North West Joint Improvement Partnership

How to commission the adult social care workforce:

A practical guide for commissioners

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1 INTRODUCTION

1.1 How to use the guide

This guide provides advice, information and examples of good practice about workforce issues for those involved in commissioning adult social care. It takes you around the activities in four quadrants of the commissioning cycle – Analyse, Plan, Do and Review - with the main focus on analysis as the bedrock of the process. At the end of our discussion of each quadrant, we set out key considerations for commissioners and provide links to useful resources. By going through this process, commissioners will establish better intelligence and make more informed and proactive workforce decisions.

The guide is suitable for use as a:

- **Handbook** for information and advice about the key elements of the commissioning cycle in relation to workforce planning and development.
- **Travel guide**, showing you what to look out for, where to go, who and what to ask.
- **Checklist** for action and resources.

1.2 Rationale for the guide

We have developed this guide to assist those responsible for commissioning the adult social care workforce in the North West region. The Government has given Directors of Adult Social Services a pivotal role in leading workforce change in their localities. Increasingly, the majority of that workforce will be in the private and third sectors and not under the direct management of public sector bodies. Commissioners have a key role in shaping that developing market, working with independent, voluntary and community sector organisations to build capacity, capability and choice in order to meet service user needs.

The expansion of the personalisation agenda calls for a more sophisticated approach to workforce commissioning that looks at the aggregation of individual choices by people using services and makes more explicit links with other sectors. Commissioners will need to think outside the traditional social care service boundaries as increasingly individual budget holders may choose to make their purchases from providers of leisure, transport, alternative therapy/beauty services, home improvement, gardening, education and training services in place of traditional social care. Workforce remodelling and commissioning in new ways is important in order to re-shape the workforce so that the right people with the right skills are undertaking the roles and tasks which the people who use those services say they want.

Workforce commissioning has the potential to improve service delivery through the recruitment and retention of the appropriate workers needed to deliver current and future services. This guide can help with:

- Understanding long-term workforce demand, giving a common perception of the world amongst partners.
- Understanding the best approaches and methods for meeting that demand, and hence improving and modernising services to achieve better outcomes.

- Encouraging innovative service solutions.
- Achieving best value by better configuration of services and improved productivity.
- Acting as a lever for pushing up workforce quality – for example, by setting expectations and embedding standards.
- Shaping the provider market to support the development of a diverse workforce.
- Influencing the market by coordinating and working with stakeholders.

There is a need for high quality leadership that places emphasis on the value of workforce commissioning as a vital component of service modernisation and transformation. To be effective, workforce commissioning needs to be more than a human resource activity and needs to do much more than simply reinforce the status quo.

1.3 Defining the adult social care workforce

There is no single, clear definition of the adult social care workforce. It has traditionally encompassed people who work in public services that local councils provide (either directly or through commissioning of external services) in order to discharge their personal social services responsibilities. However, this definition is breaking down as the boundaries shift between the different organisations that provide personal social services – such as care trusts and integrated mental health services. Equally, with the introduction of individual budgets and self-directed support, the social care workforce will extend beyond social care services as service users may choose to purchase other services, such as leisure and transport. In addition, new roles and new ways of working are evolving with an emphasis on flexibility, integrated working and working across traditional professional and organisational boundaries.

The estimated workforce of 1.5 million people in England includes: social workers (105,000 in the UK according to the British Association of Social Workers); residential, day and home care workers (amounting to two thirds of the social care workforce); personal assistants (set to grow from 8 per cent of the workforce in 2006 to 29 per cent by 2025); and occupational therapists. The sector makes up 5 per cent of the overall UK labour force. It is characteristically female (85 per cent), aged 35 and above (65 per cent), and at present evenly split between full- and part-time workers. Over two thirds work in the private and voluntary sectors. Estimates are that recipients of direct payments currently employ over 100,000 people, and these numbers are set to grow: there is a government target for 30 per cent of all adults who use care and support to have their own personal budget by 2011. There are no equivalent data on the far greater numbers of workers employed by people who fund their own care and support.

Social workers are a key professional group in adult social care, mostly employed directly by local authorities. The Social Work Taskforce has recommended better initial training, stronger leadership and the creation of a Royal College of Social Work to strengthen the voice of social workers.

Employers in the sector form a pyramid in which 60 per cent of the estimated 35,000 employers are micro-businesses (fewer than 10 employees), while the

next 30 per cent are small to medium enterprises with fewer than 50 employees. At the top of the pyramid are a few, large national employers, where just six employers now control 26 per cent of the market for the residential care of older people. In addition, over five million relatives, friends and volunteers provide regular, unpaid care in the UK. Thus, commissioners have little *direct* control over the majority of the social care workforce.

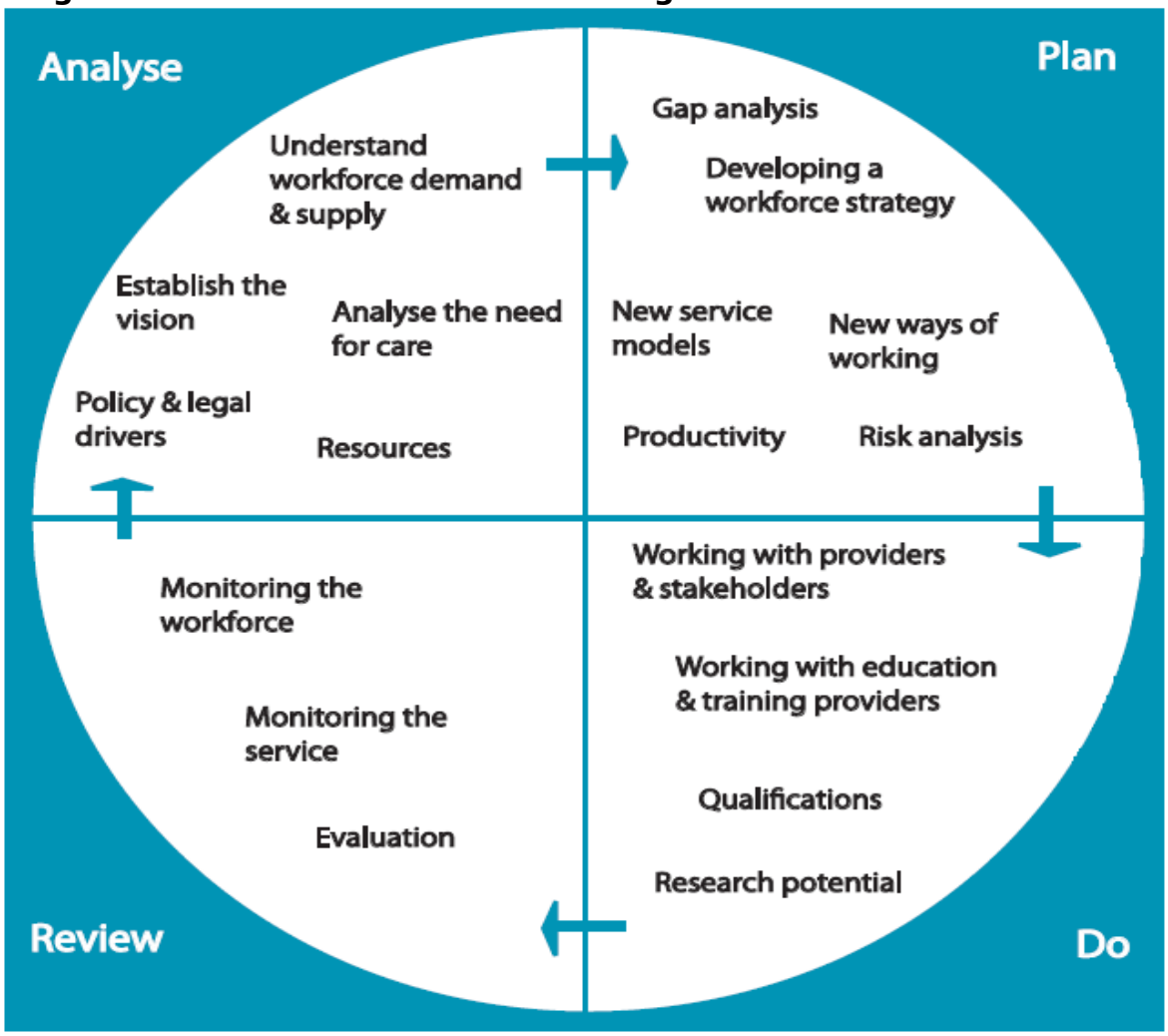
2 WHAT IS COMMISSIONING?

In this section, we present the IPC model for commissioning the adult social care workforce, discuss the different levels of commissioning, and conclude with some key considerations for commissioners and links to useful resources.

2.1 The commissioning cycle

Most definitions of commissioning incorporate the idea that this is a process of planning, specifying, securing and reviewing services *at a strategic level* to meet people's needs effectively. The IPC commissioning model is based upon a cycle of activities within four key performance management elements – analyse, plan, do and review. We have adapted this to offer a workforce planning model for commissioners (see Diagram 1).

