

North Yorkshire Adult Integrated Care Workforce Strategy 2011-2014





1 Introduction

We are pleased to introduce this Adult Integrated Care Workforce Strategy for North Yorkshire. We use the term ‘integrated workforce strategy’ to describe the planning and actions that are needed to integrate, support and develop the whole social care workforce across the sector so that improvement in services or efficiencies can be achieved. The strategy provides a clear vision, priorities and outcomes that we should achieve resulting from our commitment to working together. It provides an excellent framework for action required over the next three years to enable excellent provision of adult social care services to the people of North Yorkshire. We are grateful to all those who have contributed to the strategy including those from the independent, private and voluntary sector as well as North Yorkshire County Council.

This strategy reflects the radical changes set out in national policies, particularly Putting People First as well as reflecting the anticipated demographic changes in the population of North Yorkshire. It aims to achieve consistency in quality across all services for the benefit of people who use services, carers and local communities, regardless of who provides the services. Importantly it is the first workforce strategy covering statutory, independent and voluntary sector providers as well as those in supporting roles such as training providers.

It is recognised that this strategy is written in very challenging economic times. The workforce is operating in times of immense change which is unavoidably generating much uncertainty and anxiety. A key aim of the strategy will be to make best use of available funding streams and to work together to address workforce issues as cost effectively and efficiently as possible whilst providing ongoing support for those working within the sector.

It is vital that everyone who leads, works in and supports the development of the adult social care workforce work together effectively and recognise the importance of their role in the achievement of this strategy. North Yorkshire County Council Health and Adult Services (HAS) is committed to working constructively with private and voluntary sector care providers in North Yorkshire.

Regards

Mike Webster

(Chair of North Yorkshire Adult Integrated Care Workforce Board)

2 The challenges ahead

There is general acknowledgement that the demand for social care support is growing. Relevant demographic data includes:

- By 2036 the number of people over 85 will rise from 1.055m to 2.959m
- By 2025 there will be 42% more people in England aged over 65
- The number of people with long term conditions will rise by 3m to 18m
- 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.

Although the increase in the number of older people is a national trend, it is an even greater issue for more rural areas where there tends to be a net inward migration of older people adding to the number of longer term ageing residents. This growth will require NYCC to work closely with partners to ensure high quality, joined up services are available to enable people to live independently. The population density in many areas within our region is often identified as 'sparse', in some instances fewer than 130 people per square mile. This often makes delivering services more challenging and costly and therefore there is even more reason to work collaboratively. The sector wide partnership agreement 'Think Local Act Personal' identifies the current financial context and consequent reductions in public sector funding now present an even greater challenge. The ability to meet these challenges will need continued reform. Efficient, effective and integrated service delivery together with partnership working is required to support the contribution of individuals, their families and the wider community, reducing the need for acute health and care support. Targeted joint prevention strategies and effective provision of information and advice will be critical to support the changes to service delivery models. The financial constraints and productivity challenges will require effective integrated working arrangements between councils, public health bodies and emerging GP consortia to be able to identify and meet local health and social care needs in our communities.

The independent sector in North Yorkshire provides care and support for people who are vulnerable because of poor health, frailty or disability in their own homes or in care homes. In many communities independent sector care providers are significant employers contributing to the livelihoods of many individuals and families. Independent sector care providers are also substantial purchasers of services from their local communities ranging from groceries and equipment services to financial and legal expertise as required. The care sector is part of the fabric of North Yorkshire and one of its largest industries.

According to the respected analysts of the care market Laing & Buisson¹ the two main formal care sectors (residential and domiciliary care) are together worth in excess of £19.8 billion in England. This includes care and support purchased by public sector commissioners, by individuals funding their own care and the welfare benefits used to fund care. Based on this figure the social care market in North Yorkshire would be worth between £180 million and £200 million per year. The sector supports in excess of 13,000 people in care homes or in their own homes

The Department of Health publication 'A Vision for Adult Social Care; Capable Communities and Active Citizens' argues that prevention depends on promoting health and wellbeing at a grass roots level. This vision supports the concept 'Nothing About Me Without Me' which involves service users in equal measure at the highest level of service planning and decision making.

