emphasis on provision of primary care in the community and care closer to home. New services have been developed in both Health and Social Care, such as re-ablement, and tele-care. Both require staff to take on different roles and acquire new skills and approaches. The increase in Individual Budgets has led to the development of more Personal Assistant and Support Worker roles.

The increased emphasis on encouraging self management of long term conditions has implications for broadening the skill sets of Care Assistants, with potential to take on some Health Care tasks. The increase in the number of people developing dementia means that staff need further training, the type of services offered and commissioned will be reviewed in light of the Dementia Strategy. As an increasing number of these people will be cared for in their own homes, often with the assistance of relatives, there are implications for the development of the informal carer workforce.

In addition it is important to note that a significant number of children act as informal carers, often to their own detriment. This is an area of carer supply that needs greater acknowledgment and support.

It is of note that a key finding in the children and young people's workforce development strategy and in the Dudley parenting support and family learning strategy, is that adult services, including health and social care, do not sufficiently take into account the impact on

children of parental illness or the impact on the parenting role. It is vital therefore that wherever possible when considering the demand for services the need for adult health and social care to 'Think Family'.

8 Workforce Supply

Good workforce information is crucial for any effective workforce strategy and planning. There is usable information on the overall workforce in the whole local economy in Dudley through the West Midlands Regional Observatory. Currently, we have reasonable information on the profile of the NHS workforce in Dudley and the Social Care workforce within the council for both Adults and Children's Services through the NHS Electronic Staff Record (ESR), and the Social Care HR system (PSE). We have profile information on over 60% of the Private and Independent sector workforce in Social Care in the borough through the National Minimum Data Set – social care (NMDS-sc).

Improvements with developments in PSE and greater use of NMDS will give us more readily information on qualification and skills about the whole workforce in the borough. Direct links between the Health and Social Care workforce systems are problematic, as data categories are not always directly transferable.

Data quality remains an issue for all of the information sources, and that will require ongoing attention. Particular issues relate to training and qualification data. This will be particularly pertinent over the next 3 years as the qualification framework changes to the new modular structure. It will be necessary to ensure that the new framework can be recorded on the current systems, and that it is understood.

A second data quality issue relates to uncertainty about how representative the information we have on staff in the Private, Independent and Voluntary sector in Social Care is of the sector as a whole, or if those not currently returning information to NMDS are in any significant way different from those we already cover. The third data quality issue concerns the Personal Assistant workforce, and the workforce employed by people with individual budgets. Currently there is no mechanism for capturing this information. The same applies to the informal carer workforce, although there is some 2001 census data on this. There is a current Skills for Care national project which aims to begin to address this gap.

8.1 Supply – The Local Economy

The Health and Social Care sector is a large employer in the borough employing in excess of 10,000 staff and it makes a significant contribution to the local economy both as an employer and a purchaser of goods and services. Small and medium sized businesses make up a significant part of the local economy. Goods and services purchased and commissioned by Health and Social Care organizations help sustain these businesses, the employment they provide and the local economy.

There is a Dudley Borough Economic Strategy. There have been specific initiatives to respond to the current recession and support local businesses. As part of the regeneration agenda, the local authority supports pre employment initiatives assisting people who wish to work in Social Care.

The Dudley economy, along with others in the West Midlands, and particularly the Black Country, is performing below the national average in terms of levels of unemployment (significantly above the national average), earnings (lower than either West Midlands or National averages), qualifications held (lower than national average) and people with basic skill needs (above national average).

8.2 Supply – Informal Carers

According to the 2001 Census, there are over 30,000 people in the borough who identify themselves as having carer responsibilities for another person. According to the NOMIS Labour Market Statistics, 2,680 people in the borough receive a Carer allowance. The Local Authority has a Carer's Strategy and supports a range of Carer organisations, and with the Libraries has developed a Carer Information Service as a key starting point for the transformation of Social Care.

As stated previously we need to note that a significant number of children act as informal carers, often to their own detriment. This is an area of carer supply that needs greater acknowledgment and support.

The demographic projections suggest that the number of people who will require support will increase significantly over the coming years. Support for carers will be one way of helping to address this care need, complementing the employed workforce.

8.3 Supply - Workforce Development

Workforce Development is the range of activities and initiatives we put in place to lead and develop our organizations and the workforce we have, help us to retain current staff and expertise and continue to have a pool of potential recruits for the sector. Workforce development also supports the development of new roles and approaches to deliver changing services, supporting staff skills and qualification development, supporting joint and integrated working and helping to ensure high quality services are delivered. The elements this strategy seeks to support are

- ❑ Leadership – Enabling the development of leadership skills across the whole sector, NHS, Local Authority and Private, Independent and Voluntary sectors, including patient and user led groups. This development should be for senior managers, but should also promote leadership skills at the front line.
- ❑ Recruitment and Retention – A strategy is required across the whole sector to ensure that there is a continuing supply of recruits with the required attributes. This will be particularly challenging given the initial projections for the likely numbers of new and replacement staff who will be required. The other aspect is to minimize turnover and ensure that skilled and knowledgeable staff remain in the workforce.
- ❑ Workforce remodelling and commissioning – The change in the nature and volume of demand requires that the current shape of services is changed to more efficiently deliver what is required by patients and users of services. This will require a re-shaping of the workforce, and stimulation of new types of provider in the wider local economy.