Diagram 1: IPC model for commissioning the adult social care workforce



In this model, workforce planning is not an isolated activity undertaken by commissioners at a particular point in their cycle of activities, but an aspect of their work which runs throughout the commissioning cycle.

2.2 Levels of commissioning

The twin agendas of Putting People First (DH 2007) and Transforming Social Care (DH 2008) require workforce commissioning activity across the continuum of adult health and wellbeing provision. The challenge for commissioners is to decide which level is the most appropriate to achieve the required outcomes, and where to allocate responsibility across the region. We discuss these levels further below.

At individual client level, commissioning is something that may be done by the individual, a family carer, an independent broker, a care manager or a combination of these. The increasing numbers of people who fund their own care, together with the expansion of self-directed support via direct payments and individual budgets, suggests that service users and carers will increasingly assume the lead role and become employers of the social care workforce. This will contribute to the increasing complexity of workforce relationships in social care.

At local level, the role of local strategic workforce commissioning will need to adapt to the development of individual commissioning and the growing number of individual purchasers of care through self-directed support. Local commissioners have a responsibility to ensure that there is a workforce available with the right skills, knowledge and competencies for the whole community by leading and coordinating the activities of different agencies. Effective arrangements for joint workforce commissioning with primary care trusts (PCTs) and other stakeholders are key both to the effective management of resources and the achievement of broad wellbeing outcomes, such as independence for older people. In health, commissioning responsibilities are being devolved to a locality level via practice-based commissioning for local health budgets, and there is an increasing focus on adult community care commissioning.

Finally, the regional or sub-regional level may be more appropriate for commissioning the workforce for specialist and/or low volume services. It is the level necessary for encouraging major supply changes in the overall labour force. And this level is also appropriate for the meeting of workforce needs through joint commissioning approaches, and for addressing the needs of integrated services.

2.3 Key considerations for commissioners

Commissioners will find it helpful if they have:

- A shared understanding of commissioning in their organisation and in the other agencies with whom they work.
- A commissioning process that is fully inclusive and engages systematically with service users, carers, practitioners, providers and other stakeholders throughout the cycle of activities.
- A commissioning framework that incorporates the key elements of effective commissioning, including performance management criteria.

Useful resources

Commissioning E-Book (DH)
http://www.dhcarenetworks.org.uk/BetterCommissioning/Commissioninge-book/

Developing Intelligent Commissioning website at
http://www.yhsccommissioning.org.uk/

Key Activities in Commissioning Social Care: Lessons from the Care Services Improvement Partnership Commissioning exemplar project (CSIP, 2007)
http://ipc.brookes.ac.uk/_documents/DOH_key_activities_in_commissioning_social_care_proof_06-08-07.pdf

Walker N: Involving people who use services in the commissioning process, at
http://www.dhcarenetworks.org.uk/_library/Resources/BetterCommissioning/BetterCommissioning_advice/Chap3NWalker2.pdf

Whittam J: A framework for delivering the future workforce, at
http://www.dhcarenetworks.org.uk/_library/Resources/BetterCommissioning/BetterCommissioning_advice/C7_Framework_for_Delivering.pdf

3 ANALYSE

In this section we consider the first quadrant in the commissioning model at 2.1, looking at the policy background, understanding workforce demand and supply, resources, and establishing the vision. We conclude with some key considerations for commissioners and links to useful resources.

3.1 Policy drivers

The Government's aspiration to upskill the UK workforce - into one that is competitively fit for a global economy, or 'world class' - intensified after the 1997 election. Since then, there has been an increased emphasis on qualifications at every level, while the retention of more young people for longer within the further and higher education systems has impacted significantly on the labour pool and employers' resourcing strategies.

At one end of the spectrum there is a continuing growth in associate professional occupations and new graduate professions, while at the other end employers struggle to cope with basic skill deficiencies such as literacy and numeracy across all age groups.

A combination of factors is set to fuel demand for social care services: people with disabilities surviving into middle and old age, non-disabled people living longer, the associated increase in long-term and complex conditions such as dementia, the higher expectations of the post-war generation, new drugs and assistive technologies. It is widely estimated that an additional one million people will be needed in the adult social care workforce by 2025 (for example, State of the Adult Social Care Workforce in England 2008). Meanwhile, just as demand grows, there will be fewer younger people to supply the labour required, and increasing numbers of today's middle-aged and elderly volunteers and unpaid carers may well in the future be absorbed by the need to stay longer in paid work as pensions fall in value. Organisations in the private and third sectors may find it harder than ever to attract non-executive board members with commitment as well as relevant skills. And all this at a time when the public

sector budget settlement is the most challenging that most commissioners can remember.

> 'People no longer think that care should be mainly the responsibility of families and friends, suggesting greater pressure in the future on care services.'
>
> *Institute of Public Care (2007) Anticipating the future needs of older people for housing and care: A Toolkit for the Care Services Efficiency Delivery Programme,*
> http://www.dhcarenetworks.org.uk/csed/dfAndCapacityPlanning/anticipatingFutureNeeds/

3.1.1 Health and social care legislation and guidance

Legislation and guidance since 1997 have encouraged and enabled a particular vision for the commissioning of public care services, whose characteristics may be said to be:

- Working across boundaries in a systematic way - including information sharing, working with other agencies, working with and supporting providers, and engaging more closely with consumers and other stakeholders; local authorities as place shapers and strategic leaders in their localities (see for example, Health Act 1999, Strong and Prosperous Communities 2006, NHS Commissioning Framework for Health and Wellbeing 2007, Local Government and Public Involvement in Health 2007, NHS Operating Framework for 2008-09, National Procurement Strategy for Local Government in England 2008).
- A personalised approach to care, with more choice for the consumer (for example, Our Health Our Care Our Say 2006, Putting People First 2007, Transforming Adult Social Care 2008 onwards, High Quality Care for All: NHS Next Stage Review 2008).
- Independence and wellbeing, with a move away from high-level interventions and towards prevention (for example, Our Health Our Care Our Say 2006, NHS Commissioning Framework 2007, Lifetime Homes, Lifetime Neighbourhoods 2008).
- A focus on planning, performance management, outcome based commissioning and evidence informed practice (for example Local Government and Public Involvement in Health Act 2007).

The implications of this agenda for workforce planners include not only new skills for the workforce of tomorrow, but also new ways of working. Personalisation will call for more sophisticated workforce commissioning that looks at the *aggregation* of individual choices by service users and makes more explicit links with other sectors. It seems likely that service providers will undertake much of the service and workforce remodelling, although many will need leadership and support from commissioners. The implications of service change include:

- The reduced use of residential care.
- More use of mainstream services.
- More investment in information and advice, and
- More investment in external support planning and brokerage.

All these have implications for commissioning the social care workforce.

While there have been predictions of a fall in demand for qualified adult social workers, social workers will be expected to continue to play a key role in early intervention, promoting inclusion and developing social capital, as well as spending more time on safeguarding adults in vulnerable circumstances and playing a stronger role in helping troubled families. Their tasks are also likely to include mental health duties, drug intervention programmes and other work connected with criminal justice. The reorganisation of work roles may well increase the 'social work' job content for these workers through the transfer of administrative tasks. The Department of Health has commented that 'Social work skills will continue to be important contributions to assessment, care planning and review, but social workers may do more direct social work with a stronger therapeutic element.' Meanwhile, the concept of a 'care worker' may need to be rethought as demand outstrips supply and professional boundaries become blurred.

3.1.2 Specific workforce guidance

Working to Put People First: The Strategy for the Adult Social Care Workforce in England (DH 2009) prioritised six themes, including the leadership both 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. The other themes emphasised taking the right steps to promote recruitment, retention, and career pathways; workforce remodelling and commissioning to achieve service transformation; workforce development to ensure we have the right people with the right skills; more joint and integrated working between social, health care and other sectors (such as housing, leisure, transport, education, criminal justice); and regulation for quality in services as well as public assurance

Another key document is the final report of the Social Work Task Force - Building a Safe, Confident Future 2009 – whose recommendations are expected to be implemented in 2010-11. The Task Force called for a programme of reform to raise the quality of social work practice. This was to cover six main areas, namely: better training and development; improved working conditions, including new standards for the support and supervision of frontline workers; stronger leadership and independence for the profession; a reliable supply of high quality adaptable professionals; improved marketing to stakeholders of the role and contribution of social work; and more use of research and continuing professional development (CPD) to inform practice. The Association of Directors of Adult Social Services (ADASS), along with the Association of Directors of Children's Services (ADCS) and the Local Government Association (LGA) responded with 13 key principles for taking forward the recommendations, and indeed, the Government has given ADASS a pivotal role in leading local workforce change by making them responsible for strategic workforce commissioning.

Numerous publications (see for example Options for Excellence: Building the Social Care Workforce of the Future 2006 and the DH Workforce Strategy Interim Statement) have emphasised the need for social care agencies to ensure that their leaders and managers are competent and confident to meet both their current responsibilities and the challenges of evolving personalised services.

