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step by step

workforce commissioning in adult social care – a detailed guide for local authorities and their partners
The complexities and ever-changing nature of adult social care mean that commissioning personal, preventative and safe services in local areas is a challenging process. We in local authorities together with our partners are concerned to ensure that a skilled workforce is available for all providers to implement these national priorities. It means change and new ways of working and that is why the Association of Directors of Adult Social Services (ADASS) is working with Skills for Care on the Integrated Local Area Workforce Strategies (InLAWS) project. We are intent on improving the commissioning system to fully include the workforce changes that will achieve better partnership working, increased productivity and enhanced professionalism.

The complexities of care decision-making undertaken by individuals, by myriad social care enterprises, by workforces and by statutory organisations, are all likely to intensify. Skills for Care’s analyses of future scenarios demonstrate how social care workforce issues could impact on service outcomes to varying and critical degrees. The challenges and problems posed will not go away, will not lessen and will not be resolved by market forces alone. Leadership and vision to both commission and provide for national priorities have to be applied with equal vigour.

So now, more than ever before, we need to rethink familiar approaches to service commissioning. Workforce planning is not just a matter for employers and providers but is about building a wider labour market of choice, about developing skills in the community and equipping people (and this is not just practitioners but also people who use services, carers, volunteers and all who make up the support networks in our neighbourhoods) with the right competences. We also need to consider how best to manage the growing number of personal assistants (PAs) and how this will impact on workforce commissioning.

To commission high quality services it makes good sense to consider both demand (for services) and supply (of resources; including money, facilities and – critically – people with the right skills, knowledge and abilities). So when you commission a service you are also, in effect, commissioning the workforce that implements it at the same time. The phrase **workforce commissioning** was coined by the InLAWS project team to describe this approach led in local authorities by directors of adult social services (DASS), alongside partners, across the health and social care sectors. **Workforce commissioning** will help us put in place a workforce that will deliver the right outcomes for people who use services and ensure the success of adult social care.

There are lots of things to consider in making the workforce commissioning process work well. The systems, process and tools developed by the InLAWS project team assist with this and here we bring together the fruits of the project in a single ‘step by step’ guide. This is not too mechanistic, we hope, with plenty of information to help you to develop an approach to suit your local circumstances.
what is InLAWS?

This guide aims to help you break down and think about the key steps and processes needed to commission the right workforce that will implement national priorities using the integrated local area workforce strategies (InLAWS) approach. InLAWS is an extremely valuable tool to help us scan changing horizons and support the government’s agenda on ‘big society’ and neighbourhood working.

The key role of workforce data and, in particular, the National Minimum Data Set for Social Care (NMDS-SC) and how this fits with InLAWS and the workforce commissioning process is explained. Included are checklists and practical examples to guide you through the workforce commissioning process.

We trust you will find this guide useful in commissioning a workforce across your local area that will enable you to commission services that are of the highest possible quality and cost effective too. We also hope that by helping you to bring service and workforce commissioning together with finance in this structured way you can engage more effectively with colleagues and stakeholders to drive forward this highly important work.

Mun Thong Phung
Chair, InLAWS Steering Group*, Director of Adult, Culture and Community Services, London Borough of Haringey

(*InLAWS – Integrated local area workforce strategies – is a joint project of Skills for Care and the Association of Directors of Adult Social Services)
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This guide has been designed for those with adult social care workforce commissioning responsibilities in local authorities together with their partners—particularly those in the NHS and those undertaking GP-led commissioning. The emphasis is on offering practical suggestions and a step by step approach to guide you through the process. It includes templates on preparing an InLAWS position statement and a workforce commissioning strategy. Fundamentally it is about helping you to develop and refine your approach to workforce commissioning over a period of time.

There is no need to apply a rigid and prescriptive approach to commissioning the workforce based on the guide. However, it is important that all those leading and taking responsibility think about the steps and processes and how they will tackle them.

It is crucial for you to find your own solutions, but the creation of mechanisms that provide both strategic leadership and direction, and a focus for actions and resources, offers the key to success. The complexities of the social care workforce are real, but they can be productively managed through partnership and shared professional leadership using the InLAWS approach, and its tools and templates.

What has been found helpful in a number of local areas has been the creation of a strategic workforce group to lead, coordinate, respond to and review the key issues (see appendix A). In this way the steps and processes required can be examined, discussed and dealt with in a coherent way, often opening up wider possibilities with better and more cost-effective outcomes. The InLAWS fieldwork sites have consistently flagged up the value of identifying a lead individual or project manager to take responsibility for this process. This guide reinforces that message but cautions against sending that individual away to ‘write a workforce document’. To do so would dramatically confuse means with ends. The InLAWS approach helps you to develop an effective workforce commissioning system, cycle and associated methods and processes.
This guide is divided into eight sections and a series of appendices. The guide is based on the InLAWS methodology of Analyse–Plan–Do—Review and colour coding is used to identify items to do with each of these: analyse, plan, do and review.

This scheme is found within the guide’s sections:

Section 1  Background – context and drivers
Section 2  An overview of workforce commissioning in flowcharts
Section 3  Why is workforce commissioning important?
Section 4  What do we mean by workforce commissioning?
Section 5  Leading change and improvement
Section 6  Using the InLAWS position statement template
Section 7  Workforce commissioning step by step
Section 8  Getting the best from partnership working

The guide also has a number of appendices:
A  Diagram showing how workforce forums link to the leadership team
B  The InLAWS position statement
C  Template for a workforce strategy document
D  Quality assurance
E  Glossary
F  Information sources and references.
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making a real difference to how adult social care is provided calls for a radical rethink about the way we commission services and how we equip both the workforce and neighbourhoods to support better quality and more cost effective service delivery.

using the InLAWS approach as set out in this guide to develop workforce commissioning in your local area is a very positive step in implementing this critically important change.

Jo Cleary, Executive Director of Adults and Community Services, London Borough of Lambeth and Co-chair of the DASS Workforce Development Network
1.1 key workforce facts and figures in adult social care (Skills for Care 2010a)

- 1.75 million paid jobs.
- 1.61 million directly employed at the place of work with 140,000 filled by agency, bank, pool, volunteers, students and others.
- 246,000 more workers than the 2008/9 estimate.
- 72% of jobs providing direct care, the majority of which were in domiciliary care.
- 46% of jobs in the private sector, 23% in the voluntary sector.

1.2 the future adult social care workforce

The vision for social care, both national and local, is the way that priorities for implementation and action in commissioning strategies and provider markets are shaped. The intent is that these accurately reflect what individuals and their families want and need. The workforce is an asset, alongside carers, volunteers and partners, which is integral to making the vision happen.

There are many dynamics in establishing a vision for adult social care and implementing service responses. In workforce commissioning, identifying and understanding people’s changing needs and how they can contribute to, as well as benefit from, social care is key. For example, the fact that the number of people over 85 will rise from one million in 2005 to 3.2 million in 2041 is not only a stark indicator of future need but also one of the success of health and social care services and of a reservoir of people resources.

Skills for Care, effectively the national workforce commissioner, has analysed the context and drivers and put forward four scenarios:

- **The Base Case scenario** assumes the same patterns of service which existed in 2008-9 continue at a constant rate while demand for services increases as anticipated. The number of jobs could rise by 65% to 2.8 million in 2025, and the number of people working in the sector by 53% to 2.4 million.
- Under **the Maximising Choice scenario**, all who wish to have their publicly-funded social care provided in a highly personalised way in their own homes could do so. The number of jobs would nearly double to 3.1 million by 2025, and the number of people working in adult social care would rise to 2.6 million. Most jobs will be personal assistants.
- **The Contain and Community scenario** envisages that most care and support would be provided by a largely unpaid workforce of family carers and community volunteers. The paid workforce would focus on managing these resources and on front-line professionalised support at whole family level. Paid jobs would increase by 37% to 2.3 million in 2025, and the number of people paid to work in the sector by 26% to 2.0 million.
- **The Restricted Resources scenario** assumes that future resources for adult social care will be very limited. Consequently it envisages fewer but more stringent assessments and reviews, greater roles for community advice &
guidance services and higher client-staff ratios in publicly-funded residential care. The number of jobs would increase by 24% to just over 2 million, and the number of people working in the sector by 14% to 1.8 million.

The InLAWS approach will help you to produce local, alternative and composite versions of scenario models.

key questions

1. What impact do these workforce facts and figures have on the way you will commission your workforce?

2. Which workforce scenarios will you use as a basis for your workforce commissioning?

Local authorities, as workforce commissioners, will find the report State of the Adult Social Care Workforce 2010 (Skills for Care 2010a) a valuable source document.
2. an overview of workforce commissioning in flowcharts

2.1 analyse

**Contexts and Drivers**
Is there a clear identification and understanding of the social care context and drivers?  
(Use PESTLE Analysis)

**Policy and Priorities**
Do you have a clear idea of the social care policy and priorities for your local area?  
(Joint Strategic Needs Assessment, service commissioning plans, Early Intervention and Prevention Strategy, Neighbourhood and Asset Maps)

**Data, Information and Intelligence**
Have you used NMDS-SC to describe the current workforce in your area across all employers and sectors? What other data sources are there about the local labour market?

**Process and Mechanism**
Is there a mechanism or forum to address social care workforce issues across the locality and sectors? (A strategic workforce board, commissioner/employer partnership, InLAWS Steering group)

**Product**
Do you have a clear framework and recorded understanding about where you are with workforce commissioning? (InLAWS position statement which can be used to prioritise a plan of action)
### 2.2 plan

#### Assets
Does your InLAWS position statement give a clear picture of workforce needs plus the assets and skills they, carers and volunteers bring to adult social care? (Asset mapping, skills auditing)

#### Priorities
Are you clear what priorities you want the workforce to implement? (Personalisation, prevention and protection)

#### Gaps
What values need to be promoted, and where are the gaps in knowledge and skills to achieve the priorities? *(Common Core Principles to Support Self Care (SfC/SfH 2008a), gap analysis)*

#### Workforce Redesign
What new roles, new ways of working and service models will be needed to fill the gaps? *(Principles of Workforce Redesign (SfC 2008b)*

#### Cost
Do you know what the workforce costs? How can the workforce become more productive and cost-effective? (Financial planning, use NMDS-SC data on pay)

#### Risk
Have you identified competences, capacity, professional standards and risks? (Risk assessment and management tools for example: Social Work Health Check (in SWTF 2009))

#### Action Plan
Do your commissioning strategies facilitate action planning to fill priority gaps after you have documented your InLAWS position statement? (Revised InLAWS position statement with action plan attached that can be reviewed three-monthly)
2.3 do

Partnerships
Do you have mechanisms to identify and work with all partners including employers? (Partnership assessment tools)

Engaging people who use services, and carers
Are there effective arrangements for engaging with people who use services, and carers, in implementation of your plans? (Work with organisations led by people who use services, and/or carers.)