Alongside the demographic challenges there are the changes arising from the personalisation agenda. The delivery of 'Putting People First' requires major change from providers and councils. Personalisation and community are the key foundation of a reform agenda, shaped around an individual's own expertise and resources.

¹ Laing and Buisson, Care of Elderly People Market Survey 2007

Personalisation is about enabling all people to participate as citizens in society and take as much control as possible over their own lives. “Putting People First” is a national, cross government plan aimed at reforming public services to enable people to live their own lives as they wish, to receive services that are of a high quality and safe and to promote their own individual needs for independence, wellbeing and dignity. This has involved the redesigning of systems and models of care and support and inevitably implies less council purchasing overall and less block contracting of services leading to more outcome based approaches to commissioning and procurement.

This requires the adult care system to be developed in such a way that person-centred planning is the norm and personal budgets are available for everyone eligible for publicly funded adult social care. In place of the limited options available from a standard menu of services, people should be able to choose what support they receive, who provides it and when and where it is provided. As part of this it is envisaged that people will be able to employ their own staff (Personal Assistants) and have equal access to mainstream services. Putting People First also emphasises the importance of the universal provision of information, advice and advocacy services, whether eligible for publicly funded support or not, and the development of an approach to well-being and health to help people avoid the need for more intensive support if at all possible.

In the Foreword to the Skills for Care/Skills for Health publication on principles to support self care the following statement is made:

The vision is of people who use services, empowered with advice, support and information, having choice about the services they want, being able to take more responsibility for their health and their lives, and a more active role in managing their own care if this is what they want. This will only be achieved by significant cultural change and change in the attitudes, behaviours and skills base of all people working in health and social care.

It is clear from the above, that the workforce will play a critical part in achieving the vision set out in Putting People First as well as addressing the demographic challenges ahead.

This strategy will be further influenced by the implications of the impending White Paper on the funding of long term care due in 2011.

A core component of the strategy as detailed in ‘Living Well with Dementia. A National Dementia Strategy 2009’ document is the development of a skilled workforce throughout the health and social care system, which is able to communicate effectively with people with dementia and their carers, and to support them to live well with dementia. Effective, comprehensive workforce development is essential to ensure that people with dementia receive good quality care in all health and social care settings.

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The strategy also identifies the need to improve public awareness and understanding of dementia as well as improved community support services for people with dementia. In response to this national strategy, North Yorkshire and York have developed a Multi-Agency Dementia Workforce Development Strategy and Action Plan.

There is a role for the Adult Integrated Care Workforce Board to coordinate all activity including Dementia, but also other activities such as safeguarding, end of life, Mental Capacity Act etc. However, this Board only coordinates activity rather than determining the content of relevant strategies.

HAS is committed to working constructively with Independent and third sector care providers in North Yorkshire. HAS particularly want to engage the independent sector in discussion and debate about the future direction that the care market should take in North Yorkshire.

A market statement called 'Shaping the Care Market' was published for discussion in January 2010 and was intended to prepare the market to respond to the changing policy and commissioning imperatives. These included the challenges of ensuring that individuals have more choice and control in their lives and about the support and services they receive, managing future demand and was intended to stimulate innovation and new solutions to old problems.

The sector responded positively to the dialogue with both written feedback and discussion at a well attended conference in March 2010. The views of the sector have informed commissioning intentions and have contributed to the work of the Market Development Board which is jointly chaired by HAS the Independent Care Group.

A parallel exercise was undertaken with the voluntary and third sector called 'Securing the Future'.



3 The care workforce

The adult care workforce is large and diverse with people working in a variety of roles – see table below.

A significant number of people work in the private and voluntary sectors with the majority working in small organisations. There are also a growing number of personal assistants who are employed directly by people who use services. There are even more volunteers and unpaid relatives and friends who caring for people alongside the traditional paid workforce. Unpaid carers who are not ‘managed volunteers’ (such as relatives and friends) are a significant yet largely invisible group, but do not form part of the workforce*. Although participation in training and attaining measurable levels of knowledge is not mandatory for this group of carers, they are still able to take advantage of available development and training opportunities.