In the North West, Skills for Care Northwest published Transforming the Social Care Workforce: Sector Skills Agreements and the North West 2009, which identified five priorities: leadership, management and human resource planning to improve the effectiveness of meeting service user needs; attracting and retaining a quality workforce to deliver personalised care in diverse settings; workforce intelligence, skills and support systems to develop a diverse workforce; developing new types of working across services to support self and personalised care; and improving the skills and enhancing the role of commissioners (including workforce development) to ensure quality services. Commissioners can use the sector skills agreements as a framework to underpin and help develop their strategic social care workforce planning role and as a checklist to match their own workforce development activities.

The North West Regional Improvement and Efficiency Partnership Strategy includes a focus on health and social care, and commissioning themes are emerging strongly in Local Area Agreements and sub-regional improvement priorities. The linkage between these agendas is articulated in the *NW Region's One Plan*, delivered through the North West Joint Improvement Partnership: the Plan's nine strands include strategic workforce planning and development, as well as effective commissioning/market development, and supporting performance.

3.2 Understanding supply and demand

The analysis of local demographic data, projected ill-health and disability in the local population, and how this translates into the need for social care, are key to understanding current and future workforce demand. The Joint Strategic Needs Assessment (JSNA) for the local area will be a key source of information, although it remains to be seen how comprehensive early assessments will be and how far, for example, they identify need beyond the traditional service areas of health and social care. Commissioners are likely to want to turn also to the needs assessments summarised in the increasing number of local commissioning strategies. They may also wish to do some form of horizon scanning, such as a PEST analysis (political, economic, social and technological factors) and potential impacts on different stakeholder groups.

3.2.1 Analytical tools

A number of tools can help commissioners look at current and future populations and the expected numbers with particular conditions that may generate a need for services. These include PANSI (Projecting Adult Needs for Service Information System) at http://www.pansi.org.uk/; POPPI (Projecting Older People Population Information System) at http://www.poppi.org.uk/, and FLoSC (Forecasting Length of Stay & Cost) at http://www.healthcareinformatics.org.uk/FLoSC. FloSC helps commissioners analyse patterns of length of stay for publicly funded residents in institutional long-term care, and to forecast the cost of a council's existing, known commitments over a set period. The Institute of Public Care has also developed the Anticipating Future Needs Toolkit, available at http://www.dhcarenetworks.org.uk/_library/Resources/CSED/CSEDProduct/Anticipating_Future_Needs_Toolkit.pdf. This enables commissioners to explore the views of 'younger' older people about the kinds of support and services they think they will need, based on a number of scenarios.

3.2.2 Workforce demand

Overall, the assessment of workforce demand can only be done meaningfully as an integral part of the wider service and financial planning process. It will need to take into account numerical data on supply and demand, and qualitative information about the skill sets required and new ways of working.

While the collection and dissemination of standardised workforce data has been highly problematic in the past, the building of the National Minimum Data Set for Social Care (see www.nmds-sc-online.org.uk) aims to address this in the future. Accurate and benchmarked information in key areas such as pay, vacancy and turnover rates, worker demographics and qualifications are gathered from an increasing range of providers and establishment level reports are available to all logged-in users. These data also form the basis of a forecasting model developed by Skills for Care and available through their website. The NMDS-SC, through the provision of high quality reporting and through the Integrated Local Area Workforce Strategies project (InLAWS) offers local authority commissioners a timely improvement in their level of understanding of care in their localities. Work is in progress to look at the extent to which anonymised or aggregate data can be shared between the NMDS-SC and the NHS Electronic Staff Record. Other developments include additional questions that will enable Skills for Care to build an accurate picture of the levels of migrant workers in the care workforce. And it is hoped that a new, simplified NMDS-SC module will be available by June 2010 to people employing their own care and support staff, enabling Skills for Care to capture data on this growing area.

3.2.3 Features of supply

> 'Based on current trends, the number of staff working with older people needs to rise by over 25 per cent by 2020 to meet predicted demographic pressures and increased demand for social care services. Failure to act could result in councils failing to meet their statutory duties and government failing to meet its adult social care objectives, placing vulnerable adults at risk.'
>
> *Audit Commission (2008) Tomorrow's People*

The sector has significant recruitment and retention issues, with skill shortages and hard-to-fill vacancies in many areas. The Local Government Workforce Survey for England 2009 reports that nearly half of all local authorities report problems with the recruitment and/or retention of adult social workers – a third for mental health social workers, and a quarter for occupational. The Office for National Statistics National On-Line Manpower Information System (NOMIS) reported that 2,738 vacancies for 'care assistants and home carers' were notified to job centres in the North West in December 2009 – roughly the same number as in the previous December.

Personal assistants will be an increasing part of the social care workforce, and sourcing them and ensuring they have appropriate skills will present a growing challenge for commissioners and service providers. Another consequence of personalisation is likely to be the need for greater flexibility in workforce supply. Carers and people using services are themselves a potential source of supply for the social care workforce.

Labour turnover for social *care* workers is particularly high in the independent sector and at front-line level, although it is not obviously worse than for other service sectors (such as hospitality and retail) that recruit high numbers of low-paid staff with relatively few qualifications. It shares with these sectors issues of inadequate supervision for frontline staff, and the fact that promotion to managerial levels (even in publicly commissioned services) can be based on operational performance with little or no professional management development.

While social workers have higher levels of education and training than the majority of social care workers, they are not immune from issues of motivation and commitment. Affecting retention are their concerns over the proportion of administration/record keeping in their work, high caseloads (impacting particularly on new and less experienced staff), and a high public profile/visibility (particularly when things go wrong).

Supply analysis for social workers has traditionally comprised an in-depth analysis of existing in-post staff plus vacancies, maintaining these levels through the placing of new training commissions with higher education institutions. This approach has always required long lead times, and is vulnerable to the lack of guarantees that students once qualified will remain in the area or in the profession. The traditional analysis must also be widened to take account of the changes in future demand already discussed. It needs to be supplemented by auditing the skills available in both the in-house and external labour force (information that is often filed in the HR department after recruitment and not seen again by line managers) and identifying occupational skill gaps; and reviewing the systems and arrangements currently in place for the development of professional, practice and leadership skills. It will be up to managers to follow up concerns around recruitment and retention that are signalled by turnover and hard-to-fill vacancies.

Workforce analysts sometimes distinguish between 'pull and push' in workforce flows. A pull flow is one where the destination controls the numbers moving – for example, where promotions are based on internal posts falling vacant. In contrast, retirement is normally seen as a push flow. We discuss the factors at work in the summary below:

- Age Exit from the workforce due to retirement depends primarily on age, with a concentration around statutory pension age, but it is worth remembering that there is no official retirement age in the UK and employers do not have to set a retirement age at all. Younger staff tend to have higher 'wastage' rates than those in their forties, as in their 20s they are more likely to be footloose, and in their 30s to be taking maternity and paternity breaks.
- Length of service Wastage typically peaks within six months of new recruits starting a job (sometimes called induction crisis), with the first two years acknowledged to be the most vulnerable. The effect is exacerbated in some situations – for example, if recruiting a large proportion of newcomers to a new unit. The Chartered Institute for Personnel and Development estimate that it costs an average of £3,600 to recruit each employee.
- Labour market factors The attractiveness of an employer relative to others is a major factor influencing both recruitment and retention. Pay will of necessity be more significant to some jobseekers than others, but beyond the satisfaction of certain minimum requirements other factors are at work,

and we address these in our section on Planning. The attractiveness of a region is also a factor to be addressed in regional strategies, as there remains an overall net drain of higher skilled people from the north to the south of England.

- The recruitment process The clarity with which recruiters present the organisation and its needs is essential for managing the volume of (often inappropriate) applications which jobseekers can now generate. (The ideal advertisement would attract just one, perfect candidate.) For this reason, some employers treat recruitment as a marketing rather than HR specialism.

3.2.4 Skill sets

The latest Care Quality Commission (CQC) report into the State of Health Care and Adult Social Care in England found staff training and qualifications were *strengths* in only 16 per cent of local authorities, although 85 per cent of adult social care services met the minimum standards for training set out in 2000. High levels of staff turnover, along with difficulties in staff recruitment in many areas, have hampered achievement of the 50 per cent targets set for NVQ2 holders in social care organisations. At the other end of the qualifications spectrum, the Higher Education Funding Council for England (Hefce) reports in its most recent Regional Profiles that the North West's working age population holding qualifications at degree level or above is - at 15 per cent - three points lower than the England average.

Workforce analysts use a range of terms to distinguish between skill categories – typically separating professional or technical skills/knowledge on the one hand from soft skills/knowledge on the other. Soft skills are again divided between generic and behavioural skills (sometimes called attitudinal skills and personality attributes). For example, professional or technical skills/knowledge in the future could include: ICT, assistive technology, benefits/housing/ employment advice, horticultural skills, drugs awareness, and first aid. Generic skills could include partnership working, facilitation, leadership (not the preserve of senior managers only), mentoring and coaching, report writing and research skills. Behavioural skills for both social care workers and senior practitioners are likely to include benevolence, empathy, good listening skills, reflective and observational skills, patience, adaptability and a sense of humour. Screening for behavioural skills during recruitment is known to impact significantly on staff retention. Examples of tools for personality profiling in social work include the MacIntyre Rapid Personality Questionnaire, described in some length in the Department of Health's Working to Put People First (*op. cit.* p.30).