Project or Change Management
What method have you put in place to make the actions you have planned happen? (Supervision, project and risk plans, milestone management)

Market Development
How are you supporting service providers to redesign their services, meet essential standards of quality and safety and to plan their workforce as employers? (Taking Steps guide to workforce planning for service providers (SfC/SfH/ADASS 2010), Principles of Workforce Redesign (SfC 2008b))

Education and Training
How are you supporting education and training providers to work with employers to make the most of people’s assets and to fill skills gaps? (Workforce learning and development plans, Qualifications and Credit Framework)

Research
What steps are you taking to research trends in the local labour market, the impact of your workforce commissioning and the outcomes of training? (Evaluation plan to check outcomes)

Revised InLAWs Position Statement
Are you reviewing your position statement and its action plan every three months? How are senior commissioning managers and the DASS kept involved and informed? (Planned agenda items at leadership team, briefings for DASS and lead members, good news stories)
2.4 review

Results and Impact
Did you have clearly stated outcomes expected from your commissioning intentions? How did the workforce contribute to achieving these? (Impact assessment, cost-benefit analysis)

Monitoring Progress
How are workforce redesigns, new ways of working and new roles helping to meet service priorities? (Evaluation tools)

Evidence
Have you identified evidence and data to be collected that can demonstrate links between workforce performance and quality of outcomes for the people using the service? (User assessors of training, productivity measures)

Quality Assurance
In what ways do you use procedures, systems and people (including those using the service, and their carers) to put in place a comprehensive model of quality assurance? (Total quality, accreditation systems, and satisfaction surveys)

Revised InLAWS Position Statement
Do you review your approach to workforce commissioning annually and ensure that a new position statement is put in place as part of annual budgeting? (Scenario planning, base budget exercise, performance review)
3. why is workforce commissioning important?

**key points**

- The national priorities to be implemented in adult social care are **personalisation, prevention and protection**.
- The prime means are through **partnerships**—between commissioners, with people who use services, with carers, and with employers.
- The adult social care workforce will need to work in radically new ways to be innovative, productive and professional in meeting priorities.
- Shaping markets to provide new plural service models means working collaboratively with private and voluntary sector employers to help them access workers with the right attitudes, behaviours and skills.
- The workforce will need to focus on:
  - supporting people to self care
  - ensuring that self direction, choice and empowerment is the way of working in all settings – residential, day and at home
  - supporting carers
  - recruiting, assessing, training and supporting volunteers
  - making the most of community assets and skills in local neighbourhoods.
- Commissioners need to understand both the available workforce and the skills and knowledge required to implement national priorities.
- Directors of adult social services (DASS) and commissioners are responsible for both professional and practical leadership of the workforce commissioning processes.
- Integrated local area workforce strategies (InLAWS) provide a systematic way of linking service commissioning with workforce and financial strategy backed up with the National Minimum Data Set for Social Care (NMDS-SC).
3.1 **personalisation** calls for a step change in the way that adult social care services are commissioned and how the workforce is developed in local communities and neighbourhoods. In practical terms personalisation means supporting people to exert control over their lives by empowering them to:

- choose how and where they want to live
- employ the support they need
- work with people they choose
- spend their personal budget on things which they think will make their life easier or better
- keep safe
- access appropriate information, advice and advocacy to help them make these choices.

3.2 **prevention** has many facets. It is about working with people with long term conditions, or at risk of such conditions, to ensure that support and intervention are timely and appropriate. It is about knowing and understanding what people want and need, in what manner and at what time. It involves health promotion, self care and harm minimisation. Critically, it is about promoting well-being, independence and choice within families and developing circles of people who support each other and thus form communities.

3.3 **protection** involves ensuring that people are safe; whether alone, within their family or at home. It includes management and mitigation of the risks that can harm people in a way that recognises that people have the right to take responsibility for their own welfare. It is critically about supporting, protecting and advocating for people who do not have the capacity to do so for themselves.

3.4 **partnership** working is vital as typically 75–80% of adult social care services are provided by the independent sector, i.e. private and voluntary sector bodies, including social enterprises. Workforces in these organisations are essential to delivering the services that people require and want. So commissioning services without due regard for the whole workforce, as well as all the necessary regard for the funds and assets available, is not a viable option for local authorities or their partners. When a local authority commissions services in their local area it is critical for them to understand both the available workforce and the skills and knowledge that will be required. Many workers may not necessarily see themselves as part of the social care workforce – particularly those with preventative roles in universal services in the community (e.g. in housing, leisure and libraries, or the NHS) – but their significance in enabling people to continue living in their neighbourhoods is immense. There is a growing awareness of community and neighbourhood skills that need development as new social care roles.

3.5 **the role of directors**

Directors of adult social services (DASS) and commissioners have a key role in leading implementation across their local area. They are charged with building partnerships with people who use services and their carers to ensure that services are safe, personalised and effective (i.e. based on outcomes rather than processes) and provide good value for money.
In workforce terms this means taking steps to ensure an adequacy of supply of competent and professional practitioners.

3.6 the role of InLAWS

The InLAWS approach provides a systematic way of linking service commissioning with workforce and financial strategy. It shows how to make best use of the National Minimum Data Set for Social Care (NMDS-SC) to facilitate this process. InLAWS helps ensure that the right workforce is doing the right things at an achievable cost.

How does InLAWS support the Department of Health’s ‘vision for adult social care’ - Capable Communities and Active Citizens (DH 2010a)?

- **People**
  - Right workforce
  - Right skills
  - Quality care & support

- **Prevention**
  - Community support equals:
    - Effective professions
    - Effective use of resources

- **Protection**
  - Sensible safeguards within service provision

- **Partnership**
  - Integrated services promote partnership working

- **Personalisation**
  - Individuals drive the market
    - Local works best

- **Plurality**
  - Diverse services within an Integrated provision

- **Productivity**
  - Local accountability
  - Local improvement

- **vision**
  - the right workforce doing the right things at an achievable cost

**InLAWS**

a set of processes that assist Directors (DASS) and satisfy citizens
Ten reasons why InLAWs is a ‘must do’ for DASS, commissioners and their teams

1. Enables user choice, control and autonomy.
2. Contributes to the safety of both people who use services and the workforce.
3. Engages and supports family and other carers.
4. Makes effective use of and develop assets in neighbourhoods.
5. Builds the social care markets in the local community.
6. Integrates the social care workforce across sectors (public, private, voluntary).
7. Improves partnerships with health, housing, leisure, sport and employment.
8. Efficient and cost-effective use of resources.
9. Raises workforce professionalism, capacity, productivity, competence and standards.
10. Designs and develops a workforce that can implement adult social care priorities.
4. what do we mean by workforce commissioning?

**key points**

- **Service commissioning** is the process through which a local area achieves its service priorities.
- **Financial strategy** is how commissioning plans are translated into spending and income plans over a period of time. For the workforce, changes in pay and conditions, the costs of training, equipment, travel and change management, redundancy and pension costs are all of particular significance. Service providing employers will be bearing the costs and reaping the dividends. They will be looking for costs to be properly reflected in commissioners’ investment and disinvestment (a reduction or ending of investment) decisions.
- **Workforce commissioning** describes systems and processes that ensure that partner service providing employers have access to an adequate supply of competent workers with which they can meet local priorities. These systems and processes support investment and disinvestment decisions in practice and are manifested in approaches to procurement and contracting.
- **Workforce planning** is the system and process used by employers (both people directly employing their own support workers, and organisations) to ensure they have the workforce to meet their business objectives and personal care plans.
- **Workforce development** is the way that workers acquire the education, knowledge and skills to do their jobs and to aspire to career progression in social care. Workforce development should be part of commissioning and be undertaken in partnership with employers and training providers. It is also part of the business planning of all employers.

4.1 workforce commissioning explained

Workforce commissioning, put simply, describes a system and process that tries to predict the future demand for different types of workers and seeks to match this with supply. To be effective, it must be based upon a shared strategic sense of the purpose, nature and direction of adult social care services. It must also lead to a series of workforce commissioning activities that ensure that the plan is realised through outcomes that have the right people, with the right values, doing the right things in the right places and basing them on individuals’ needs and their aspirations for their lives. The primary distinction between workforce commissioning and workforce planning applied in this guide is that workforce commissioning is a strategic role across an area that helps employers and other partners balance demand with supply. Workforce planning, on the other hand, is how employers, organisations and people who use services turn their business plans, care plans and aspirations into the practical reality of workers undertaking the roles and tasks they require.
4.2 theory

This guide is essentially about practical steps to improve service commissioning by ensuring that strategy is thorough in taking account of both financial investment and disinvestment decisions and the full implications for the whole workforce and labour market. InLAWS describes and advocates an integrated approach. Similar elements are to be found in all approaches to both workforce commissioning and planning –

For example, based on the Skills for Health’s Six Steps Methodology to Integrated Workforce Planning (SfH 2008):

- Pre-planning: defining the geographical/service scope of the plan.
- Workforce data: using the rich data now flowing from the National Minimum Data Set for Social Care (NMDS-SC) to inform planning decisions.
- Strategic assessment of workforce needs and how it deals with these issues:
  - political
  - economic and financial
  - social
  - technological
  - legislative
  - environmental.
- Planning for future needs and scenarios
- Analysing gaps and identifying where you are now.
- The strategic action plan which will encompass InLAWS and workforce commissioning.

4.3 InLAWS and workforce commissioning

Workforce commissioning has been an emerging concept in social care encouraged by the urgent need to rethink traditional workforce ideas necessitated by the fast-changing demands placed upon the sector by government, by society, by workers and most importantly by people receiving its services. Until ADASS and Skills for Care initiated the InLAWS project in 2009 there had been no consistent attempt to codify, define and document the approaches to tackling the workforce issues arising when local authorities started to become primarily commissioners and enablers. As they have moved from being providers to commissioners and on to being enablers the local authorities’ approach to the workforce has had to evolve. Different levers and styles are deployed by different players to help put in place the workforce that can meet the priorities of people using the services.

Notwithstanding the changing role of the local authority (and it is at differing stages of evolution in different places) the underlying need is both clear and urgent. In any one local area the authority (represented by the DASS and senior commissioning managers) needs to be clear about where social care services need to be, how the local labour market will take them there and how they intend to use their finance and other resources to commission a workforce which is capable of realising the service priorities and intentions.

4.4 levers

Workforce commissioning therefore
encompasses all those service commissioning and other activities that bring about or maintain workforces within the locality. In reality this may be a complex pattern of people and activities intrinsically linked to service commissioning. Commissioning may be something that individuals do to meet their own specific needs. It may be activities undertaken by statutory, private or voluntary sector bodies or it may be nationally-driven commissioning activities. But it remains the responsibility of sector leaders to ensure overall both strategic understanding and strategic purpose. Without this, commissioning may remain a series of random and unrelated activities and will fail the people who look to social care to make their lives better. Some of the ways that commissioners can influence the shape of the labour market include:

- Commissioning plans that are clear about financial investment and disinvestment. As the workforce is the largest area of expenditure such clarity will allow service providers to business plan with improved data and information.
- Commissioning plans that are informed by the NMDS-SC and based on a practical understanding of the capacity and capability of the local labour market to respond to changing demands.
- Procurement plans that take account of the quantity and quality of the workforce needed to meet service priorities.
- Contracts that support employers to undertake business planning based on the NMDS-SC and to workforce plan to meet standards of safety and quality.
- Accreditation systems, particularly where neither the service nor the workforce is subject to professional regulation. These could be led by people who use services, peer based, self improvement or volunteer schemes. As the role of the local authority moves increasingly towards empowering people to make choices about their support, the importance of public information, advice and guidance on the workforce comes to the forefront. The social care practitioner is, after all, the major determinant of the quality of service.

Workforce commissioning should also be effective in:

- Supporting organisations led by people who use services to help individual ‘personal employers’* to plan their care and support workforce.
- Working in partnership with the regulator on understanding and responding to pressures on the workforce. Improvement planning with underperforming service providers is frequently about training and management development.
- Promoting the local area as an excellent learning environment for social care. This is the workforce commissioner’s equivalent of creating a learning organisation. It will involve supporting local qualification and training programmes in higher education, further education and the community education sector. It includes supporting provider learning events and encouraging good practice through participation in things like care ambassadors and national awards such as Skills for Care’s Accolades.