- ❑ Skills and qualifications – Our aim is to create a more confident, empowered and diverse workforce with increasingly sophisticated skills to provide high quality services. This will require the continued delivery of qualification and skill based training, as well as the development of new approaches to securing competent workers across the sector.
- ❑ Joint and integrated working across the whole sector – Patients and service users require that the workforce will work across organizational boundaries to meet their needs. There is already a foundation for this in the Common Core Principles to support Self Care, which represent the underpinning value base for personalization in both health and social care settings. A range of initiatives both in re-modelling service structures and developing different ways of working will be developed.
- ❑ Quality and safety of services – Patients and users of services want to be assured that services are of as high a quality as possible and that they are safe. A high quality planned workforce in terms of attitudes, values, skills and competences helps to ensure this.

8.4 Supply – Current Workforce Development Initiatives - Opportunities for Development

Already, there are a number of initiatives in place across the borough, some joint, but many duplicating one another. Examples are

- ❑ Both Health and the Local Authority have management and leadership programmes. The LA first line management programme is offered jointly to managers from the Private, Independent and Voluntary sector.
- ❑ There are separate recruitment strategies in NHS, the Local Authority and the Private, Independent and Voluntary sectors.
- ❑ There is a joint commissioning strategy and the Learning Disabilities commissioning posts are joint appointments.
- ❑ The PCT and the Local Authority have separate Learning and Development functions. A range of Learning and development and qualification opportunities are offered by the Local Authority to the PIV sector.
- ❑ There are jointly managed services for both Mental Health and Learning Disabilities.
- ❑ The Safeguarding Board includes both the NHS and Local Authority functions. Training is provided jointly across the whole sector.

9 Recommendations

9.1 Priority Development Areas

This strategy is very ambitious, and requires implementation over a prolonged period. In order to make it a reality, priorities need to be identified and the action plan summarised below developed ([See Appendix 11.2](#)).

Proposed initial development areas that will make a significant difference are:

- ^ Leadership and Management – mapping of current Leadership and management qualification and development programmes in the borough and consideration of joint provision where appropriate.
- ^ Data Collection and analysis – development of good quality workforce data across the whole sector.
- ^ Identification and development of areas for Joint Training provision (Core & mandatory training, NVQ)
- ^ Joint Commissioning – review of current arrangements and development of micro commissioning capability for patients and service users
- ^ Apprenticeships – Consideration of feasibility of developing shared apprenticeship schemes across Health and Social Care – Public Service Apprenticeships
- ^ Dementia – Maximise opportunity for joint training and skills development under a borough wide dementia strategy
- ^ Safeguarding – Further development of joint training under the auspices of the Safeguarding Boards for both children and vulnerable adults.

9.2 Resources

Developing a comprehensive Workforce Strategy and putting the subsequent actions in place requires resources that are currently not in place. Further work is required to identify resources we currently have across the sector (Workforce Information systems and analysts, Information on the local economy and service provision and information analysts, Commissioning resources and strategies etc) and consider if or how any can be re directed to provide a sector wide service. Specific projects which can be provided by specialist consultants can also be specified and procured as resources become available.

10 Conclusion

What this Strategy Should Achieve

The contributors to this strategy believe it can enable us to manage the challenges of a growing demand for social care and health services and a static or falling number of people available to deliver them. It can do this by :

- encouraging people to train for and work in the areas of work where demand is highest
- ensuring that people who work in health and social care have broad skills sets, so there is less need to use time and resources handing over tasks to colleagues
- giving employees the ability to use and implement technology to work more effectively and efficiently
- matching the skills of the workforce to what users of services are asking for

11 Appendices

11.1 Workshop Outcomes

DUDLEY PCT and BOROUGH COUNCIL'S JOINT MEETING DEVELOPING AN INTEGRATED WORKFORCE STRATEGY*	
Proposed Joint Organisational Development Goals:	To build common values and good working practices through a Joint Service and Staff Development Strategy.
Proposed Joint Service Development Objectives:	<ol style="list-style-type: none"> 1. To deinstitutionalise and move care to a community-based setting supported by well-developed and integrated working practices. 2. To involve patients and users of the services, and their carers, in the changes and service developments. 3. To embed proactive and early interventions, including screening, in the service developments. 4. To build joint commissioning strategies, quality criteria and outcomes to support the above. 5. To build joint commissioning and performance management processes to support the above.
Proposed Joint Workforce Development Objectives:	<ol style="list-style-type: none"> 1. Use the Care Pathways as the training and development vehicle to develop the joint workforce and build a common culture: need a common stock-take of progress to date to build a joint "road map" of the services described by the key Pathways; need a picture of who does what and where currently and how this might change to improve the service; and need to develop joint approaches to co-location and the role of the lead professional e.g. in dementia care, "safer children," and stroke care. 2. Use common assessment frameworks and paper-based assessment tools currently in use as the basis for developing joint training and working strategies with a view to developing a joint record and information strategy to underpin the Pathways for the future. 3. Develop a joint staffing strategy using the current staff surveys and exit interviews to retain what we have already trained and understand why staff leave; need to build where appropriate common career pathways, healthy workplaces, and good practices. 4. Develop a joint workforce research strategy to understand stress, future workload management and use of flexible working practices to increase the quality of individuals' working lives. 5. Develop substance around joint accountability, performance management and development in key cross-cutting services e.g. safeguarding Children, Stroke and Dementia Care.