The vision for a future where people who use services are empowered with advice, support and information, and have increased choice and responsibility for their own wellbeing will only be achieved by significant cultural change and changing the attitudes, behaviours and skill base of all people working in health and social care. Social care staff will have a different role – more active and enabling, less controlling. Skills such as advice and brokering, ability to enable and encourage self care, and new technical skills are all needed. Capabilities for Inclusive Practice (DH 2007) sets out ten capabilities for promoting socially inclusive practice in mental health services. These include promoting recovery, identifying people's needs and strengths, providing user centred care, and promoting positive risk taking.

A key resource to support the new skills required for social care are the Common Core Principles to Support Self Care (DH/Skills for Health/Skills for Care 2008 – see below). The Core Principles should be used alongside existing tools such as National Workforce Competences, National Occupational Standards and the Knowledge and Skills Framework in order to provide 'added value' and embed the concept of supporting self care across the health and social care workforce.

Common core principles to support self-care

1. Ensure individuals are able to make informed choices to manage their self care needs.
2. Communicate effectively to enable individuals to assess their needs, and develop and gain confidence to self care.
3. Support and enable individuals to access appropriate information to manage their self care needs.
4. Support and enable individuals to develop skills in self care.
5. Support and enable individuals to use technology to support self care.
6. Advise individuals how to access support networks and participate in the planning, development and evaluation of services.
7. Support and enable risk management and risk taking to maximise independence and choice.

Common core principles to support self care: a guide to support implementation (Skills for Care/Skills for Health)

Available from: http://www.skillsforcare.org.uk/home/home.aspx

Commissioners can use the principles in:

- Developing their vision for improving health and social care services
- Making the business case for commissioning services
- Specifying required quality and outcomes for service provision
- Working with providers to ensure services are focused on quality and health and wellbeing outcomes, not just on processes and inputs
- Ensuring those delivering services have the skills and knowledge needed to deliver personalised care and achieve improved health and wellbeing outcomes.

Seven principles for end of life care have also been developed which underpin all workforce and service development, activity and delivery irrespective of level and organisation: http://www.endoflifecare.nhs.uk/eolc/files/NHS-EoLC_Core_competences-Guide-Jul2009.pdf

3.3 Resources

The director of Turning Point Connected Care has said that services designed to ensure people retain their independence can deliver cost savings of £1.20-£2.65 for every £1 spent – largely through the prevention of hospital admissions and residential care. While the CQC estimate that better integration of social care with health and a focus on prevention could release £2 billion annually from hospital budgets. The POPPs and Linkage pilots (http://www.dhcarenetworks.org.uk/Prevention/) and the Care Services Efficiency Delivery programme (http://www.dhcarenetworks.org.uk/csed/)

provide examples of effective prevention which will potentially release resources.

Meanwhile, local authority funding for social care – particularly adult social care – is expected to remain under considerable pressure over the next few years. It will be essential for local authorities to find ways to leverage the benefits described above through pooled budgets, although no-one who has undertaken resource analysis in a partnership context underestimates the complexity in some cases of identifying and breaking down the detail of relevant budgets for pooling.

Local authorities will need to make decisions about developing stepped charges at least for ancillary services, such as home gardening and home repairs, where these are opened out to the full range of citizens who need support to maintain independence and a decent quality of life.

The government is promoting the growth of social enterprise and community based services, while a number of councils such as Lambeth are looking at a 'John Lewis' approach to future provision, in which local people are encouraged to *run services,* with potential payback such as council tax rebates. Both developments are potentially a source of innovation and new resource for commissioners to take into account in their plans for market development.

Significant amounts of resource can be released through the improved management of sickness and absence (for example, through line managers conducting return to work interviews), which runs at excessively high rates in the public sector. In addition, a range of flexible employment practices can deliver more effective use of resources as well as widening the recruitment pool, and we look at some of these in our section on Planning.

3.4 Establishing the vision

During the process of understanding demand for adult social care services, particularly if this is done in a consultative way with feedback from a range of stakeholders, commissioners will start to form a view about the direction of travel for their workforce strategies for the future. The overall view will already be contextualised in terms of the JSNA in their area, the sustainable community strategy, local area agreements, and other local priorities, and commissioners will refine it further at the planning stage. ADASS, ADCS, the LGA and Skills for Care have all emphasised the importance of flexibility to design local solutions and partnerships within a nationally consistent framework, including local flexibility in the development of new roles as the future workforce unfolds.

3.5 Key considerations for commissioners

In this stage, commissioners will find it helpful if they have carried out the following:

- Analysis of current and projected demographic data and other need impacting on service delivery.
- Assessment of capacity and capability in the current workforce including in-house, private and voluntary sectors.

- Assessment of resource currently available and potentially available, for example through service redesign or integrated working.
- Assessment of current practice in gathering intelligence about in-house workforce recruitment and retention, and trends in the wider labour market across the private and voluntary sectors, including information from frontline practitioners/providers and service users.
- Linking with the Integrated Local Area Workforce Strategy (see 4.2 below) and plans for market development of private and voluntary sector providers, housing, leisure, and other service areas.
- Formulation of a vision of the direction of travel for the local workforce strategy in the next two to three years.

Useful resources

Booth G: Workforce planning for social care at http://www.dhcarenetworks.org.uk/_library/Resources/BetterCommissioning/BetterCommissioning_advice/Chap7GBooth.pdf

Common core principles to support self care: a guide to support implementation http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084505

Government websites, including the Department for Children, Families and Schools (www.dcsf.gov.uk/trends/ has data on educational attainment) and the Office for National Statistics at www.statistics.gov.uk (employment/ unemployment data, demographic data including neighbourhood statistics, the Labour Force Survey and Annual Business Inquiry (number of employees by business and business by employee numbers)

Guide to Labour market information and intelligence for NHS workforce planners http://www.healthcareworkforce.nhs.uk/resources/latest_resources/labour_market_information_and_intelligence_guide_for_nhs_planners.html

Integrated workforce planning for health and social care: a North West snapshot, 2008

http://www.skillsforhealth.org.uk/nations-and-regions/~/media/Resource-Library/PDF/Integrated_workforce_planning_for_health_and_social_care.ashx

Local authority websites – look for Development and Environment/Economic Development pages

Local Government Employment digest http://www.lga.gov.uk/lga/aio/7810741)

London Councils have developed a workforce planning data collection spreadsheet downloadable from: http://www.londoncouncils.gov.uk/capitalambition/projects/workforcestrategy/workforceplanning.htm

National Minimum Data Set www.nmds-sc-online.org.uk

Regional websites for the Regional Development Agency, Train To Gain, Business Link, and Jobcentre Plus.

Sector Skills Councils for sector-specific information on labour supply and workforce development, including national occupational standards, for example

http://www.skillsforcare.org.uk/home/home.aspx and http://www.skillsforhealth.org.uk/.

4 PLAN

In this section we consider aspects of the second quadrant of the commissioning framework at 2.1. We look at gap analysis, developing a workforce strategy, new service models, new ways of working, productivity, and risk analysis. We conclude with some key considerations for commissioners and links to other resources.

A number of workforce planning models and checklists are available, and we include some of these for information in the Useful Resources section below. Essentially they present workforce planning as a step-by-step process that is likely to include scenario building. Scenario planning can occur in the Analysis or Planning quadrants, and is a valuable tool for assessing the staffing implications of new service developments and designs; identifying the need for new, more flexible policies; and helping local authorities to make strategic choices about the future social care workforce wherever it is employed. Workforce planning models also identify gap analysis as a specific stage in which employers check for alignment of skills and capacity with new service developments and/or known changes in the future labour market. A study of integrated workforce planning in the north west emphasised that different models of workforce planning need not present barriers to successful partnerships and integrated services: more important is the organisational commitment and leadership within the partnership.

4.1 Gap analysis

Understanding local workforce resources involves mapping and reviewing existing and potential services across agencies to understand strengths and weaknesses in the whole local system of provision and to check for alignment with the need already assessed. Gap analysis also identifies opportunities for improvement or change in the local provider market and is the inevitable precursor to the next stage of developing a workforce strategy.

Greater Manchester online directory of third sector provision

The initial plan was to create a directory of provision in health and social care that would enable commissioners to understand the third sector offer. During the process, it was found that the majority of organisations were found to be delivering multiple services that would not have been expected from the organisation's name, objectives or transactions with commissioners. (For example, the sexual health charity Brook Clinic was found to deliver the most effective smoking interventions in the locality.) As a result of creating an accessible, online directory, not only can commissioners now identify new organisations capable of delivering services, but third sector organisations can also identify potential partners working in complementary areas. No significant duplication has yet been found in service provision.