* Skills for Care uses ‘personal employer’ to mean a person who directly employs the care workers who support them, e.g. by use of direct payments to employ personal assistants (PAs). This is as distinct from ‘organisational employer’, the more traditional model where workers are employed by care service providers.
5. leading change and improvement

5.1 making change stick

Before changing the way you commission services to ensure that financial and workforce considerations are fully integrated by using an InLAWS approach, consider what you can do to ensure that the changes you need to make are going to ‘stick’.

Much has been written about how to lead and manage change successfully. It is something that takes much time, effort and staying power backed up with sound project management, and the right systems, processes and resources to carry it through. People need to be very clear about the benefits to the organisation, the people who use its services, the community and also what is ‘in it’ for them!

Success is much more likely if you spend time considering the key issues, consulting with stakeholders (colleagues, elected members, partners, providers, the local area workforce and people who use the services) to get their buy-in, planning what you are going to do, how you are going to do it and who you need to involve.

When you have done this, consider how you can best keep the changes you are proposing at the top of people’s agendas so that you can maintain the momentum needed to carry this through.

Included here are a number of questions to prompt your thinking and help you move forward.

Achieving service priorities:
- How can we understand complexity?
- Why do we need to change?
- Who and what can change?
- How can we make change happen?
(NHS SDO 2001)

Leading change:
John P Kotter (1996) of Harvard University, who is widely acknowledged as a significant authority on the subject, suggests eight steps to successfully leading change:
1. Increase urgency.
2. Build the guiding team.
3. Get the vision right.
4. Communicate for buy-in.
5. Empower action.
7. Don’t let up.
8. Make change stick.
5.2 getting organised for InLAWS

If you have not already done so, consider also how the workforce commissioning process will be led using the InLAWS approach in your local authority.

1. Do you have clear statement about the vision and purpose of service priorities that is widely understood? If not, what can you do to develop one and when will this be done?

2. Do you have a sound project plan to deliver the vision? If not, when and how will this be done?

3. Who is best placed to lead and manage the InLAWS process? Is it feasible or necessary to fund a dedicated post?

4. Do you have a workforce board or other group (of key stakeholders) to help steer the work?

5. Has NMDS-SC been completed by partner providers and in-house? If not, what plans are there to do this?

6. Can you use existing structures to make best use of the InLAWS approach or do these need to be changed?

7. How will work on InLAWS be funded? Will you give this a dedicated budget?

8. Is your internal team clear about the proposed changes and expected impact their role?

9. How will you manage any changes to working practice and skills, knowledge and behaviours of your internal team?

10. What else needs to change to make InLAWS work?

11. How will you keep momentum?

12. What is your contingency plan if key people go on long term absence or if they leave?

13. What do you need to put in place to review how these new arrangements are working?
6. using the InLAWS position statement

**key points**

- Make your InLAWS position statement applicable to the context of your own local area.
- Record and share analysis—the InLAWS position statement is a dynamic document that can be used to provide an overview of where your local area is and where it needs to be. The DASS has a critical role in leading this process.
- Design and develop an action plan based on priorities—service commissioning will only be effective when coordinated with workforce and financial planning.
- Lead and coordinate action—the position statement ensures partners know expectations and to work together in a collaborative way.
- Establish a baseline and involve partners in assessing and communicating impact—provider and other partnerships, joint and integrated working, partnerships with people who use services and with carers, are all integral to the implementation and improvement of social care.

6.1 preparing an InLAWS position statement

An InLAWS position statement is a concise statement for each local area that is particular to your local area at a point in time. It is a way of gathering together in one place the current ‘state of play’ with key workforce priorities and can transcend all approaches.

The statement can draw on many sources and signpost a range of activity. It can act as an executive summary to a comprehensive workforce strategy, as a basis for developing or updating a workforce strategy, a preface to an action plan or can be a renewable source document that covers the ‘as is’ position and milestone priorities for the months ahead.

The key areas covered in an InLAWS position statement are:

- the leadership role of the director of adult social services, the commissioner and the rest of the team
- balancing service commissioning with financial and workforce strategy
- using the data and information from NMDS-SC
- partnership with providers
- joint and integrated working
- direction of travel with information and advice services (including social work)
- workforce regulation and safeguarding.

The emphasis may vary from place to place, at different times and depending on how you intend to commission the workforce.
(options to consider include whole area, neighbourhood, service to service and by key job roles). The position statement should be a useful, dynamic document. It seeks to avoid wasteful effort being spent on process and helps keep the focus on progress.

6.2 uses of an InLAWS position statement

- Keeping the leadership team informed and engaged in workforce redesign and improvement across the whole sector.
- Ensuring that commissioners’ plans are grounded in the practicalities of implementation.
- Making a concrete link between financial and workforce implications of change.
- Providing a focus for the workforce lead in coordinating activity to meet service delivery priorities.
- Demonstrating to partner service providers that an integrated approach is being taken to investment in the labour market and that social capital is being actively built.
- Introducing a collaborative agenda of new roles and ways of working particularly, but not exclusively, with NHS partners in meeting family and community needs.
- Ensuring that people who use services, carers and volunteers are included in co-production of what should be a whole workforce (paid and unpaid) approach.
- Providing a source document for the Self Assessment Survey (SAS), milestone monitoring and all forms of external assessment and inspection.

6.3 role of the workforce lead

The InLAWS position statement has been called a ‘valuable dialogue tool’. It has been described as ‘iterative’ and an aid to ‘pre-thinking’. What this means in practice is that you should consider the questions posed in each section, determine whether they have been addressed, how and what more needs doing.

Record your position and what you intend to achieve in the next three, six and nine months and a year hence. If a question is not applicable to you then leave it. If there are questions missing then add them and address them.

Work with a group or forum (see appendix A) in partnership to shape the position statement into a tool that is useful to you. It is best used with the engagement of people, alongside other tools and should always to be considered ‘a work in progress’.

Remember the position statement is yours and it is your choice when and with whom to share it. There are other people in every local area undertaking similar tasks on workforce strategy and Skills for Care in your region can help you network with them for support.

Use the flowcharts in this guide to determine how and when the position statement can assist you. Work through the seven key areas on the template in appendix B to start developing your position statement.
Case study: Suffolk County Council

Suffolk County Council is where the idea of a position statement was developed and tested first of all as part of the InLAWS field work.

Key outcomes from this work were:

- Suffolk now has in place an embryonic strategic care sector infrastructure with partners signed up to terms of reference for working together around common and shared priorities and interests.
- The InLAWS position statement identifies key areas of workforce planning where working together will add value and the potential to move from competition to collaboration. It is a ‘live’ framework that is flexible and adaptable to emerging themes and drivers facing the social care nationally and locally.
- There is an influential and knowledgeable steering group that can act as a point of reference for other organisations and potential collaborators.
- There is a shared decision-making process with a clear understanding of how resources are targeted to the learning and development that enables integrated working.

The full case study is at www.skillsforcare.org.uk/inlaws.
7. workforce commissioning step by step

key points

- The national priorities of personalisation, prevention and protection mean that the workforce will need to operate in new ways—in partnerships, more productively and with greater professional autonomy. Some aspects will require a wholesale change in attitudes, behaviours and practice.

- Spend time understanding and communicating to stakeholders the model of commissioning you are using, both for services and for the workforce.

- ‘Analyse–Plan–Do–Review’ is key to the InLAWS model and is simple to use.

- The relationship between service commissioning, workforce commissioning and finance should show a wholly integrated picture of how adult social care priorities will be met in each local area.

- Effective workforce commissioning has its roots in thorough analysis of data and information as well context and drivers.

- Map assets as well as needs—especially the skills and abilities of the people who use the services, their carers, and of volunteers and local citizens.

- A plan should have priorities, clear actions and a group with identified lead person to steer its progress.

- Approaches to project management can be applied to workforce commissioning.

- Use the InLAWS position statement for guiding short term progress (three months to a year) and the workforce strategy template for longer term (for one to three years).

- To review commissioning outcomes you need to be very clear about priorities that you set and involve all partners in evaluation.

- Future proof your quality assurance system to ensure that procedures, systems and people all contribute to self-improvement.
7.1 a workforce commissioning model

Consider how the following model can help you strategically assess your local area needs with your key partners. As far as possible, take account of information already in place to provide you with the information you need and then fill in as many gaps as you can. You can then develop a coherent picture of how adult social care outcomes will be achieved in your local area and the workforce required.

This section will take you through the key steps in the model and present you with a practical way of handling complex workforce issues for each.
7.2 analyse

7.2.1 understanding the vision for social care: the context, drivers and local aspirations

Workforce commissioning must be founded on a fundamental understanding of the nature of social care policy, its implications for service delivery and how the workforce will implement it. The one abiding implication stemming from the national priorities of personalisation, prevention and protection is that the workforce will work in new ways—in partnerships, more productively and with greater professional autonomy. While much may be familiar to the workforce, there are aspects which will require a wholesale change in attitudes, behaviours and practice.

Such an understanding can be achieved by analysing the context and drivers at national and local area levels that provide the framework for thinking about both service and workforce commissioning and the financial background. A ‘PESTLE’ analysis is a helpful way of taking this initial step:

- **Political**: what is happening politically at national and local levels which will impact on the policy environment in which you are planning or delivering social care services? This will include a wide variety of factors but your analysis is likely to be driven by the personalisation, prevention, protection and partnership agenda.

- **Economic**: what is happening within the national and local economy? How will finance impact on the nature and scale of care services that could be offered. Will the economic conditions attract more service providers (private and voluntary) into the social care market? Will workforce markets make it more or less likely that people will be attracted into social care for work or as a career? Will service providers be able to respond to changing care needs? How will general pay trends affect social care delivery and what will the market sustain? What impact will changes to the minimum wage have? How will changing patterns of or restrictions on migration affect social care?

- **Sociological**: what will be the impact of changing social attitudes to social care provision and the demand for more personalised services? How will social attitudes affect what society at large is prepared to pay for care services for the expected very much greater number of people aged 85 and over? How will society’s attitudes to inspection, regulation, risk and blame impact on the practical delivery of care services?

- **Technological**: what is happening with technologies that can impact on what you do (e.g. telecare)? How will changes in technology impact on the way in which care can be delivered? How will changes in healthcare impact on the opportunity for many more people to stay living in their own homes for very much longer? How will technology impact on the ability for teams of professionals to work in partnership across organisational boundaries?
**Legal:** what is happening with changes to legislation or the policy background? How will changing legislation, either UK or EU, impact on the ability of social care providers to offer the type and range of services that will be demanded of them? How will broader employment law impact on social care?

**Environmental:** what is happening with respect to ecological and environmental aspects? How will this impact on the nature of care services, particularly residential services? How will the demand for sustainable and environmentally conscious social care services be affected by the sometimes short term nature of funding and investment decisions? How will social, economic and environmental outcomes be considered simultaneously in order to ensure sustainable development?

Another common approach to the initial analysis step is SWOT analysis. Establish where you are already using Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis and you may find it helpful to simply drop your PESTLE outcomes into your SWOT model. If you are unfamiliar with SWOT the following diagram helps to explain the model.
7.2.2 policies and priorities

From the contexts and drivers identified through PESTLE and SWOT it will be easier to arrive at a much clearer picture of the social care policy and priorities for your local area. Example of key processes for determining policies and priorities are likely to include:

- Joint Strategic Needs Assessment
- Service commissioning plans
- Early intervention and prevention strategy
- Neighbourhood and asset maps.