The implications of plans such as Putting People First also have the potential to widen the notion of the care workforce to others such as those working in libraries and leisure centres.

Occupational groups supporting social care include:

<p>Primary frontline roles</p>	<p>Social workers, residential care workers, day care workers, home care workers, unpaid carers*, registered managers, personal assistants, occupational therapists, support workers and volunteers</p>
<p>Other occupational groups who form part of the wider frontline workforce supporting social care</p>	<p>Nurses and other health practitioners, physiotherapists as well as workers in other sectors such as housing, leisure and transport</p>
<p>Groups working alongside frontline staff in key leadership, management and support roles across the statutory, private and third sectors</p>	<p>Elected members, chief executives, directors and managers of independent and third sector providers, directors of Adult Social Care, HR Directors in local authorities, PCTs and independent organisations. Workforce commissioners, learning and development managers and staff, finance managers and other technical, administrative and clerical staff</p>

The first step in developing a comprehensive approach to achieving the required workforce is to develop the best possible understanding of the current one. In theory, the NMDS-SC (National Minimum Dataset – Social Care) should provide good data about our workforce, however, data is only held currently on about 55-60% of the sector in North Yorkshire. The returns for employee, rather than organisational data, are even lower. The need for good quality workforce data is identified in order to improve workforce planning, identify future trends and identify skills gaps.

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In December 2010 60% of North Yorkshire establishments had submitted data to NMDS-SC. Some of the key findings from that data are shown in the table below:

	North Yorkshire	Yorkshire & Humber	England
Total number of staff employed	9,854 (9483 permanent)	53,427 (51,872 permanent)	609,262 (585,228 permanent)
Total number of staff including others (pool staff, volunteers)	11,358	57,689	661,387
Turnover rate	18% - ranging from 23.6% in Care Homes with nursing provision to 4.7 % in Adult Day Care	19.9%	18%
Leaver destinations	53% destination not known, 17% stay in social care sector, 6% go to health, 2% go to retail	61% destination not known, 14% stay in social care sector, 5% go to health, 2% go to retail	58% destination not known, 16% stay in social care sector, 5% go to health, 1% go to retail
Gender	81% female workforce	79% female workforce	76% female workforce
Age	68% of workforce is 35 and over (10% is 24 and under)	66% of workforce is 35 and over (13% is 24 and under)	64% of workforce is 35 and over (11% is 24 and under)
Ethnicity	81% white, 2% Asian or Asian British, 2% Black or Black British 12% not known or not recorded	72% white, 3% Asian or Asian British, 4% Black or Black British 18% not known or not recorded	63% white, 4% Asian or Asian British, 7% Black or Black British 22% not known or not recorded
Median salary of Care Worker	£10,440 (£870 per month)	£12,441	£13,306
Working Hours	38% full time, 43% part time, 12% not recorded	N/A	N/A
Qualifications	35% Registered Managers have achieved an NVQ4. 4% are working towards. 34% Care Workers have achieved an NVQ2. 8% are working towards	41% Registered Managers have achieved an NVQ4. 4% are working towards. 28% Care Workers have achieved an NVQ2. 10% are working towards	40% Registered Managers have achieved an NVQ4. 5% are working towards. 26% Care Workers have achieved an NVQ2. 8% are working towards

A number of key points about the workforce stand out, both nationally and regionally:

- The social care workforce is growing in size and is predicted to grow even more quickly to meet increased demand
- The bulk of the workforce is employed in private and voluntary organisations
- Staff employed in residential settings still make up nearly half of the workforce – the growth in Personal Assistants is not predicted to change this as they will impact primarily on home care provision.
- The number of Personal Assistants is expected to grow significantly with some predicting a nine fold increase by 2025
- 58% of employers nationally employ 10 or fewer employees and a further 29% have less than 50 employees.
- It is estimated that there are 6 million people nationally providing unpaid care for friends and relatives.
- The care workforce is unrepresentative of the general working population with regard to gender and age balance.