Total Place and the Third Sector: Conference Report, March 2010, http://www.idea.gov.uk/idk/aio/18589470

We have already indicated potential skill shortages in the external labour force and skill gaps internally that commissioners are likely to find in skill sets. Commissioners must also address issues of capacity in a growing market, and new ways of working as the result of personalisation. A new generation of jobs is emerging. For example, service users with their own budgets are recruiting

PAs, while brokers and advocates – often working in user-led organisations – offer advice and support on how best to achieve wellbeing. PAs are expected to proliferate from 8 per cent of the 2006 workforce to 29 per cent by 2025. New hybrid roles combining various elements of different existing jobs will become more common as social care practitioners work across traditional service boundaries such as those with health, housing or employment.

Taking a broader view, gap analysis should also identify wasted resources caused by duplication and overlapping of provision delivered not just by one sector but by the totality of services in a particular area. The Total Place initiative piloted in 13 areas, including Cumbria, has had this goal at its heart. This successful initiative encouraged areas to explore ways in which a 'whole area' approach to public services could lead to better services at less cost, although it remains to be seen whether the planned roll-out will continue after the election of May 2010. Meanwhile, further information is available at http://www.localleadership.gov.uk/totalplace.

4.2 Developing a workforce strategy

A sound workforce strategy or plan flows from a clearly articulated local commissioning strategy or route map for adult social care. The process of developing it should bring together financial and workforce planners in a common planning process. The Skills for Care/ADASS Integrated Local Area Workforce Strategies (InLAWS at http://www.skillsforcare.org.uk/workforce_strategy/InLAWS/InLAWS.aspx) aims to assist DASSs to put in place effective development and implementation of workforce strategies, making appropriate links at the individual, local and strategic. In the North West, each local authority will produce an analysis of the barriers, priorities and actions to take forward the strategy (aka 'position statement') for 2010-11.

> If leadership is not in place it is incredibly difficult to deliver the rest.
> Refreshing our workforce strategy can not and should not stand alone.
> InLAWs is located in our transformation process and therefore embedded in workforce and business development.
>
> *Quotes from participants, InLAWs Action Development Team*

4.2.1 How can commissioners influence future supply in order to meet demand?

It is important that all the options for influencing supply are considered together and areas for development prioritised in the strategy. These include the support for training and development, good diversity practices, and promotion of the non-pay rewards that jobs in the sector offer.

Training and development If this is under threat in large organisations coping with economic downturn, how much more are small providers likely to struggle? Commissioners in their plans for market stimulation can do much – for example by joint training, secondments and placements – to support providers in this area. Skills for Care's revised SEARCH Standards for Employment Agencies in Regulated Health and Care Services 2005 states that agencies must identify the needs of their workforce as a whole for induction, qualifying training, continuing professional development and lifelong learning.

Student placement quality has been a longstanding concern in social work training, and the implementation plan for the Social Work Taskforce recommendations is expected to include measures to address this, including reducing the length of placements, establishing an 'advanced teaching organisation status' for agencies providing high quality placements, new standards for practice educators (the social workers who supervise students on placements). The General Social Care Council will introduce mandatory quality standards for practice placements for the academic year starting in September 2010, including a new quality framework for universities to assess placements. Successful placements have always called for good partnerships between placement providers and university departments.

Training and development can also increase supply by reducing absenteeism, fostering motivation and leading to better performance. In 'flat' organisations, mentoring provides a development opportunity for mentors and mentees, and can be fruitful in retaining older staff as well as transferring their skills and experience.

Increasing the attractiveness of the sector 'Pull' factors include job satisfaction, job security, flexible working, travel distance, development opportunities and career prospects. Offering supported accommodation can be particularly effective if recruiting from abroad, while travel support, relocation allowances and simply the refund of interview expenses may be significant for many potential job applicants. Potential applicants are increasingly interested in organisational social and ethical values (for example, diversity, sustainability), and the home pages of organisational websites offer significant clues to these.

Other recruitment and retention factors Some staff turnover is both necessary and desirable, enabling staff to progress and widen their experience while bringing new blood into the establishment. A potentially healthy turnover of 10 per cent nevertheless leaves plenty of scope for the workforce strategy to identify mechanisms to address the current high rates.

Commissioners can consider targeted recruitment drives at particular labour market segments, including workers returning to the social care workforce after career breaks, school leavers and graduates looking for work experience and internships, young people not in education, employment or training, older unemployed workers, oversees recruitment, and more male workers. In recent years the government has funded a number of incentives to encourage recruitment in these areas, including increased numbers of apprenticeships. Employers may need to consider new advertising media such as radio, using footfall opportunities in shopping centres and at community events, and word of mouth spread through existing staff with incentives attached. Research has shown some children are ruling out social care as a career by the age of 10: care ambassador schemes will be important in turning this around.

Commissioners might think creatively about potential in-house volunteers as well as the widening range of forms of volunteering in the community. Building on established practice in the US and Australia, there is growing interest in the UK in peer support. It is especially prevalent among users of mental health services (see, for example, Promoting Peer Support in Somerset at http://www.sompar.nhs.uk/about_the_trust/help_and_advice/recovery/peer_support.aspx), where it has been shown to lead to considerable improvements in

quality of life. Drug and alcohol services in the UK increasingly support the training of former users as paid or volunteer peer workers: for example, an ESF-funded four-year initiative to support peer mentoring began in Wales in 2009. More recently, and building on a South Tyneside initiative, the National Skills Academy for Social Care are encouraging councils to support the training of personal budget holders to become coaches to help others new to the system. A management guide is expected later this year.

Performance management If not already in place, employers need mechanisms to gather information on past tenure rates – for example, through statistical analysis of the payroll and/or information from exit interviews. This information should inform not only current employment practices but recruitment drives targeted at returners.

Diversity: An audit of recruitment and employment practices and policies often reveals direct and indirect discrimination at work. This ranges from insistence on particular qualifications (which are often acquired in early career but change and develop over time) to boxy assumptions that make it difficult for people to move across departments within an organisation or to move between the sectors that deliver social care. The same assumptions can militate against older, able people looking to downsize from senior roles but seen as 'overqualified'. The Institute for Employment Studies found job segregation to be a significant factor in career advancement, with many organisations still drawing senior appointments from male-dominated disciplines (Occupational Segregation, Gender Gaps and Skill Gaps 2004).

Pipeline analysis

PricewaterhouseCoopers carries out detailed 'pipeline analysis' of potential women leaders throughout the organisation. 'We now have more understanding of the dynamics of our work population. We can assess where the hotspots or blockages are and formulate action plans.'

Sarah Churchman, Director of diversity and engagement

Influencing the supply of personal assistants will be particularly important as the experience of direct payments indicates the need for help with recruitment, administrative support and training of personal assistants; while monitoring the impact on recruitment and retention of staff working in care agencies and care homes.

4.2.2 Flexible employment practices

Flexible employment policies and practices can both stretch resource for employers, enabling them to meet demand cost effectively, and be seen as a key mechanism in attracting and retaining staff. For example, the Department for Work and Pensions found that half of people who recently retired would have worked longer if they could have accessed flexible work (Age Isn't an Issue: An employer's guide to a 21st century workforce 2009). There is a clear inherent tension in these two aspects, according to equity in the bundle of benefits for employer and employee: some mechanisms (such as multi-tasking and delegation) can raise stress levels to the point where they become counterproductive in terms of sickness absence and staff exits.

Writers in this area often identify different types of flexibility, and we discuss some of these below.

In functional flexibility, establishments deploy employees between roles and tasks as required in response to service demand, thus using labour more cost effectively. It most often means forms of job enlargement at the same skill and status level, also team working (often removing demarcation lines between jobs), vertical job enlargement (often associated with the acquisition of management skills and devolution of responsibility), and job and site rotation.

Service sector industries have long used forms of numerical and temporal flexibility to keep down labour costs. Practices include part-time posts, job sharing and fractional hours, shift work, flexitime and on-call agreements; temporary or fixed-term contracts, compressed and annualised hours, term-time only and seasonal working; unpaid leave; and the externalisation of work through subcontracting. Home working probably also fits into this category, but can also be a form of financial flexibility for the employer.
Forms of financial flexibility include payment in kind (such as supported transport or accommodation) and performance rewards. Some employers articulate good training in their strategies as compensation for low rates of pay.

4.3 New service models

Much attention in terms of new service models is currently focused on forms of integrated care. The Integrated Care Network (ICN) provides guidance on whole systems and partnership working for frontline NHS, local government and voluntary organisations who want to improve services to users, patients and carers. The Integrated approaches across social care, health, housing design and assistive technology are key to developing new community-based out-of-hospital care such as intermediate care services and reablement services. See http://www.dh.gov.uk/en/Healthcare/IntegratedCare/Changeagentteam/DH_4049259 for examples.

In addition, the New Types of Worker programme developed a framework for four models of social care (see Table 1): preventive, normalising, individualised and developmental.