7.2.3 understanding workforce data, information and intelligence

Historically, the social care workforce has been notoriously difficult to understand. Data about the workforce has been hard to collect at local level and the rapid movement of social care delivery from the statutory to the private and voluntary sectors has made the workforce much more complex. The outcome of this has
been that the development of workforce data and information has been hampered, if not completely stifled. A lack of any real grasp of where the workforce is in the present makes it impossible to plan for the future.

This issue is being addressed in a large measure by the introduction of the National Minimum Data Set for Social Care (NMDS-SC) as it enables the gathering of information about services and information on the social care workforce. This data and information is critical both to workforce planning for service providers and to workforce commissioning.

**What the NMDS-SC does for employers**

- Provides a single source of basic information about services and workers that enables employers to plan their business activity and determine the skills base needed by the workforce now and into the future.
- Makes reports available to employers that inform business decisions and that enable employers to access different workforce development or business development funding.
- Enables employers to keep their workforce information online in the workplace; it is easy to use and to update records and for those organisations that do not have an electronic staff record system the NMDS-SC provides one.

**What NMDS-SC does for strategic commissioners**

- Assists planning at a local, regional and national level. This is critical in providing stability and growth in the social care industry.
- Provides the information about services, capacity and workforce skills to take the guesswork out of resource allocation and meeting the social care challenge at a neighbourhood, local or national level.

**What NMDS-SC does for funding agencies**

- Enables them to support employers and business development in the sector by targeting resources to where they are needed.

**What NMDS-SC does for inspectors**

- Provides up-to-date workforce data and information that will meet the inspection requirements of the essential standards of quality and safety.

**What NMDS-SC does for policy makers**

- Allows Skills for Care to reflect the real cost of social care and the of workforce in its modelling of scenarios of how to meet the needs of an ageing population now and into the future.

See [www.nmds-sc-online.org.uk](http://www.nmds-sc-online.org.uk)

“The NMDS-SC is a valuable tool for understanding who is working in adult social care in your area – rather than relying on how services have been delivered in the past we can use this data and adopt a more strategic approach to commissioning services that our citizens will want to purchase.”

Jo Cleary, Executive Director of Adults and Community Services, London Borough of Lambeth and Co-chair of the DASS Workforce Development Network
Case study: Borough of Poole
Poole Adult Social Services works closely with the independent care sector to support its workforce strategies and development. The independent care sector employs approx 70 per cent of the adult social care workforce in the Borough of Poole. One of the key actions following its recent CQC inspection was for Poole to produce a costed workforce plan so this meant really moving forward on defining the required workforce across the local area.

The Borough set out to work with the independent care sector to:
- Raise awareness of what personalised services (personalisation) means to those providing and receiving adult social care services in the local area of Poole now and in the future
- Understand more about how the InLAWS (Integrated Local Area Workforce Strategies) approach will help the local area of Poole meet the challenges of personalisation and address workforce issues
- Discuss the implications of personalisation for the workforce and job roles across the local area of Poole (not just the local authority workforce).

To further increase knowledge of the independent care sector, in-depth analysis was undertaken to establish costs such as sickness and turnover using NMDS-SC. The same work was undertaken by the Management Information Systems Team for the statutory sector. This combined analysis has helped to inform development of a workforce plan for adult social care covering both the statutory and independent sectors in the Borough of Poole. The plan includes high level strategies supported with workforce costs. This plan is currently awaiting final approval from elected members.

During the Autumn/Winter 2010/11 work will be undertaken to plan the development of new integrated fieldwork teams, including an evaluation of how this will impact on workforce costs. This analysis will help Poole to meet the challenges in adult social care service delivery over the next three years. The aim is to publish an updated workforce plan by early spring 2011.

Case study: Wigan
“Within our local authority in Wigan we have continued to successfully implement NMDS-SC across all sectors. Within the local authority we have an 84% match against our SSDSOO1 total workforce figure. From this we have begun to develop really meaningful data which is helping us to use the data in our workforce plans, use the data in our commissioning processes in understanding market capacity and what capabilities we have across the workforce with regards to skills and qualifications and identifying the gaps. We are also using the data to develop and implement our InLAWS.”

Kirsty Johnson, Workforce Planning, Wigan Council
7.2.4 processes and mechanisms for workforce commissioning in partnerships

Good practice dictates that there should be a clearly understood and agreed mechanism or forum to address social care workforce issues across the locality and sectors. Examples of such mechanisms would include strategic workforce boards, commissioner/employer partnerships and InLAWS steering groups (see appendix A).

Case study: London Borough of Lambeth workforce commissioning board

The governance of Lambeth Workforce Commissioning Board is set by the Departmental Leadership Team and reports through this structure. Although the board has to take account of strategic planning from its constituent members, potential changes in strategy, permissions and policy direction will always be linked into Departmental Leadership Team. The first task in October 2009 was to establish terms of reference and from these develop a work strategy that had real deliverables attached.

In setting the terms of reference the Workforce Commissioning Board agreed the following statements encapsulate its purpose, aim and vision:

**Purpose:** to develop a Lambeth Workforce Commissioning Strategy that supports the delivery of personalised adult health and social care services

**Aim:** to create a balance between the financial, the strategic and the operational aspects of workforce commissioning which would inform and support the delivery of personalised outcomes for people who use social care and health services in Lambeth.

**Vision:** the right workforce, doing the right things, at an achievable cost, by having a set of processes and a forum that assists Lambeth Adult and Community Services and partners to meet the health and social care needs of the people of Lambeth.

The strategy of the board is to devise planning, development and support for employers and the wider workforce across Lambeth. The initial terms of reference are quite wide and aspirational and as the Workforce Commissioning Board begins to deliver outcomes these will be revisited and reshaped.

The Workforce Commissioning Board will, by the very nature of working in partnership with key stakeholders across the social care sector, need to operate at both strategic and operational levels.

The current membership of the Workforce Board includes representatives from: Lambeth Adult and Community Services, NHS (health care), Voluntary sector providers, Sector Skills Council, Private sector providers, Education and training providers and Health Innovation Education Cluster. Membership will change as the personalisation agenda accelerates and will include representatives from employers who manage their personalised budget and who employ their own care workers.

To view the full InLAWS case study go to www.skillsforcare.org.uk/InLAWS.
Case Study: Thurrock

In our drive to make a cultural shift towards more person-centred work and improve service efficiency, we have made a real point of consulting with the wider adult social care workforce using our practitioner forum to bring about a successful total field restructure in Thurrock. We regularly ask our workforce what they spend too much time on, what has gone well, what has not gone well and for any solutions to improve structures, systems and processes if they have them.

We have:
- redefined processes, redefined team structures and redefined job roles
- implemented a new system to support the process and working practices
- introduced tools to support the new way of working.

This took 18 months of planning and then four months to implement.

Wendy Allen, Service manager, Workforce planning and development – Supporting Positive Outcomes, Thurrock Council

7.2.5 a workforce commissioning product

Though we now have a much clearer understanding of the current workforce it is necessary to take the analysis forward further to arrive at a comprehensive appraisal of the workforce in terms of skills, knowledge and values. Each local area may have arrived at its own way of looking at this but much good practice has come out of the use of the workforce framework presented in Putting People First (DH 2007) and Skills for Care’s Sector Skills Agreement (SfC 2009). Both set out a slightly different way of categorising workforce requirements and, although there is great similarity in the frameworks, each brings strengths to the analysis. Good practice suggests using both to achieve the most comprehensive analysis. A checklist that may be used for the purposes of analysing where the workforce is now, where it needs to be, and the actions necessary to get it there, is provided at appendix C as a Workforce Commissioning Strategy Template. It sets out social care workforce issues that are based on themes and issues identified in both Working to Put People First (DH 2009) and the Skills for Care Sector Skills Agreement (SfC 2009). These represent the most recent, most comprehensive and most authoritative work on workforce issues identified by employers, workforce, people who use services, learning providers and other agencies. They represent, therefore, a solid base on which to start your analysis and planning.
However, social care is constantly evolving and throwing up new workforce challenges so you will want to ensure that the template is kept up to date, monitored and populated with both national changes and your own local area priorities.

The template is designed to be used as the underpinning document as a way of capturing the results of your PESTLE and SWOT analyses and prior to preparing an InLAWS position statement and action plan in your workforce planning process. It can:

- act as a thorough checklist in your analysis of where you are now with workforce issues; as you answer each point you will be able to build up, with your partners, a comprehensive picture of where you are and identify the gaps in where you want to be
- map actions, targets, priorities and allocate lead responsibilities
- be your control action document
- set out criteria which you will use to judge outcomes in your review of progress.
7.3 plan

7.3.1 turning the analysis into outcomes

Analysis should result in clear identification of priorities for action. Associated measurable outcomes will be capable of indicating when actions are achieved and to what standard and quality. Action plans should, among other things, pinpoint which services need redesigning, how many people will be needed with which skills and how they will work together. Workforce learning and development will substantially feature to support the service commissioning strategy.

Case study: Derbyshire

The Learning and Development section at Derbyshire County Council were commissioned by the project team for Self Directed Support to develop and deliver a training programme. This was to ensure that people were sufficiently skilled in outcome-focused assessment and support planning to facilitate the successful implementation of Self Directed Support at the end of 2009. Over 500 delegates from the following target group attended this training: social workers, care managers, occupational therapists, community care workers, lead practitioners and service mangers across older adults, learning disability, physical disability and mental health services. The training was delivered in two phases with two days’ training for each phase and half day refresher workshops scheduled immediately before the ‘go live’ date to ensure smooth implementation. In future it may be possible for the direct delivery course to be supported by an e-learning package to create a blended learning approach.

To design a training package that would deliver the required outcomes, information about the national agenda and local initiatives was carefully reviewed. Different learning styles were considered to make sure that participants would have the opportunity to see how the theory could apply to practice by using appropriate exercises and case studies. People who use services were involved in the development of the training materials and resources and also helped to deliver the training with the trainers at each event.

During both the development and delivery of the programme the project team for Self Directed support met regularly with the training manger and the training team to give updates and receive feedback on the training.

A group of five trainers were designated to deliver the programme. For the first few events of phase 1 these trainers also paired up to support each other.

Overall, the training was well received by most participants.

This material is extracted from a case study produced by East Midlands Improvement and Efficiency Partnership (RIEP) and Skills for Care. To view the full case study please see www.skillsforcare.org.uk/eastmidlands.
Case study: Birmingham City Council

InLAWS field work in Birmingham City Council focused on supporting a project to develop personal assistants (PAs) in three phases.

**Phase 1:** July 2009 to April 2010 – scoping, mapping, collating and analysing

Develop understanding of the current PA workforce exploring the availability of tools to support this process.

Explore the potential to develop a PA network or community of practice to support the development of the workforce.

**Phase 2:** April 2010 to October 2010 – developing, exploring, testing, evaluating and recommending.

**Phase 3:** October 2010 to April 2011 – disseminating outcomes, reviewing and capacity building.

To date outcomes have included:

- a steering/reference group to move forward this work was established
- there is firm buy-in from leaders in the council
- there is a clear project focus and momentum to take this work forward
- version 3 of the InLAWS position statement focusing on the PA has been developed and shared with the departmental management team
- the feasibility of using NMDS-SC to help develop the PA workforce was being tested
- there was increased confidence of capacity to tackle to range of workforce issues.

To read more about InLAWS field work in Birmingham please go to [www.skillsforcare.org.uk/InLAWS](http://www.skillsforcare.org.uk/InLAWS).
7.3.2 the action plan

The plan must utilise finance and workforce resources in the most effective way possible. To support the development of a dynamic action plan the analysis can be bolstered by further examination at this step to include the following.