4 Our vision

Our vision is to improve the quality of people's lives in North Yorkshire by ensuring that we have a confident, supported and well equipped workforce that can deliver truly person centred care within which people will:

- Be treated with dignity and respect
- Live independently wherever possible and desired
- Have maximum control over their lives
- Be part of supportive families and networks
- Be included as equal citizens
- Enjoy a good quality of life.

5 Priorities for our workforce

Through consultation with partners in North Yorkshire, we have identified the following four priorities for our adult care workforce:

Preparing the workforce for the future

The implementation of Putting People First will require the development of new roles in the workforce and shifts in the balance of new / different roles. This will include for example:

- New types of workers who are working across social care and health care boundaries
- Personal assistants employed directly by people who use services
- Changes in the roles and tasks performed by qualified social workers
- Strengthening the role of Occupational Therapists to enable and support independent living
- Care staff undertaking more specialist tasks such as reablement and intermediate care

The anticipated outcomes for this priority are:

- A clear, agreed vision of the transformation of services will enable all organisations involved in the commissioning and provision of services to make the change happen. The Joint Strategic Needs Assessment will identify and shape priorities which partners organisations work together to deliver.
- There will be a model and standard for commissioning which is easily understood
- Partner organisations will work together to create joint workforce plans. These will be informed by a clear understanding of staff profiles which will be used for workforce planning and development activities.
- There will be clarity around the requirements of staffing and skill levels required to deliver new and emerging service models. These will be clearly communicated and delivered..
- All provider organisations have a shared understanding about personalisation and what it means for service providers, people who use services, carers and others and how to deliver it in practice.
- Workers will strongly advocate person centred delivery for people who use services and constantly strive to improve services to deliver better outcomes.
- Workers have an understanding of the communities they work with and are able to signpost people to services in the most effective ways.
- Different ways of working including new roles and different patterns of working that bring innovation and flexibility are effectively introduced, supported and evaluated.
- People who use services, and opt to directly employ personal assistants, will be able to access the necessary support to recruit and manage employment issues

Developing a competent workforce

Workforce development is a key priority in ensuring we have the right people with the right skills, knowledge and behaviours to deliver personalised, preventative and safe services. The agenda set out in Putting People First requires a shift in culture and ways of working for all staff whatever their work setting to ensure that the services are meeting the needs of individual service users. The development of the workforce supports the cultural shift from:

- “Clients” to “citizens”
- “Welfare” to “well being”
- “Expert” to “enabling”
- “Transactional change” to “transformational change”
- “Freedom from” to “freedom to”
- “Providing a safety net” to “providing a spring board”

A key priority in delivering the required changes will be ensuring that a range of effective and appropriate learning and development opportunities are available for staff at all levels across the wider social care workforce including carers and volunteers.

The anticipated outcomes for this priority are:

- A clear mapping of current capacity, capability and skills gaps will be used to inform strategic workforce development plans.
- People who use services, families and carers will say that the professionals they work with have the right skills and knowledge to support their needs.
- Learning interventions will increasingly be determined based on individual need dependent on the needs of the people who use services. The traditional idea that “one size fits all” approach to people development will be challenged.
- Decisions on what learning is needed will be based on the outcomes of consultations with people who use services. There will be a balance between the needs of the person being supported, the needs of the learner and the learning required to keep people safe at work.
- Personal assistants are well trained and supported and the quality of support they provide is rated highly by people who use services.
- Access to good quality training at an affordable cost will be available for people who use services, families and carers if they want it.
- Workers have necessary, up to date skills to fulfil their roles as specified in the agreed multi-agency safeguarding training strategy.
- Workers have the skills they need to acknowledge people who use services, family and carers as co-producers of outcomes
- Workers are equipped to understand, lead and champion new models of service delivery. An increased focus on values based development for workers will be driving tangible culture change and service transformation.
- There is greater consistency in the quality and skill level of workers across the sector and the level of qualification attained is increased. All minimum professional and registration standards are met.
- There is an adequate supply of high quality learning and training that gives partner organisations and workers choice. The market for training provision is vibrant with training providers offering high quality, value training that meets business needs. Increasing amounts of learning is quality assured and accredited.