Table 1: New models of social care

Model	Focus	Job Roles	Requirements/issues
Preventive	Particularly concerned with keeping older people out of inappropriate long-term hospitalisation	- Community support assistants - Neighbourhood carers - Enhanced domiciliary support functions - In-reach workers and teams	- Evidence that quality of life indicators and cost-effectiveness coincide in this area - Require a much closer working relationship between the bodies responsible for health and social care training systems and work on service conditions issues: joint protocols and performance indicators

Model	Focus	Job Roles	Requirements/issues
Normalising	Person-centred facilitation often in the context of the move from an institutional model of service to a community based one	- Person-centred planners in learning disability and mental health - Personal individual planning and self-management systems coupled with elective personal support	- Issues around the skills mix of people who work in institutions when compared with those skills needed for a different style of work - Connections with the direct payments systems and how they can engage and persuade workers, employers and service users
Individualised	Service users as providers, and carers as members, of the formal workforce	- Trainers to professional systems - Evaluators/planners in service design	- Evidence that proliferating as new micro-organisations - Issues concern the preparedness of service users to act as employers under direct payments and the possible knock-on effects on their modes of delivery
Developmental	Wider community as a network of (potentially) integrated support. Systems that live between full employment and voluntarism.	- Community access workers - Community enablers - Mentors in mental health - Time banks	- Numerous issues related to the informal workforce of carers and their (lack of) support structures - Usually grown from strong local or regional roots, so difficult to generalise from, thought occurring in rural/urban areas, north/south and relatively cohesive ways - Tie-ins to Future Builders, community interest companies and co-operatives possible.

4.4 New ways of working

We have already discussed a number of approaches in this area under flexible employment practices – for example, deploying staff to make more effective use of their skills. Workforce planning can also make more effective use of skilled staff by permanently reassigning some tasks to other groups of workers. Examples of this include the transfer of record keeping from social workers to administrators and the transfer of other skills to para-professional groups either within the service or via a commissioned arrangement. The Changing Workforce Programme has tested a range of new roles (see details at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4058219.pdf).

Like flexible employment practices, the development of new roles can enhance supply by tapping new recruits to social care, maximising the potential of the existing workforce, and increasing retention through job satisfaction. Effective planning needs to do more than list these options as worthy intentions. It needs to identify specific actions and projects to develop new ways of working along with a realistic assessment - based on experience elsewhere - of the likely impact. Skills for Care's New Types of Worker programme found that key factors for success included: innovative, committed leaders and managers; the flexibility of managers, workers and systems; and commissioning processes (see details at: http://www.newtypesofworker.co.uk/pages/home). Certainly managers have a key part to play in enabling or blocking the delivery of a number of desirable employment practices – often already enshrined in organisational policy but subject to 'local' interpretation at departmental level.

Working more flexibly means working differently across: traditional agency boundaries (for example, between social care and health, education, housing, justice); traditional service boundaries (for example, residential/ home-based services); and are likely also to involve greater participation by service users and/or carers.

The New Types of Worker programme identified at least four types of new role:

- Specialist: breaking away from a general occupation to focus on a particular task, for example assistive technology support worker.
- User based: a role performed by a service user, for example research assistant, co-facilitator.
- Coordinator: organising activities involving different parties, for example. service user development officer, person-centred planning coordinator.
- Boundary spanner: operating across boundaries, which could be organisational, user or service, for example community support assistant, team around the child coordinator.

Commissioners will wish to take account of these different types of role when developing future job descriptions and designing training programmes.

4.5 Productivity

Workforce strategies are likely to want to address productivity, and we have already suggested the most significant gains come through using a scarce workforce resource more effectively. The use of new and improved technologies such as telecare, laptops, handheld computers and digipens present further opportunities to increase the productivity of the social care workforce by reducing the need for travel, improving the quality of information for decision-making and relieving the administrative burden on professionals. This brings with it some implications for investment planning and the development of the skills to apply and embed the technology.

Research shows that more highly skilled workforces are more productive. Not only can individuals perform tasks more effectively, but they also have less need to refer decisions. Reducing turnover, effective appraisal and personal development plans, and clear training plans based on organisational objectives are all tools for increasing productivity.

4.6 Risk analysis

It is difficult to carry out a comprehensive analysis of the risks to workforce plans, as there are likely to be unforeseen factors arising that affect the workforce during the life of the strategy. It is nevertheless a worthwhile exercise and should include consideration of: changes in resources; economic change that may affect the local labour market, reducing or increasing the available workforce; changes in public policy (for example, funding arrangements); and changes in regional and national migration flows.

In particular, commissioners may assess risks across a number of key workforce areas:

- Recruitment and retention including: turnover, changes to employment practice, career pathways, vacancy levels, spikes in future recruitment for example, due to high levels of retirement, and TUPE.
- Skills and competence in terms of gaps and providers' capacity to generate workforce skills as required.
- Employment market including: competition for staff, sustainable and competitive salary levels, use of bank/agency staff, and flexible work patterns.

Commissioners should attempt to assess risk both for its impact and its likelihood, devising countermeasures where risks score highly on both dimensions. Countermeasures usually involve a combination of outmanoeuvring tactics along with plans to manage or mitigate the risk if it arises.

4.7 Key considerations for commissioners

Commissioners will find it helpful if they have carried out the following actions and tasks:

- Comparison of the alignment of the current workforce with current and future need, including quality, value and effectiveness, taking into account the effective deployment of staff, changing roles, potential new ways of working and new providers.
- Assessment of the effectiveness of current recruitment, retention and other employment practices in relation to future need, including good diversity practice.
- Consultative formulation of a workforce strategy, including current and potential providers, to ensure future needs are effectively met, including key longer term goals, specific prioritised developments to deliver them, and assessments of risk.
- Development of a communication plan and implementation plan to deliver the workforce strategy in the context of a developing provider market at the local level.
- Ensuring processes and plans align well with partners' strategies, and ensuring the information above reaches the Joint Strategic Needs Assessment in good time.

Useful resources

Chartered Institute of Personnel Directors www.cipd.co.uk/practools

Continuing Professional Development Strategy for Social Care (2006) has downloadable publications at www.skillsforcare.org.uk and www.cwdcouncil.org.uk.

DH (2010) Planning and Developing the NHS Workforce: the National Framework http://www.newtypesofworker.co.uk/pages/home

Disability and reasonable adjustments: http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/WorkSchemesAndProgrammes/DG_4000347

Employment relations at http://www.acas.org.uk/index.aspx?articleid=1944

Guidance on reviewing, planning and implementing HR process change is available at The Chartered Institute of Personnel and Development website

IDeA for practical advice and support - their integrated workforce strategy project provides support for partnership working, at

www.idea.gov.uk/idk/core/page.do?pageId=9001986

Institute of Employment Studies (2007) Who does workforce planning well. University of Sussex/DH Workforce Review Team

http://www.wrt.nhs.uk/index.php/publications/94-who-does-workforce-planning-well

Internal decision making processes to underpin long-term workforce planning – from DH National Workforce Project (2006) Planning now for your future workforce needs

NHS workforce planning step guide (2006) http://www.healthcareworkforce.nhs.uk/index.php?option=com_docman&task=cat_view&gid=140&Itemid=431

Practical advice and support is offered for Local Authorities in the 2007 ADASS/CSIP publication: *What does a commissioning framework look like?* available from the Valuing People web-site

Scenario planning http://www.jiscinfonet.ac.uk/tools/scenario-planning/scenario-planning.pdf

Skills for Care (2009) Principles of Workforce Redesign - Notes and guidance http://www.skillsforcare.org.uk/workforce_strategy/new_types_of_worker/Principlesredesign.aspx

Skills for Health has published Six Steps Methodology to Integrated Workforce Planning, and other useful tools www.healthcareworkforce.nhs.uk/resources/latest_resources/six_steps_refresh.htmlThree Tiered Approach to Workforce Planning at http://eastmidlands.skillsforcare.org.uk/regional_publications/resources_and_publications/resourcesandpublications1.aspx

Social Care TV and Social Care Online from the Social Care Institute for Excellence include information on career options as well as guidance for employers. www.scie.org.uk

Whittam J: Workforce planning resources with a focus on health and social care http://www.healthcareworkforce.nhs.uk/capabilityandcapacity.html;http://www.healthcareworkforce.nhs.uk/tools.html;http://www.healthcareworkforce.nhs.uk/resources/latest_resources/planning_now_for_your_future_workforce_needs.html

Workforce planning workshop http://www.idea.gov.uk/idk/aio/15502051

Workforce profiling checklist (2006)

http://www.healthcareworkforce.nhs.uk/index.php?option=com_docman&task=doc_view&gid=121&tmpl=component&format=raw&Itemid=431

Workforce profiling – how to do it (2006)http://www.healthcareworkforce.nhs.uk/index.php?option=com_docman&task=doc_view&gid=123&tmpl=component&format=raw&Itemid=431

5 DO

In this section we look at the third quadrant in the commissioning framework at 2.1, namely the implementation of workforce plans. We consider working with providers and other stakeholders in social care and other sectors, working with education and training providers, and looking at changes in qualifications. The section concludes with key considerations for commissioners and links to other resources.