- **Asset audit.** This will give you a clear picture of both the need for the workforce and of the assets and skills they, carers and volunteers bring to adult social care. This involves asset mapping and skills auditing. A good plan will avoid duplication of effort between the paid and unpaid and ensure that the former support the latter.

- **Priorities.** You will need to specify what you want your workforce to achieve in line with personalisation, prevention and protection priorities.

- **Gaps in service provision and in workforce.** An analysis of gaps in both services and workforce will highlight action necessary to realise local vision and priorities.

- **Workforce redesign** will tease out the implications of change for the various types of workers, their skills, knowledge and values, how they work and what roles and tasks they perform.

- The development of a new or changed role should trigger a review at strategic level. The review should check, if the new role is a local solution to a specific barrier, or has wider reaching potential benefits.

- Change in roles and behaviours may need to happen right across the sector to have the best chance of delivering individual and personal services. Plan change around person-centred approaches and action learning—support employers to use the Principles of Workforce Redesign (SfC 2008b) and the Common Core Principles to Support Self Care (SfC/SfH 2008).

- Managers and support workers need culture change development as much as frontline practitioners if role change is to be successful.

- Research from a variety of New Types of Worker test sites shows that it is no longer a choice between a care worker and a personal assistant. There are roles that build natural community connections for people, roles that help carers to help themselves, roles to help people make the most of assistive technology and roles where home care workers have taken on clinical skills (see www.skillsforcare.org.uk/ntow).

- Changing the place in which services are offered can assist with the ability to deliver personalised outcomes. Being present in local places and offering support and advice makes sense for the development
of local and neighbourhood services. This requires a cultural shift and a move away from ‘professional’ places to very local and well-used community places.

- New service models mean that learning and development activity has to be sophisticated and look beyond the boundaries of social care. Development plans should start with a clear vision of the current assets and future skill needs of the community, and use this to enhance the action plan.

Case study: Lincolnshire dementia care mapping

Dementia Care Mapping (DCM) is used internationally as an approach to practice development and continuous quality improvement. To date it has been used mostly in formal care settings. DCM is now being developed and tested for use in supported living facilities, in line with the emphasis in the National Dementia Strategy on improving quality of care in all settings. DCM Supported Living (SL) is an initiative between Bradford University Dementia Group and Lincolnshire County Council Home Support Service that began in 2009.

The DCM-SL map involves an observer (mapper) accompanying a care worker during all of their visits to clients with dementia over a representative time period. The trained mappers at Lincolnshire County Council are the Dementia Care Champions.

The DCM-SL tool provides detail about:
- how each individual participant experiences the supported living care they receive – what behaviours they are engaged in their mood/engagement at the time
- whether some participants experience greater or lower well-being when in receipt of care from a particular care worker and what might cause this
- care worker behaviours and interactions that promote personhood and person-centred care, and care worker behaviours and interactions that will undermine personhood and person-centred care.

It may also be possible to collect data on:
- the direct perspectives of people with dementia about the care they receive and how this compares and adds to what is observed
- the direct perspectives of carers on the care their friend or relative receives, and how this compares and adds to what is observed.
- DCM-SL tells the council about the quality of care as it impacts on the quality of life of those receiving care in supported living situations.

This material is extracted from a case study produced by East Midlands Improvement and Efficiency Partnership (RIEP) and Skills for Care. To view the full case study please see www.skillsforcare.org.uk/eastmidlands.
- **Workforce costs** and funding streams to support employers are clearly integral to action planning at commissioning level. Knowing the cost-benefit of workforce inputs and how innovation and simple solutions improve people’s well-being are all part of putting a successful plan in place. Commissioning that helps employers pay for learning and development can be the difference between immediate results and delayed implementation.

- **Risks, competence, capacity and professionalism** are all factors that have to be analysed and understood in service redesign, new ways of working and pushing forward with personalisation, prevention and protection priorities. The plan should open up a new debate about what we expect from the workforce.

**key questions**

1. How will we assess workers’ competence?
2. How will we want to make judgments about the personal capacity of workers and how will we set and assess workload?
3. What will this mean for how we define ‘professionalism’? Not least, how will we assess the risks inherent in moving forward with this new workforce agenda? This may require risk assessment and management tools, for example the ‘Social Work Health Check’ in the Social Work Task Force final report (SWTF 2009).

From a workforce policy, strategy and commissioning perspective it is crucial to ensure learning and development promotes both self-care and learning and the management of risk. High quality learning and development in self-care, delivered in partnership across a local area, may well have a more significant positive impact on risk than standard learning in ‘risk management’. Additionally, from a commissioning perspective, it could be argued that commissioners of services need to ensure that self-care learning expectations are built into service and workforce development contracts.

7.3.3 planning workforce commissioning

The culmination of your analysis and action planning steps should be the first iteration of a position statement. This is a simple and short-term record (it should be reviewed three-monthly), using the prompt template at appendix B to document where you are now and the priorities in getting where you want to be. The workforce strategy template at appendix C facilitates a more detailed record of your analysis and a longer term identification of proposed actions. This allows a fluid interchange between commissioning and financial strategy and workforce action plans.
Case study: Wigan

InLAWS field work in Wigan supported change and strategic development with services to enable people to understand why approaches need to change and adopt new ways of working. The final outcomes were a set of connected processes to implement InLAWS.

- Reshaping the performance and management information system which underpins the commissioning strategy, including:
  - monitoring of service requirements through resource panels
  - gathering information on out of borough placements
  - scanning the current care market
  - reviewing contractual arrangements
  - linking activity data, expenditure and outcomes
  - monitoring complaints.

- Linking the development of outcomes-based assessments with a programme to re-design the existing workforce and the commissioning of new services which promote independence.

- Ensuring the financial strategy is integral to commissioning intentions.

- Linking the workforce strategy to the fully-developed commissioning strategy by March 2010. Before then the priority had been to collate more workforce information.

- As the reablement process is rolled out and people are supported to be less reliant on direct care services, it is anticipated that staffing resources will be freed up over time.

- There will be a longer term process to link the outcomes of the InLAWS process to the Joint Strategic Needs Analysis (JSNA).

For further information about this work in Wigan see the full InLAWS case study at www.skillsforcare.org.uk/InLAWS.
7.4 do

7.4.1 implementation

This is process and activity that may be undertaken by many people in many organisations across a locality. This may work without coordination or control but without oversight there is a danger of actions turning into a series of random events. Just as social care requires leadership on strategy and policy so the workforce commissioning action requires leaders and managers to drive the vision to its implementation. Key to this will be striking a number of agreements and arrangements that move actions forward in a coherent manner—hence the importance of the position statement as a work in progress tool. Good practice will entail the following.

- Working with service providers and other partners. A number of localities have developed cross-sector workforce partnership boards (e.g. London Borough of Lambeth). There has been a variety of titles used but essentially these are cross-social care arrangements where those charged with or having an interest in workforce issues can manage their workforce efforts in a more coordinated and collaborative way. You might consider using partnership assessment tools to get the best out of working together.

- Effective engagement with people who use services and with carers. There is a wealth of good practice in this arena (e.g. Thurrock Council, see case study above) and a range of initiatives that include but are not exclusive to engaging and involving people in:
  - planning and design of commissioning strategy including the workforce aspects
  - design of service and learning outcomes
  - developing contracts with service and learning providers
  - delivery of learning programmes
  - recruitment of the workforce
  - assessment and evaluation of commissioning and learning outcomes.

- Developing a project or change management process. You will need to put in place a method to make sure that the actions you have planned happen. This may include supervision, project and risk plans and milestone management. Project management need not be too complex and the art of getting things done is people knowing what is expected of them (see also Section 5: Leading Change and Improvement).

- Market development. This will involve finding ways of supporting service providers to redesign their services, meet essential standards of quality and safety and to plan their workforces as employers. This may include using the Taking Steps guide to workforce planning for service providers (SfC/SfH/ADASS 2010) and the Principles of Workforce Redesign (SfC 2008b).

- Education and training will involve a wide range of activities critical to the workforce achieving desired outcomes:
  - developing a contract with learning providers to establish clarity with them about your expectations and their capabilities. Good practice will
- developing contracts with outside advisers – some localities also involve outside advisers and consultants to help them realise their workforce commissioning intentions. It is just as important to ensure that these networks are chosen as carefully as your learning providers.

- designing a qualifications policy all sectors of the economy have been working on new ways of designing or structuring their qualifications to meet changing needs. New flexibilities in the way that vocational qualifications can be put together will mean new opportunities for social care to promote qualification policies that underpin their workforce commissioning (see Qualifications and Credit Framework at www.skillsforcare.org.uk/qcf).

- Developing an effective research policy. It may be helpful to consider ways in which workforce commissioning can be supported by suitable research to plug gaps in knowledge and understanding or to explore how new initiatives are impacting on people who use your services and on practitioners. This may lead to effective partnerships with research organisations.

- Revising the position statement. At the conclusion of this step you should be reviewing your position statement and its action plan. The experience of local areas using the InLAWS approach suggests a three-monthly stock-take and briefing for senior management. (How are senior commissioning managers and the DASS kept involved and informed? This may include planned agenda items at leadership team, briefings for DASS and lead members and the collection and broadcasting of good news stories.) The InLAWS position statement and action plan should be the subject of a major review annually in the light of the actualities of implementation. From here a more substantive and longer term workforce strategy can be drawn up and refreshed.
7.5 review

7.5.1 results and impact

The problem with reviewing the results of workforce actions, whether at individual worker or entire local area level, is in establishing clarity of service outcome priority and in specifying the evidence required of impact or achievement. The first question is: How do we know the workforce has done what was wanted? And the second is: What was the cause of success or shortfall?

Issues with review and evaluation have often been more about the problems caused by poor expression of service priority, outcomes or strategy goals. The key to effective review therefore is being clear upfront about expected outcomes, measures of success and ways of gauging impact or benefit for the person using the service. Before embarking on a review, check whether your plan had clearly stated outcomes expected from your commissioning intentions. Ask how the workforce contributes to achieving these. You might use impact assessment and cost-benefit analysis as possible tools.

7.5.2 Monitoring the progress of workforce commissioning activity

If you have developed an integrated local area workforce strategy group (InLAWS group or whatever you decided to call it) this can be a powerful entity in the design of monitoring processes. Shared agreement on monitoring, together with shared effort in capturing monitoring outcomes, can be very effective in providing the local area with data that will inform the development of the workforce strategy and promote successful outcomes. At the same time it can promote learning from the less successful activities. Ask how are workforce redesign, new ways of working and new roles helping to meet service priorities? What evaluation tools will you use?

7.5.3 evidencing service and workforce outcomes

How will you identify evidence and data to be collected that can demonstrate links between workforce performance and quality of outcomes for the person using the service? Good practice would involve people and their carers as assessors of training, in agreeing productivity measures and in promoting collaborative local initiatives such as care ambassadors. An effective monitoring and review system provides data that is vital to workforce commissioning. It will, for example, link people’s satisfaction to workforce surveys—asking how the workforce is responding to new patterns of working or to a focused training input.

Evaluation of workforce commissioning has to demonstrate:
- the joins between what the workforce does
- the skills learned and applied
- the way these work to get the results and impact that both people who use the services and service commissioners want.

For any organisation in a local area, effective monitoring of workforce outcomes ought to be:

a) part of the weft and weave of learning and continuous review of the way it does business
b) how it meets and exceeds the expectations and aspirations of the people who use its services.

InLAWS as a model of workforce commissioning promotes such a learning approach across the whole social care spectrum in a local area.