11.2 Joint Workforce Action Plan (Draft v2)

Aim	Activity	Expected Outcome	Timescale by	Resource Requirement	Priority	Responsible officer
1. To ensure that this strategy delivers on it's key objectives	To establish a subgroup/steering group of HIMMT to oversee and facilitate delivery of actions & objectives	This will support the deliver of agreed actions to time	March 2010	Time commitment from HIMMT	High	LS/BC
2. To conclude discussions with DGOH & D&WMHPT in relation to their engagement with this strategy	Getting assurance of engagement from workforce leads in other organisations	Engagement with the aims of this strategy	March 2010	Time	High	Steering Group AP/JP
3. To consult with patients, service users, carers and staff on workforce	Consultation events on specific issues Interface with local database & commissioning. Produce annual schedule	Engagement of patients, users, carers and staff with the aims of the strategy and how it implicates on services	March 2011	Time Support from commissioning teams; publications; Funding to support 1 event per annum	Low	Steering Group AP/JP & Commissioning leads
4. To develop a joint approach to Leadership and Management development and qualification	Mapping of current and planned activity; Assessment of feasibility of joint programmes	Improved skills and integrated working by leaders and managers in the Health & Social Care Economy	September 2010	Time Support from Learning & Development Teams	Medium	Steering Group AP/JP & L&D Teams
5. To improve the quality and consistency of	Identify current workforce data sources across whole sector; agree a template for	Commissioning and service planning that takes account of the available workforce	July 2010	Time Specialist skills & expertise	High	Steering Group AP/JP & Workforce/Work

workforce data across the whole sector	reports and produce periodic reports on the workforce profile of the sector in Dudley to agreed timescales (6 monthly)	Improved awareness of the workforce profile to inform HIMMT & other decision making		Support from all participating organisations, Senior management commitment		force information teams, Senior management commitment
6. To undertake workforce modeling and scenario planning using workforce, commissioning and financial data	Statistical modeling; scenario planning workshops with relevant stakeholders	Realistic workforce plans that link to stakeholder and user ambitions, commissioning intentions and resource availability	March 2011	Time; Specialist Skills & expertise; Agreement on modelling tools; commission external support	Low	Steering Group AP/JP & senior commitment
7. To maximise joint commissioning for health and social care in the borough	Create a forum for commissioning officers to address workforce issues thus support the further development of joint commissioning plan (Strategic commissioners; ?PBC; Micro commissioners)	Enable Consistent strategic commissioning across the sector. Shared approach to market management and stimulation of new provision.	March 2011	Time; Specialist skills & expertise Support from all participating organisations, Senior management commitment	Low	Steering Group AP/JP
8. To develop joint provision of Learning and Development across the sector where this is appropriate	Mapping current provision of common core L & D and forthcoming demand	Improved joint understanding and joint working across the sector which produces improved patient and user satisfaction	September 2010	Support from Learning & Development Teams; Time	Medium	Steering Group AP/JP & L&D Teams
9. To explore the feasibility of development of a shared apprenticeship scheme	Mapping current apprenticeship provision; Development of proposal for joint scheme.	Development of younger skilled workforce	September 2010	Support from Learning & Development Teams; Time	Medium	Steering Group AP/JP & L&D Teams

10. To increase the number of people with Learning Disabilities and Mental Health problems in the Health and social care workforce	Mapping current national; regional & local strategies/policies. Review of recruitment targeting; current provision of support to candidates and managers	Improved mental health and wellbeing of targeted employees	Sept 2010	Support from HR departments & adult & community learning	Medium	Steering Group AP/JP
11. To increase the level of skill and knowledge in the sector workforce of working with people with dementia	Mapping, Analysis and planning to meet the requirements of L & D implications of Joint Dementia Strategy; Commissioning of appropriate borough wide dementia training	Improved quality of life for people in the borough with dementia and their carers	March 2011	Support from Commissioning teams; specialist services & L&D Resource to support delivery of additional L&D	Low	Steering Group AP/JP
12. To further develop joint safeguarding training (children and adults) for all staff working with vulnerable groups.	Reviewing and amending current Safeguarding training plans to ensure that they cover the whole sector workforce.	Vulnerable people in the borough are safer	Sept 2010	Support from specialists & L&D; Resource to support delivery of additional L&D		Steering Group AP/JP

Key

LS – Linda Saunders
 BC – Brendan Clifford
 AP – Andrew Packer
 JP – Jenny Powell