Making it happen involves ensuring that the workforce is in place to deliver the services needed as planned, in ways which efficiently and effectively deliver the priorities and targets set out in the commissioning strategy, for example: supply management and capacity building to ensure workforce requirements are met, offering service users and carers an element of choice in how their needs are met; developing good communications and effective relationships with existing and potential providers of training and education, as well as service providers; purchasing and contracting of services and de-commissioning services that do not meet workforce needs.

Workforce remodelling in Manchester

Manchester City Council has gone from supporting 340 users with individual budgets to 2,430 – it amounts to 30-50 new customers each week. In April 2009 the council implemented a major structural redesign based on district level service delivery, requiring integrated working between reablement staff, personal assistants, brokers and care managers. Working with staff, trade unions and key partners, the social care department designed a social care pathway that supports customer choice at each of six key stages of the service user journey.

In the early stages, staff groups helped to evaluate how changes in workforce structure and training should happen, and helping to write and agree new working guidelines and procedures. Managers at all levels took part in a leadership programme to support the changes. Workshops focused on different aspects of the developments needed, including ICT changes and safeguarding against risk while ensuring individual choice.

As a result staff roles have been redefined and competencies reviewed. Staff who previously supported direct payments now work as care brokers and care managers. This has taken over three years, but staff are very positive about the changes overall.

5.1 Working with providers and other stakeholders in social care and other sectors

Given the proportion of the social care workforce that is employed in the private and voluntary sectors, workforce commissioners need to build relationships with their providers in order to influence the size, structure and quality of the social

care workforce. The economy of the social care market is to a significant degree determined by the behaviour of local authority and health commissioners.

Councils that work collaboratively with other agencies can get better labour market data, enabling them to respond more effectively to staff shortages and deliver joined-up services to individuals. The North West InLAWS project described at 4.2 found a varied pattern of effective relationships, ranging from development partnerships with the private sector to rudimentary levels of working and trust between commissioners and providers.

In its report, the Social Work Task Force (DCSF *op.cit.* 2009) recommended the development of partnerships overseeing workforce strategy, planning and innovation at the level most appropriate to local and regional needs. Such partnerships should enable employers to collaborate better with one another and with the higher education institutions who educate social workers in their region or sub-region. (See insert on next page: Integrated projects.)

Local Strategic Partnerships and regional networks also have a role to play in implementing plans for workforce development.

5.2 Working with education and training providers

5.2.1 Teaching and continuing professional development

Working with education and training providers has an important role to play in workforce commissioning in attempting to optimise the supply of new skilled entrants to the workforce, and employers and higher education providers are exhorted to make the best arrangements locally (see for example Building a Safe and Confident Future 2009).

Example integrated approaches

Integrated pay and workforce project for adult mental health services

Wakefield Metropolitan District Council has set up a social care council to support social care staff in integrated services for adult mental health. This was in recognition of the need for improved communication between social care managers and staff following the South West Yorkshire Mental Health Trust (SWYMHT) becoming the lead organisation for the day-to-day management of services. Integrated teams have been working well, but the need to address specific social care responsibilities was identified.

http://www.idea.gov.uk/idk/core/page.do?pageId=9581149

Advancing integrated workforce development

Barnet's multi-agency Adult Social Care Partnership has introduced an integrated approach to workforce planning and development. The council has set up an Adult Strategy Group to help integrate the work of the various partnership boards for its care service areas. The group includes political and managerial leaders from the council, primary care trust (PCT), voluntary and independent sectors and an observer from the service-user community. It involves service managers, users and carers for each of the main service areas: older people, people with learning disabilities, physical and sensory impairment, and mental health problems.

http://www.idea.gov.uk/idk/core/page.do?pageId=9580772

In fact, in terms of higher education, the North West is well served by 15 higher education institutions (HEIs), of which 11 are universities. Encouraged by government funding, most of them will have developed programmes to promote employer engagement.

Hefce reports that the North West has the highest percentage of young full-time first degree students studying at HEIs in their home and is a slight net importer of such students. It also has the highest proportion of young full-time first degree entrants from low participation neighbourhoods. Relative under-provision in the north of the region has been addressed through the creation of the University of Cumbria, and through rationalisation and new campus development involving Lancaster University and the University of Central Lancashire. Hefce regional data show that 19 per cent of the *employed* regional output goes into health and social work (compared to 17.5 per cent nationally) while another 7.5 per cent go into 'other community, social and personal services'.

In addition, the region has around 60 further education, sixth form and specialist colleges in the region, of which 40 also provide higher education courses, significantly Blackpool and The Fylde, Blackburn, Myerscough, Stockport, St Helens, Wigan and Leigh, Burnley, Preston, City College Manchester, and the Manchester College of Arts & Technology. Responsibility for the planning and funding of learning for 16-19s transferred from the Department of Children, Families and Schools/Learning and Skills Council to local authorities in April 2010.

Increasingly, education and training providers are also offering specialist courses in commissioning skills. In 2009 the Institute of Public Care, on behalf of CSIP NW and Skills for Care North West, produced a searchable learning directory of around 130 commissioning courses accessible to the region.

Independent providers offer a broad range of training, increasingly certificated and accredited by professional bodies. This sector is also a strong source for updating technical knowledge and skills (for example, ICT, assistive technology, drugs awareness, first aid), awareness-raising courses for practitioners (for example, equalities, drugs awareness, safer lone working) and soft skills (for example, team working, running effective meetings, mentoring, report writing).

5.2.2 Research

In developing and implementing their workforce strategies, commissioners may want to consider developing relations with selected university departments to benefit from research links both with staff and graduate and postdoctoral students. Access to organisations for research purposes is often problematic for universities, so that heads of research interested in workforce planning and related issues will be particularly likely to welcome your approaches. Commissioners will find them in human resource departments of business schools, institutes of employment research/studies, and research units in health and social care faculties.

Not free, but a valuable resource, is the Department of Trade & Industry sponsored Knowledge Transfer Partnership (KTP)scheme (formerly the Teaching Company Scheme), in which a recently qualified person, an employer and an academic partner come together to resolve a particular issue for the employer

and embed knowledge. Classic KTPs last from 1-3 years, with a shorter version at 10-40 weeks, depending on need and the desired outcomes. We show some examples in the insert below.

Example knowledge transfer partnerships

KTP 7606

Christies Care Limited is working with Ashcroft International Business School (Anglia Ruskin University) to develop and implement an effective international recruitment marketing capability to increase the number of care workers. Christies Care is a small to medium enterprise providing live-in care assistants to a mix of privately funded, local authority and primary care trust clients nationwide. Work began in December 2009 and is fully funded (£63,183) by the Technology Strategy Board.

KTP 7276

County Durham Primary Care Trust are working with University of Durham Business School to develop and introduce healthcare commissioning processes to meet the needs of a changing local population and build capacity for provision in County Durham. The partnership is 50 per cent funded (57,142) by the TSB.

http://www.ktponline.org.uk/default.aspx

5.3 Qualifications

Changes in qualifications of which commissioners need to be aware include:

- The various government schemes to encourage and support new young entrants into social care, and increased funding for apprenticeships.
- The Qualifications and Credit Framework, which in September 2010 replaces National Vocational Qualifications, allowing workers to acquire small chunks of training in units of competency that add up over time to a qualification. It should enable workers to gain qualifications more simply while moving from job to job.

The current Health and Social Care NVQs will be replaced by Health and Social Care (HSC) Diplomas at Level 2, 3 and 4. To support the HSC Diplomas several other Awards and Certificates will be developed to allow specialist pathways within the diplomas (such as learning disabilities), encourage continuing professional development, and incorporate learning achieved in completion of the Common Induction Standards and Management Induction Standards. You can find further information at http://www.qcda.gov.uk/8150.aspx and www.skillsforcare.org.uk/qcf.

Revised health and social care National Occupation Standards (NOS) and Induction Standards have now been implemented. The Skills for Care leadership and management project has also developed a map of the new generic leadership and management NOS linked to specialist and partnership standards and competences. The social work degree and the social work post-qualifying framework also based on national occupational standards. National Occupational Standards reinforce the link from strategy to operational management and service standards, and contribute to seven business areas: business planning; workforce management; benchmarking; change management; contract specification for care services; marketing; and risk management.

http://www.skillsforcare.org.uk/developing_skills/National_Occupational_Standards/National_Occupational_Standards_%28NOS%29_introduction.aspx.

All the NOS in the Skills for Health database are also mapped against and indicatively linked to the NHS Knowledge and Skills Framework (KSF) dimensions. A worker can use evidence demonstrating competence against NOS as evidence he or she is meeting their NHS KSF profile.