7.5.4 quality assurance

You will need to devise ways to use procedures, systems and people (including those who use services, and their carers) to put in place a comprehensive model of quality assurance. This might include ‘total quality’, accreditation systems and satisfaction surveys.

The nature of social care is one where the behaviours and attitudes of people are critical to the quality of the service. InLAWS uses the Common Core Principles to Support Self Care (SfC/SfH 2008a) as its value base in ensuring that procedures and systems as well as people have a quality benchmark. For further details on quality assurance see appendix D.

7.5.5 revised position statement

How will you review your approach to workforce commissioning annually and ensure that a new position statement is put in place as part of annual budgeting? This may involve you in scenario planning, base budget exercises and performance review.

Workforce commissioning is a cycle that matches service commissioning and budget making cycles. Having reached the end of this step it is time to start at the beginning of the cycle again!
8.0  getting the best from partnership working

8.1  what constitutes a partnership?

Much has been said about the importance of working in partnership in adult social care and it continues to feature strongly, alongside productivity and professionalism, as the primary implementation mechanism for national priorities. But what does this mean in practice?

Some partnerships will be formal (e.g. with health services and education providers) or informal partnerships external to the local authority (for example workforce networks and forums). In other cases it will be more about working in partnership internally with colleagues in the local authority providing universal services (available to all without assessment), or with elected members or organisations led by people who use services. This section sets out some of the tools that are available to help build and review the way you work in partnership.

8.2  checklist for building effective external partnerships using the InLAWs methodology

- Invest time in developing understanding of the InLAWs concept among all partners.
- Ensure top level buy-in and ongoing support to partnership working.
- Identify how this partnership will contribute to delivery of personalised, preventative and safe services.
- Assess if potential partners are at the same stage in their development—does it matter?
- If appropriate, capture progress of each partner with NMDS-SC.
- Check appetite for partnership working.
- Identify how this partnership will be resourced.
- Take time to build good relationships and maintain them —building trust is key.
Explore options and outcomes expected.
Consider all benefits and drawbacks—map the assets as well as the needs.
Define the scope of the partnership.
Assess if partners can work at the same pace—does it matter?
Clarify expectations/roles/responsibilities.
Assess risks and how they can be mitigated.
Set out how the partnership will be managed.
Use existing structures where possible.
Plan how to communicate.
Monitor and review arrangements regularly.

8.3 partnership assessment tools

Available online from the government is a tool called PAT which provides a practical way of helping newly formed partnerships to explore the views or aspirations of those embarking on a new venture (see www.communities.gov.uk). It seeks to:
- provide a developmental framework for establishing a healthy and effective partnership by, among other things, highlighting what to avoid
- help established partnerships routinely take stock of how effective their process of partnership working is by providing an opportunity for routine audit or ‘health check’
- help partnerships which are experiencing difficulties to systematically diagnose areas of conflict (and consensus) and to move towards remedial action assess partnership working at different levels; e.g. with those at the highest level (elected member or board level), at senior/middle management level and among front-line workers (those who need to make the partnership work in practice)
- provide the opportunity to compare and contrast views and to target remedial action where it is most needed by repeating the exercise at different levels within the partnership. Also, repeating the exercise allows partnerships to chart their progress in addressing problems and achieving their priorities.

The principles upon which the tool is based are generic: it is, therefore, applicable in a wide range of contexts, not only between authorities but within them.

Local Government Improvement and Development (see www.idea.gov.uk) has developed, along with the Department of Health, hallmarks designed for partnerships to check their own effectiveness and identify key areas for improvement. They are grounded in effective practice. The headline ‘hallmarks’ are:
- empowered and effective leadership
- visible and constructive accountability
- intelligence-led business processes
- effective and responsive delivery structures
- engaged communities
- appropriate skills and knowledge.

8.4 joint strategic needs assessment

The role of the Joint Strategic Needs Assessment (JSNA) can be powerful in providing clarity on local needs and agreements across partnerships as a basis for service commissioning. The JSNA or similar processes that develop from it provide the basis for:
- understanding the current and future health and well-being needs of the population; over both the short term (three to five years) to inform local agreements, and the longer term future (five to ten years) to inform strategic planning and workforce commissioning
- making the most effective use of local
assets including the skills and abilities of people who use services, and of carers, volunteers and local citizens.

- commissioning services and interventions that will achieve better health and well-being outcomes and reduce inequalities. In particular, JSNA addresses health and social impact using a variety of routes.

The outcome from this process should be clarity about the nature of service commissioning for each locality. There is statutory guidance from the Department of Health (DH 2007b).

8.5 working in partnership with colleagues

Building good levels of understanding and buy-in about the adult social care agenda across the local area among colleagues at all levels in the local authority (particularly at senior and service manager level) is also key to successful workforce commissioning. Making the time to explain the changes taking place in adult social care and discussing the implications for service delivery together with colleagues can help make systems and processes run more smoothly and ensure that scarce resources are being appropriately used. Is this something you do on regular basis?

Case study: Walsall joint commissioning unit

In Walsall there is a joint commissioning unit (JCU) for health and social care. In 2010, the head of joint commissioning and workforce leads from the local authority and the NHS ran a successful workforce commissioning event. The workshop was supported by Skills for Care and an external provider, who had considerable experience in working with the NHS population-centred six step model for workforce planning. The event was attended by NHS and council officers from the recently formed JCU.

This event aimed to set the context for local workforce development, identify priorities and risks from a commissioning perspective and agree actions for inclusion in the workforce plan. Discussions were based on the JCU business plan, clarification of commissioning priorities and planned reductions in expenditure over the next three years. The key workforce challenges were identified as:

- data collection (NMDS-SC), structural changes, trend analysis
- management engagement and ownership
- employee engagement
- workforces in partner organisations.

The following operating model was developed to illustrate the agreed approach to commissioning the workforce.
Following this event, agreement was reached on what Walsall was aiming to achieve to promote effective workforce commissioning:

- ensure there are opportunities to explore workforce implications (skills, competences and recruitment) with providers
- improve understanding by commissioners of information that is available about the workforce and how this links up with labour market data and population needs via the JSNA
- improve understanding by commissioners of the role of workforce planning and development in driving up the quality of care
- develop joint commissioning strategies that draw clear conclusions about workforce priorities
- develop an updated strategic workforce plan for health and social care that reflects the above
- promote understanding within the Human Resources and Development (HRD) service of how it can help commissioners in developing their own skills.

Work is continuing through the forums and a development programme is currently being implemented for commissioners. Findings are being used to update the strategic workforce plan.

For further information, contact:
Andy Rust, Head of Vulnerable Adults – Joint Commissioning. Andy.Rust@walsall.nhs.uk
Julian Mellor, Principal Workforce Planning Consultant. mellorj@walsall.gov.uk
8.6 leadership from elected members

While the DASS is accountable for service implementation and for commissioning the workforce, the elected members, and particularly the lead member for adult social care, must shape the vision and establish and communicate the priorities. Personalisation, prevention and protection are national priorities that will manifest themselves in different and diverse ways in local communities and neighbourhoods.

Getting and maintaining the leadership and buy-in of elected members is critical to turning vision into practice through joining up service commissioning with the appropriate financial resources and a commissioning or InLAWS approach to workforce.

How can you do this most effectively? Use the following checklist to help you work in closer partnership with your lead elected member and keep them fully ‘in the loop’.

‘Must Knows’ for lead members of adults’ services.
(Adapted from LG Improvement and Development 2010 see www.idea.gov.uk)

The context:
1. How do you keep up to date with developments, including identifying the direction of travel of government policy?
2. How do you know you are making progress on the adult social care priority agenda?
3. How well do you know your council, including the picture and pattern of local assets and needs?
4. How do you know you have a good understanding of regulation and inspection?

Being inclusive:
5. How do you know you are doing all you can to involve people who use services, and carers?
6. How do you know that equality, diversity and cohesion are considered in everything you do?
7. How do you know partnership working is effective?

Strategic tasks:
8. How do you know commissioning is effective?
9. How do you know your authority is prepared for transforming social care through individual budgets?
10. How do you know performance management is effective?
11. How do you know vulnerable adults and older people are kept as safe as possible?
12. How do you know arrangements to recruit, train and manage workers are safe and effective?
13. How do you know services are cost effective and provide value for money?
14. How do you know the budget is well managed?
15. How do you know transition arrangements between children’s and adults’ services are effective?
8.7  national occupational standards for commissioning, procurement and contracting

Together with sector skills council partners Skills for Care has developed a specific set of national occupational standards for workers involved in the commissioning, procurement and contracting process. These national occupational standards have been developed to provide consistent and clear benchmarks for the delivery of a quality commissioning service. They include standards on creating and maintaining effective working relationships with identified individuals, families and communities and also with colleagues, within your own organisation and within other organisations with which your organisation works.

These standards will also be used to develop qualifications that meet the needs of the sector.

For further details see www.skillsforcare.org.uk/nos
Diagram showing how workforce forums link to the leadership team. Drawn from case studies at Leicester City Council and Suffolk County Council.

**Leadership team**

- New Customer Journey
- New Commissioning Framework
- Integrated Workforce Strategy

**INTEGRATED WORKFORCE STEERING GROUP**

Strategic Business Manager (Chair), Independent Sector, Brokerage, Skills for Care, Learning and Workforce Commissioners, Job Centre Plus, CVS and NHS

- Recruitment and Retention
- Commissioning for learning
- Leadership and Management
- Health and Care
- Strengthening Communities
1. The leadership role of the director of adult social services (DASS), commissioner and the rest of the team

Leadership:
- How do the DASS and team demonstrate professional leadership of the whole workforce across the public, private and voluntary sector?
- Are there designated leads to communicate with the workforce and service providers about the social care vision and priorities?
- How are leaders and managers being developed right across social care?

Communication with the whole workforce
- Is there a clear statement about the vision and purpose of adult social care?
- What key messages are being communicated, internally & externally, regarding adult social care priorities to ensure the available service is personal, preventative and safe?
- Is the workforce clear about the impact on their roles, knowledge & skills to deliver preventative services?

Consultation:
- Is there a consultation culture to include skills in partnership building with people using services, carers and other local citizens?
- What linkages are being made between plans to support carers and volunteers and workforce commissioning?

Tips
- You may find it useful to have a diagram or picture showing how workforce forums link to the leadership team – see appendix A.
- Have you considered matching user satisfaction surveys with workforce satisfaction?
- If you are producing a comprehensive integrated workforce strategy as well as a position statement try the simple template at appendix C.
2. balancing service commissioning with financial and workforce strategy

Commissioning capacity:
- How would you describe the local market including the labour market?
- Have you defined where to commission new roles to manage & support personal budgets?
- What workforce redesign and change do you want to achieve & by when?
- Is service commissioning informed by the financial strategy?
- How are you addressing issues of affordability, productivity and efficiency?
- What support, including training, do service users and carers need to self-direct support and commission with personal budgets?

Commissioning capability:
- Have you described the workforce requirements linked to your commissioning intentions?
- What skills are required to develop a social care market with a choice of personal, preventative and safe services?
- What steps are being taken to ensure adequacy and quality of workforce supply?
- Have the skills and development needs of the commissioners been identified and steps taken to meet them?
- Have you described the workforce requirements linked to your commissioning intentions?
- What skills are required to develop a social care market with a choice of personal, preventative and safe services?
- What steps are being taken to ensure adequacy and quality of workforce supply?
- Have the skills and development needs of the commissioners been identified and steps taken to meet them? (For further details see www.skillsforcare.org.uk /nos)

Consultation:
- Do key people understand individual, neighbourhood, local area and strategic levels of commissioning?
- What does this mean within communities and do people talk a common language?
- Are you up to date with the CQC approach to Assessments of Quality in local areas, health and for registered services?
3. using the data and information from NMDS-SC

Collation:
- What actions have been taken and are required to collate the current data and information available about the whole social care workforce?
- What are the plans to obtain and achieve NMDS-SC completion in-house?
- Has the bulk upload tool been used?
- What is the position and action required for compliance in the private and voluntary sectors?
- Should NMDS-SC completion be included in your contract requirements?
- What are the shortcomings in NMDS-SC data (qualification or payroll data) and how are these being addressed?
- How is it proposed to include personal assistants in workforce data?
- What do you know about the development needs of carers, those who support carers, and volunteers?