- Opportunities for joint learning and service development across sectors involving a wide range of partners are maximised. Development opportunities will increasingly be jointly funded and co-ordinated. Development opportunities will be accessible to a diverse workforce, particularly families and carers, possibly involving different delivery methods and timings. Workers will have the skills to deliver effective partnerships and integrated working.
- Workers will feel part of a wider workforce and regularly work with other agencies and individuals

Recruiting and retaining a talented workforce

Vacancy and turnover rates are a potential threat to delivery of a care service where close and continuous relationships with people who use services are so important. High turnover is also costly due to advertising, induction and training costs for new staff. Organisations have also highlighted issues with attracting people to care work due to low rates of pay. The Labour Market Bulletin for North Yorkshire and City of York Local Authority Areas regularly indicates that staff vacancy rates in social care are higher than for most other sectors and care work rarely appears in the top ten occupations sought by job seekers. Recruitment and retention is also an issue with professional social work staff.

The consultation exercise identified a number of issues relating to recruitment and retention including:

- How to retain staff at a time when reward packages may need to be cut
- The need for more volunteers to come forward
- New staff having false expectations about what the work involved
- Budget uncertainties which make it difficult to do longer term workforce planning
- Competition from other sectors which can offer better terms and conditions
- Unclear career pathways and opportunities for progression

The anticipated outcomes for this priority are:

- Greater number of adults benefit from education, training and employment
- There are clearly defined roles and career pathways that make it easy for workers to see the range of options and possibilities. People know how to enter the workforce, what type of jobs there are, how to progress and what experience or qualifications they need
- There are increasing numbers of traineeships and apprenticeships on offer in social care
- Employers have strong and effective relationships with education providers and successfully inform and shape future education, training and qualifications for the social care sector.
- Best practice advertising and recruitment processes are being used across partner organisations including the involvement of people who use services in recruiting. The image and profile of social care jobs in North Yorkshire is high.
- Improved recruitment and retention rates in partner organisations who attract and keep quality staff, especially in hard to fill areas.
- Improved workforce diversity especially in senior roles. High degrees of flexibility in entry routes to social care working with increasing diversity in the workforce.
- Workers have more opportunities to develop skills and qualifications that are transferable to other settings. Workers who wish to stay in their current role are valued and continue to receive learning opportunities.

Developing leaders and managers

Effective leadership and management is crucial for setting direction and ensuring the quality and effectiveness of services provided. Leaders and managers need to have the necessary knowledge and skills to deliver service transformation, with an emphasis on outcomes and involvement of people who use services. They will need to be able to engage others in service improvement and jointly own and share responsibility for change. Increasingly, they will need to be able to work effectively across organisational boundaries. The introduction of more business development expertise would benefit the process of local market improvement.

The anticipated outcomes for this priority are:

- There will be a shift in power towards people in local communities and citizen leadership will be actively encouraged and supported
- Leaders and managers have the necessary knowledge and skills to deliver service transformation, placing outcomes for people who use services at the heart of new approaches
- Leaders and managers have both business administration skills and entrepreneurial skills to manage their businesses in a challenging economic environment.
- They take shared ownership of the process for transforming services and work together to strategically deliver change
- Leaders and managers are skilled in engaging with the diverse requirements of those using services and are able to commission and work across and within integrated settings
- Commissioners have the skills, experience and qualifications to carry out their role effectively
- Leaders and managers have the skills to engage workers effectively in service change
- Continual assessment of leadership and management skills takes place and targeted development is offered in critical areas
- People moving into first line manager and supervisor posts receive the development they need and further programmes of learning enable people to progress to more senior roles.

6 Principles

In implementing the priorities identified in Section 5 above, the following key principles will be applied:

Person centred approaches – Everything we do to develop our workforce as a whole should increase our ability to give person centred care and support.

Safeguarding – All partners share a concern and commitment to safeguarding. High quality safeguarding practice is essential to ensure that vulnerable people are safe in our care and in their local community.

Involving service users and carers – The views and experiences of services users and carers will be central to our work.

Integrated working and learning – Productive, clear partnerships across partners are essential to providing better care. We will endeavour to develop relationships that respect and support respective roles and responsibilities to provide a foundation for change.