- Commissioners of services are asked to ensure within their specifications and contracts that the skills and competences to deliver quality end of life care are in place.
- Basic skill gaps (literacy, language and numeracy) underlie a number of staffing problems, and it is estimated that over half a million staff in the social care sector need help with literacy (DfES 2003, Aldridge 2004). Employers are left with the need to assess and address this need in their workforce development planning and operational policies and practices.
- Foundation degrees provide a bridge for many to higher level qualifications, and combine academic study with work-based learning. Since 2003 social work has been a degree entry profession. However, higher education institutions say they struggle to find sufficient statutory placements of the required type.
- The Post Qualifying Framework for social workers is offered at three levels (specialist, higher specialist and advanced) and five areas of practice: children and young people, their families and carers; leadership and management; practice education; social work in mental health services; and social work with adults. Active employer engagement is a requirement for all PQ course, but HEIs report variations in employer participation both regionally and in respect of specialisms.
- With government backing, the National Skills Academy for Social Care launched a one-year management trainee scheme for graduates last year. While only 20 graduates completed the initial scheme, the NSA expects many more places will be available for the 2010 intake. The new programme places graduates with host employers (public, private or third sector), the graduates receiving a bursary of £20,000. http://www.nsasocialcare.co.uk/

NSA management trainee scheme

Rowena Jones, 27, graduated in sociology and crime studies from Manchester Metropolitan University last summer and is currently a trainee on the NSA scheme, working with the Beth Johnson Foundation which aims to improve the quality of life for the elderly. 'I'm leading a quality assurance team on a project, so it's building my leadership skills.'

Emily Bari, 23, another trainee on the scheme, says 'Anyone looking for emotional job satisfaction should consider applying.'

Saturday Guardian, 27.02.10

For an alternative view, some have suggested that a focus on qualification and skills levels in the workforce, particularly in the voluntary sector, can lead to prescriptive ways of addressing skills gaps, which do not meet the needs of organisations or individuals. In addition, in moving towards outcomes based commissioning, commissioners will need to decide what level of detail concerning input it is appropriate for them to specify to providers in their contracts for

services, and what level may hinder innovation and the development in-house in provider organisations of appropriate management skills.

5.4 Key considerations for commissioners

Commissioners will find it helpful if they have:

- Effective working relations with local and regional partnerships to implement workforce development plans – for example, making use of appropriate subgroups within the Local Strategic Partnership and the Regional Improvement and Efficiency Partnership to help develop joint approaches. Joint SWOT or PEST analyses can help to develop a common dialogue.
- Effective working relationships with education and training providers in their locality or the region, ensuring there is mutual understanding of position and plans, and enabling partnerships to evolve as relationships develop and mature.
- Plans to promote social work and social care as a career, particularly to school-age students and non-traditional groups (for example, through the use of career ambassadors), as well as offering placements, internships and exchanges to older students, returners and new recruits.
- Worked with partners - such as Jobcentre Plus, Business Link and ACAS - to promote good employment practices, particularly in small to medium size providers.

Useful resources

Diploma information at http://yp.direct.gov.uk/diplomas/

Innovation case studies in further education, examining effective but relatively low cost training solutions that build on good practice: http://www.skillsforcare.org.uk/qualifications_and_training/innovation_case_studies/innovation_case_studies.aspx

Leadership & management resources at www.skillsforcare.org.uk

National Skills Academy Social Care at www.nsasocialcare.co.uk

Provider networks: http://www.nwua.ac.uk/ is the lead higher education network for the region while http://www.aoc.co.uk/en/aoc_regions/aocnorthwest/) is the lead network for further education colleges in the region. http://www.nwpn.co.uk/ is the regional provider network, bringing together the five sub-regional networks that meet to promote work-based learning to key stakeholders. Health and social care is one of the first three sectors they are focusing on. http://www.lifelonglearningnetworks.org.uk/ gives an overview of these networks, with links to the sub-regions Cheshire and Warrington www.lifelongcw.org, Cumbria www.cumbriahigherlearning.ac.uk, Greater Manchester www.gmsa.ac.uk, Greater Merseyside and West Lancashire www.merseyandwestlancslln.ac.uk, and Lancashire (email kmphillips@uclan.ac.uk). Future priorities for these networks include: embedding employer engagement work in institutions, promoting work based learning, and promoting higher education take-up among 14-19 year olds, including the broader 14-19 diplomas offered as an alternative to A levels.

Training databases: http://discoverhe.co.uk.ourwindowsnetwork.com/Search.aspx and http://www.traintogain.gov.uk/In_your_Region/North_West/

A code for international recruitment in social care principles and practice http://northwest.skillsforcare.org.uk/regionalpublications/publications_from_the_sector/publications_from_the_sector.aspx

6 MONITORING AND REVIEW

In this section we consider aspects of the fourth quadrant in the commissioning framework at 2.1, looking at monitoring the outcomes of workforce commissioning, monitoring the workforce itself and evaluation. The section concludes with some key considerations for commissioners and links to other resources.

6.1 Monitoring the outcomes of workforce commissioning

The overall approach to monitoring – the indicators, measures and any targets - should be outlined in the workforce strategy, so that stakeholders know what success looks like at the outset. A variety of approaches can be used to measure progress towards goals. It is useful to keep these to a manageable minimum, while looking for a balance of different types of measures and areas to be measured – such as, for example, changes in services and care delivery and achievement of operational outcomes; reduced stress levels, increased staff motivation and improvements in recruitment and retention. Reporting formats need to highlight key messages, using trajectories, traffic lights and other mechanisms that are appropriate for the intended audience.

Reviews thus provide management information, identify ways in which the activity itself can be improved, and ensure intended outcomes are being met (and thus ensure accountability). Another key function of evaluation and review processes is that they contribute to organisational learning and development and feed into the continuous cycle of understanding and addressing need. Thus the workforce plan constantly evolves and improves in the light of evidence as to what works well and what does not.

6.2 Monitoring the workforce

A number of external regulators are involved, including the General Social Care Council which provides professional regulation, and is expected to open a voluntary register of home care workers early in 2010. It will keep options for the registration of additional groups of social care workers under review. In addition, the Care Quality Commission provides service regulation, and registers and assesses the social care services within its remit, taking appropriate workforce aspects into consideration. The CQC's most recent report on the State of Health Care and Adult Social care in England found that only 31 per cent of councils were monitoring how well they were meeting targets on equalities. The Quality Framework for the social care workforce incorporates 'the user voice/feedback' within the framework for monitoring and evaluating the outcomes of the service.

Monitoring the workforce is also linked to the ongoing analysis of risk discussed in 4.6. Workforce monitoring may uncover concerns around: recruitment and retention, skills and competence, and the local labour market.

6.3 Evaluation

Evaluation is sometimes seen as a more encompassing form of review, in which underlying assumptions as well as every type of input, process, output and outcome may be examined within the chosen evaluation framework. A number of evaluation frameworks are available for different purposes. For example,

Skills for Care offer a five-level framework in their Guide to the Evaluation of Leadership and Management Development (see Table 2). Other useful evaluation framerworks include:

- The Joint Information Systems Committee's Post Project Review Form at http://www.jiscinfonet.ac.uk/infokits/project-management/post-project-review.
- Waterman H, Tillen D, Dickson R et al. (2001) 'Action research: A systematic review and guidance for assessment', Health Technology Assessment 2001, Ch. 7, Vol. 5, No. 23, www.hta.ac.uk. This 'Twenty Questions' framework was used successfully to evaluate the New Types of Worker project Enhancing Reablement in Shropshire.
- Research in Practice's 2007 Framework for evaluating qualitative research at www.rip.org.uk/research_resources/evaluating.asp.

Table 2: Skills for Care evaluation framework

Level 5	Stakeholders' outcomes	Evaluating the wider impact of the learning on key stakeholders such as people using the service, carers, families, management committees, business owners, partner agencies or commissioning agencies.
Level 4	Organisational outcomes	Evaluating what changes there are to the way the agency operates as result of learning and development and whether this provides added value.
Level 3	The impact of learning on service delivery	Evaluating how learning has been put into practice in the workplace and how services have improved.
Level 2	The learning outcomes	Evaluating the learning outcomes achieved by workers and managers and identifying new learning needs.
Level 1	Individual workers' reactions to the learning process	Evaluating what participants think of the learning opportunities.

6.4 Key considerations for commissioners

Commissioners will find it helpful if they:

- A performance monitoring regime that is proportionate to the task while indicating whether they are making progress towards intended outcomes.
- Indicators and measures that build on robust existing available data as well as qualitative input from key stakeholders.
- A culture of organisational development whereby lessons learned from trials and mishaps as well as the findings from more formal reviews feed into organisational practice. In particular they are taken into account in the first quadrant of the commissioning model at 2.1, forming a virtuous circle.

Useful resources

Care Quality Commission at http://www.cqc.org.uk/.

General Social Care Council at www.gscc.org.uk for UK wide Codes of Practice for social care workers and employers.

Skill for Care's Eight principles for involving service users and carers at http://northwest.skillsforcare.org.uk/regionalpublications/publications_from_the_sector/publications_from_the_sector.aspx

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