Analysis:
- How is workforce data and information being used to inform service commissioning and the associated financial strategy?
- How are you analysing current skills to determine gaps & priorities for development linked to future commissioning requirements? (based on your commissioning strategy)?

Tips
- It is worth spending some time understanding the current commissioning arrangements for social care services, including the joint arrangements with NHS partners, as this will help shape the approach to workforce strategy.
- Although the Putting People First Milestone Self-Improvement Framework has a specific question about how workforce strategy supports transformation, make sure workforce is included in other underpinning key arrangements and when considering risk and mitigating actions for each milestone – see appendix C.
- Find ways to make service commissioners aware of the benefits NMDS-SC data and information can bring to their tasks.
- Commissioning is complex and approaches differ between local authorities and the NHS – engagement with local citizens and the workforce can help simplify matters and bring partners together.
- Consider a local community skills development approach by shaping and applying your own tools using the ideas around scenario planning and gap analysis (try an internet search on these ideas).
Consultation:
Is your approach to integrated workforce commissioning informed by consulting with:
- different practitioner groups and employers to bring together their knowledge & skills?
- people who use the services, and carers and the wider ‘local community’?
- strategic partners?

Tips
- Join or start an NMDS-SC users’ group and seek support from Skills for Care in your region.
- Require operational managers to describe the workforce skills and competences they think are needed for integrated working.
- Use the induction standards for the commissioning workforce to introduce them to the NMDS-SC and the many uses of National Occupational Standards.
- Have a look at the Demand Forecasting and Planning pages of the DH Care Networks web pages under Care Services Efficiency and Delivery. There is a toolkit called Anticipating Future Needs from the Institute of Public Care. It is a useful springboard for working with data in an integrated way.

4. partnership with providers

Consultation:
- What steps have been taken to share the local expectations in respect of personalisation, prevention and protection with service providers and their workforces?
- Are private and voluntary sector service providers engaged in both commissioning, procurement and contracting forums as well as in decisions about the allocation of funds for workforce development? How are these discussions joined up?

Business development:
- How are service providers being encouraged to plan their workforces as businesses?
- What steps can be taken with partner providers in terms of cost effectiveness and productivity of the workforce? Does performance data throw up any pointers that you can share with providers?
- Are business skills being promoted to develop market choices and preventative services?
- Is workforce development and human resource management support available to registered care services as part of their improvement planning?
5. **joint and integrated working**

To what extent does your workforce strategy identify how and what is required to more effectively progress InLAWs through your Joint Strategic Needs Assessment (JSNA) with your partners in health and social care? Does your approach to integrated local area workforce strategy inform the health and social care partnership agenda, including:

- joint data collation & analysis
- joint service commissioning
- joint workforce commissioning
- identifying and supporting the social care workforces employed in the NHS?
- developing and building social capital—addressing the contribution to personalisation, prevention and protection of workforces beyond social care such as housing, transport, libraries, employment services, sport and leisure.

Do your commissioning, workforce and finance leads collate and analyse data jointly with strategic partners?

Have the Common Core Principles to Support Self-Care (SfC/SfH 2008) been adopted by strategic partners? How are they utilised to shape workforce commissioning?

Has the Safeguarding Adults Board put in place an adequate programme of multi-agency training?

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**Tips**

- Use the In Control publication Progress for Providers – checking your progress in delivering personalised services ([www.progressforproviders.org/](http://www.progressforproviders.org/)) to improve partnership working with providers. Many of its nine sections have workforce implications.
- There are many guides to workforce planning – Skills for Care has recently published one with Skills for Health and ADASS that uses six steps ([SfC/SfH/ADASS 2010](http://www.skillsforcare.org.uk)).
- Skills for Care has advice about meeting the workforce aspects of CQC Guidance on complying with the Essential Standards of Safety and Quality ([www.skillsforcare.org.uk > qualifications & training > advice on meeting CQC regulations](http://www.skillsforcare.org.uk)).
- See this guide on ‘getting the best from partnership working’.
- Find ways to support trade associations and encourage providers’ own support arrangements.
6. **direction of travel with information, advocacy and advice services (including social work)**

What are the local plans to develop the roles of social workers? The key question involves how best use will be made of social work time.

Is training and other workforce support being directed to existing agencies that are providing information, advice and advocacy in the community?

Have you identified the workforce implications of establishing and supporting user-led organisations?

Who do you envisage will provide brokerage services and what are the skills development needs?

Are you redesigning jobs, what new roles and ways of working are you putting in place? Which agencies and practitioners will need skills development as a result and how will these be enhanced?

How are advocacy skills being strengthened?

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### Tips

- Use one of the partnership assessment tools that are available to build the culture for integrated working.
- Spend time making sure that you are using the same language in partnership forums—for example, the word ‘commissioning’ has different meanings to different people.
- The Common Core Principles to Support Self Care were developed jointly by Skills for Health and Skills for Care with DH and offer a shared value base (SfC/SfH 2008).
- Make an effort to map local approaches in the NHS like ‘World Class Commissioning’ and QIPP (‘Quality, Innovation, Prevention and Productivity’) to approaches in local authorities and with private and voluntary sector providers. There is much common ground once the language is unpacked.

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**Tips**

- The GSCC has produced an advice note about the roles and tasks of social workers (GSCC 2008).
- Skills for Care has published *The Principles of Workforce Redesign* (SfC 2008b).
- DH has sponsored user-led organisations action and learning sites – *Sharing the Learning* (DH 2010b) documents the findings.
7. **workforce regulation and safeguarding**

**Regulation:**
- Are regulatory workforce requirements being met across the whole social care sector?
- Are relevant checks being undertaken across the whole workforce?
- Are the practitioners registered with the relevant regulator?
- How are registered care managers supported in the local area?
- How are registered social workers and occupational therapists supported in the local area?

**Safeguarding:**
- Does the local Adult Safeguarding Board have a multi-agency workforce strategy?
- How do you assure the public that standards in the workforce are being considered and how can they be engaged in the processes?
- Have you reviewed existing processes and practice to ensure the effective assessment and management of risk?
- Do you and the organisations you contract with have a policy about violence at work?

**Tips**
- Consider ways the DASS can make professional leadership and development available across the area. Support to professional associations such as the Social Care Association, the British Association of Social Workers and the College of Occupational Therapists can achieve this.
- Skills for Care has guidance on violence at work, see [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk) > developing skills > safety guidance for social care staff
- Children’s and adults’ services can work together on promoting safeguarding to the public.
- ADASS has published top 20 tips to make your area safer for vulnerable adults, see [www.adass.org.uk](http://www.adass.org.uk) > policy networks > safeguarding > key documents
appendix c

template for a Workforce Strategy Document

Understanding and planning the workforce: a workforce commissioning strategy
template. The full framework was co-designed by the Putting People First Social Care
Consortium.

<table>
<thead>
<tr>
<th>Key workforce issue</th>
<th>What is your current position on each of these areas?</th>
<th>What action will you be taking? Examples...</th>
<th>Lead agency or person – who will ensure this happens?</th>
<th>Priority; low, medium or high?</th>
<th>When will this happen?</th>
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<td>The leadership of local employers in workforce planning whether in the public, voluntary or private sectors</td>
<td>Leadership of Social Care Workforce Development</td>
<td>Developing a culture of services built around the person</td>
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<td>Ensuring the right steps are taken to promote recruitment, retention, and career pathways to provide the many talents the workforce needs</td>
<td>Career Planning and Progression:</td>
<td>Shaping the image of adult social care</td>
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| Workforce remodelling and commissioning | Personalisation, prevention and partnership working

Building a wider labour market of choice | Building a confident and supported workforce across the local area
Supporting people who use services as employers of care workers
Bringing skills together from across professional groups
Providing for effective needs assessment
Understanding the needs of the local community: the Joint Strategic Needs Assessment
Developing and maintaining social worker roles
Ensuring social worker understanding of full range of family issues/policies
Ensuring adequate supervision of front line workers
Promoting continuous professional development (CPD)
Effective workforce commissioning to promote better productivity
Developing skilled analysts/technological support for workforce planning
Collecting and using NMDS-SC | | | |
<p>| Workforce commissioning to meet local neighbourhood and community needs in the future | | | | | |</p>
<table>
<thead>
<tr>
<th>Key workforce issue</th>
<th>What is your current position on each of these areas?</th>
<th>What action will you be taking?</th>
<th>Lead agency or person – who will ensure this happens?</th>
<th>Priority: low, medium or high?</th>
<th>When will this happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce development so we have the right people with the right skills, knowledge and behaviours to deliver personalised, preventative and safe services</td>
<td>Developing competences (skills, behaviours and knowledge)</td>
<td>Equipping people (practitioners, people who use the services, carers, volunteers and all who make up the support networks in neighbourhoods) with the right competences</td>
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<td></td>
<td>Workforce cross sector and partnership working</td>
<td>Effective initial, professional, post-qualifying learning and development</td>
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<td></td>
<td>Workforce funding and brokerage</td>
<td>Developing appropriate skills sets, knowledge and understanding</td>
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<td></td>
<td>Developing learning providers</td>
<td>National Skills Academy</td>
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<td>Social Care TV</td>
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<td>Social Care Accolades</td>
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<td>NQSW framework</td>
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<td>Working with education providers to ensure they meet the needs of the changing workforce</td>
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<td>Supporting appropriate qualifications</td>
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<td>Cross sector workforce development of values, knowledge, skills and competencies</td>
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<td></td>
<td></td>
<td>Developing a renewed sector workforce action plan to take account of Department of Health workforce priorities</td>
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<td>Train to Gain</td>
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<td>Making smart use of funding sources</td>
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<td>Developing learning provider understanding and skills</td>
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<td>Engaging people who use services in learning commissioning and design</td>
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<td></td>
<td></td>
<td>Enabling the workforce to make greater use of new technologies and delivery mechanisms to support people who use services</td>
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<tr>
<td>Key workforce issue</td>
<td>What is your current position on each of these areas?</td>
<td>What action will you be taking?</td>
<td>Lead agency or person – who will ensure this happens?</td>
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<td>When will this happen?</td>
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<tr>
<td>More joint and integrated working between social, health care and other sectors</td>
<td>Service design and commissioning</td>
<td>Building renewed joint working with NHS and all universal services</td>
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<td></td>
<td>Partnership working</td>
<td>Ensuring elected members take on a strong role in local strategic partnerships</td>
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<td></td>
<td>Workforce commissioning and funding</td>
<td>Developing more integrated public sector working</td>
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<td>Addressing barriers across public, private and independent sectors</td>
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<td>Developing strong links to children’s services workforce strategies</td>
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<td>Extending joint training and development across sectors and employers</td>
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<td>Extending joint workforce data across health and social care</td>
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<td>Developing workforce commissioning strategies to facilitate joint commissioning/learning</td>
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<td>Using the Common Core Principles to Support Self Care (SfC/ SiH 2008)</td>
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<tr>
<td>Regulation for quality in services as well as public assurance</td>
<td>Competence, capacity and professionalism</td>
<td>Social work registration and re-registration</td>
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<td>Setting standards of behaviour for social work</td>
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<td></td>
<td>Registration of home care workers and Vetting and Barring Scheme (under review)</td>
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</table>


Appendix D

Quality Assurance

Social care will continue to exist within patterns and systems of quality assurance laid down by government and the regulators. These will continue to evolve as social care policy develops and new demands are placed upon the service.