Equality and Diversity – We will embrace the underpinning values of equality and diversity in everything we do.

7 Delivering the strategy

We will develop an Annual Action Plan which will set out how we will work towards achieving the vision and outcomes for each priority that is described in this strategy.

The Annual Action Plan will set out the actions to be undertaken, resources required and outcomes to be achieved. Resourcing the strategy will be a key responsibility for the Adult Integrated Care Workforce Board. It will require making best use of any available funding streams and identifying the extent to which partners are able to allocate resources to deliver this strategy.

The Care Alliance for Workforce Development (CAWD) is an employer led partnership organisation, established in 2008, which promotes workforce development and funding across the care sector in North Yorkshire and York. CAWD has already delivered a wide range of outcomes relating to the workforce and the intention is that future activities of CAWD would be directed by this strategy. CAWD also plays a key role in providing care employers with the means of influencing both the content of this strategy and the way in which it is delivered.

Members of the Care Alliance include; North Yorkshire County Council, City of York Council, Independent Care Group, Wilf Ward Family Trust, North Yorkshire Learning Consortium and Job Centre Plus. There is also representation from education and training providers, employers and people who use services.

There are also links to other strategy groups (for example Safeguarding, Dementia etc.) and the role of this Board is to co-ordinate workforce priorities initiated by these groups. Specifically this will include ensuring a co-ordinated communications plan and accessing appropriate funding opportunities.

8 Responsibilities

8.1 Adult Integrated Care Workforce Board

The Adult Integrated Care Workforce Board will:

- Approve this strategy and the associated action plan
- Visibly demonstrate that they support the aims of this strategy
- Ensure that appropriate resources are available to deliver this strategy
- Ensure that the strategy is communicated positively across partner agencies
- Agree performance targets for this strategy and oversee progress against these

8.2 Care commissioners

Care commissioners have a particular role in reinforcing the vision and outcomes in this strategy through their formal and informal relationships with care providers. Care commissioners will:

- Ensure that the vision and outcomes identified in this strategy are reflected, where appropriate, in contractual arrangements with providers
- Work with providers to assist them with the workforce implications of adjusting to new ways of working including access to appropriate training
- Encourage providers to work together to address common workforce issues such as raising the profile of the care workforce and commissioning training
- Include the requirement to complete NMDS data in all contracts with independent sector providers

8.3 Care providers

It is recognised that this strategy will not reach all relevant care providers in North Yorkshire. However, the aspirations for this strategy are that care providers will:

- Look for opportunities to work together to address common workforce issues
- Provide data on their workforce to the NMDS-SC recognising the importance of complete and accurate data to plan for and address care workforce issues
- Respond positively to the changes required in the provision of care services to meet the transformational changes set out in 'Putting People First'.
- Strongly advocate service delivery which is person centred and strive for continuous improvement in the outcomes for people who use services

8.4 Workforce development service providers

It is recognised that this strategy may not reach all relevant workforce development services providers in North Yorkshire. However, the aspirations of this strategy are that they will:

- Understand and recognise the skills required to deliver new and emerging models of care provision and ensure that appropriate learning opportunities are available to support the development of a highly skilled quality workforce
- Increasingly provide learning interventions based on individual need and challenge the concept that one solution is appropriate for all
- Consult with people who use services to determine what learning is needed

9 How we will evaluate progress

The Action Plan will identify performance measures for each priority drawing, where appropriate, from evidence from existing performance processes and systems.

Data for North Yorkshire held in NMDS-SC (National Minimum Dataset for Social Care) will be used to benchmark key indicators relating to the care workforce and to track longer term progress against these. The Action Plan will include activities to improve the quantity and quality of NMDS-SC data for our workforce.

The Adult Integrated Care Workforce Board will oversee progress to putting this strategy in place. Bi-monthly updates will be provided to this board.

We will produce an Annual Report to highlight progress, ensuring that there is a collective understanding of progress against outcomes and that all partners have the opportunity to contribute to future planning and activity. The report will also include an updated Action Plan for the following year, reflecting on what has already been achieved.



York, North Yorkshire and East Riding Local Enterprise Partnership