Whatever systems and processes do evolve by which judgements can be made about the quality of care services it continues to be important that the underlying purpose and nature of quality assurance is understood and planned for.

Put simply, quality assurance is a process for verifying or determining if services meet or exceed the expectations and needs of people who use services. Quality assurance should be a process-driven approach with specific steps to help define and attain goals. Such a process considers design, development, delivery and service.

A most popular tool referenced in a wide variety of sources used to determine quality assurance is the Shewhart Cycle which consists of four steps: Plan, Do, Check, and Act. These steps are commonly abbreviated as PDCA and encompass the following:

- **Plan:** establish objectives and processes required to deliver the desired results
- **Do:** implement the process developed
- **Check:** monitor and evaluate the implemented process by testing the results against the predetermined objectives
- **Act:** apply actions necessary for improvement if the results require changes.

PDCA is an effective method for monitoring quality assurance in social care because it analyses existing conditions and methods used to provide the service to customers. The goal is to ensure that excellence is inherent in every component of the process. Quality assurance also helps determine whether the steps used to provide the service are appropriate for the time and conditions. In addition, if the PDCA cycle is repeated throughout the lifetime of the service, it helps improve overall effectiveness at a local level.

Another helpful way of looking at quality assurance as an overall process of quality control is to use the model developed by the University of Adelaide (see [www.dest.gov.au/archive/highered/pubs/quality/adelaide.htm](http://www.dest.gov.au/archive/highered/pubs/quality/adelaide.htm)) In its commitment to the principles of quality assurance and improvement through rigorous and thorough self-assessment evidenced in the fitness-for-purpose model, the model is used by units throughout the university to ensure a cycle of continuous improvement.
<table>
<thead>
<tr>
<th><strong>ADASS</strong></th>
<th>The Association of Directors of Adult Social Services - this is the professional membership body for the people who hold that public office. ADASS and Skills for Care have jointly published this guide.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action plan</strong></td>
<td>The part of a workforce plan that records what you have decided to do (your priorities), who is going to lead on each, what the completion and key dates are along the way (milestones) and how you know you are successful (evidence of measurable outcomes).</td>
</tr>
<tr>
<td><strong>Adult Social Care</strong></td>
<td>The provision of social work, personal care, protection or social support services to adults at risk or in need because of illness, disability, poverty or old age. Adults include older people, people with mental ill-health, learning or physical disabilities, those with alcohol or substance misuse problems, and their families and carers.</td>
</tr>
<tr>
<td><strong>Big society</strong></td>
<td>The ‘big society’ is a term used by the coalition government in 2010 meaning empowering communities, redistributing power away from the state and fostering a culture of volunteerism.</td>
</tr>
<tr>
<td><strong>Care and Support Services</strong></td>
<td>In adult social care the services that are put in place to meet assessed needs in a care and support plan.</td>
</tr>
<tr>
<td><strong>Care Providers</strong></td>
<td>The organisations in the public, private and voluntary sector that provide adult social care services such as residential, day and domiciliary care.</td>
</tr>
<tr>
<td><strong>Carers</strong></td>
<td>Skills for Care uses the DH description of a carer: “A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.” Carers at the Heart of the 21st Century, DH 2008</td>
</tr>
<tr>
<td><strong>Champion</strong></td>
<td>Someone who promotes a cause or project.</td>
</tr>
<tr>
<td><strong>Change Management</strong></td>
<td>A structured approach to taking an individual, team or organisation from one state to a desired future state (that in the business plan).</td>
</tr>
<tr>
<td><strong>Commissioning</strong></td>
<td>This is used to describe the strategic process of analysing the needs of a local population, planning to meet those needs, procuring and contracting for the associated services.</td>
</tr>
<tr>
<td><strong>Common Core Principles to Support Self Care</strong></td>
<td>A set of seven principles prepared by Skills for Health and Skills for Care as the underpinning value base for the health and social care workforces in practising self care and promoting people’s self direction. See References, SfC/SfH 2008.</td>
</tr>
<tr>
<td><strong>Department of Health (DH)</strong></td>
<td>The government department that is responsible for the NHS and adult social care policy. It produced the adult social care workforce strategy.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Direct payments</td>
<td>Cash payments given to people in lieu of community care services they have been assessed as needing, and are intended to give them greater choice in their care. The payment must be sufficient to enable the person to purchase services to meet their needs, and must be spent on services that they need. Like commissioned care, they are means-tested so assume that, in many cases, people will contribute to the cost of their care. Direct payments confer responsibilities on recipients to employ people or commission services for themselves. They take on all the responsibilities of an employer, such as payroll, meeting minimum wage and other legislative requirements and establishing contracts of employment. Some of these services can be contracted out and many councils have commissioned support organisations to help people to handle these responsibilities.</td>
</tr>
<tr>
<td>Personal budgets</td>
<td>An allocation of funding given to people after an assessment which should be sufficient to meet their assessed needs. People can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave councils with the responsibility to commission the services. Or they can have some combination of the two. As a result, personal budgets provide a potentially good option for people who do not want to take on the responsibilities of a direct payment.</td>
</tr>
<tr>
<td>Individual budgets</td>
<td>Differ from personal budgets in covering a multitude of funding streams besides adult social care: Supporting People, Disabled Facilities Grant, Independent Living Funds, Access to Work and community equipment services. The government has called for the roll-out only of personal budgets, not individual budgets. The latter were piloted.</td>
</tr>
<tr>
<td>Director of Adult Social Services (DASS)</td>
<td>The public official who leads the adult social care function in a local authority and has responsibility for the professional leadership of the whole workforce and adequacy of workforce supply in the local area.</td>
</tr>
<tr>
<td>Disinvestment</td>
<td>A reduction or ending of investment.</td>
</tr>
<tr>
<td>Establishment Report</td>
<td>A standardised report that is available to all organisations that complete and comply with the National Minimum Dataset for Social Care (NMDS-SC).</td>
</tr>
<tr>
<td>InLAWS</td>
<td>Integrated Local Area Workforce Strategies is a Skills for Care and ADASS project supported by the DH to ensure the adequacy of the workforce to meet the national priorities of personalisation, prevention and protection. InLAWS is based on the principle that when you commission a service you need to commission the workforce to deliver it and make sure there is sufficient budget available.</td>
</tr>
<tr>
<td>Joint Strategic Needs Assessment (JSNA)</td>
<td>A statutory requirement for local authorities and Primary Care Trusts to produce a strategic needs assessment of the health and well-being of their communities.</td>
</tr>
<tr>
<td>Mapping</td>
<td>A process of plotting the detail of all service activity and the relationship between activities.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Person-centred care</td>
<td>The aim is to ensure that people are treated as individuals and that they receive appropriate and timely packages of care which meet their needs as individuals, regardless of health and social services boundaries.</td>
</tr>
<tr>
<td>Personalisation</td>
<td>This was the key value set out in Putting People First in 2007. It is about ensuring an individualised approach to care and support that is characterised by choice and self-direction.</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>Personal assistants work on a one-to-one basis with a person to provide whatever practical support they need. Helping people to gain control of their own lives is the key to helping them live independently. There is a wide variety of roles under this title.</td>
</tr>
<tr>
<td>Public, private and voluntary sectors</td>
<td>Used to describe three forms of ownership of social care services – the state (local authority), limited companies and charities. Collectively, the private and voluntary sectors, including newer forms such as social enterprises, form the ‘independent sector’.</td>
</tr>
<tr>
<td>Putting People First</td>
<td>This ministerial agreement set up by the Labour government in 2007 established the collaboration between central and local government, the sector’s professional leadership, providers and the regulators. It set out the shared aims and values to guide the transformation of adult social care recognising that the sector needed to work across agendas with people who use services, and with carers, to transform people’s experience of local support and services.</td>
</tr>
<tr>
<td>QIPP (Quality, innovation, prevention and productivity)</td>
<td>The NHS white paper, Equity and excellence: Liberating the NHS sets out the government’s long-term vision for the future of the NHS. The white paper recognises the financial challenges the NHS faces and the role QIPP will play in supporting the NHS in identifying efficiencies while driving up quality. QIPP is working at a national, regional and local level to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested in the service to deliver year on year quality improvements.</td>
</tr>
<tr>
<td>Qualifications and Credit Framework (QCF)</td>
<td>The Qualifications and Credit Framework (QCF) is a framework that will replace the existing National Qualifications Framework (NQF). It is a new way of recognising skills and qualifications, by awarding credit for qualifications and units (small steps of learning). It enables people to gain qualifications at their own pace along flexible routes.</td>
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<tr>
<td>Remodelling</td>
<td>Ways of ensuring that the workforce is fit for the roles and tasks needed to be undertaken. Involves training and change management and is sometimes known as redesign.</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>A way of thinking through and identifying things that could go wrong in a project. It assesses the likelihood of the risk occurring and what would be the impact if it did. The process then puts in place steps to manage and or minimise the dangers.</td>
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<tr>
<td>Term</td>
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<tr>
<td>Safeguarding</td>
<td>The systems and procedures of prevention, promotion and protection that ensure that vulnerable adults and children are not harmed and are safe from risks.</td>
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<tr>
<td>Self directed support</td>
<td>See personalisation, direct payments, personal and individual budgets as well as Common Core Principles to Support Self Care.</td>
</tr>
<tr>
<td>Skills for Care</td>
<td>Part of the UK-wide sector skills council, Skills for Care and Development, it is the employer-led worker and development body for the adult social care workforce in England.</td>
</tr>
<tr>
<td>Skills for Health</td>
<td>The sector skills council for the health workforce.</td>
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<tr>
<td>Social care market</td>
<td>A term used to describe all social care providers in a local area and how the supply of services meets the demand of people who use them.</td>
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<tr>
<td>Stakeholders</td>
<td>Everybody with an interest in a project or plan being involved.</td>
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<tr>
<td>Strategic planning</td>
<td>Usually a longer term (three years plus) consideration of what needs will exist and how they will be met. See JSNA.</td>
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<tr>
<td>Technology/Telecare</td>
<td>Includes all aids and equipment that are an enhancement to everyday living for disabled people. Telecare applies to technologically- provided (telephone and/or computer) information, advice and support.</td>
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<tr>
<td>Transformation</td>
<td>Changing the values, outcomes as well as the way of working to improve health and well-being.</td>
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<tr>
<td>Universal services</td>
<td>Services that are available to all, such as libraries or the NHS and do not involve an assessment of need or eligibility tests.</td>
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<tr>
<td>Whole workforce</td>
<td>Used to cover everyone working in social care in an area regardless of employer or whether in the public, private or voluntary sector.</td>
</tr>
<tr>
<td>Workforce Commissioning</td>
<td>Assessing the demand for the workforce related to service commissioning strategies and financial plans. A whole workforce process that covers the labour market of a local area – see InLAWS.</td>
</tr>
<tr>
<td>Workforce Development</td>
<td>Methods of training and learning.</td>
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<tr>
<td>Workforce Planning</td>
<td>A process undertaken by employers to ensure they have the workforce capacity and capability to meet their business goals.</td>
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## Information Sources

### Health and Adult Social Care Sector

<table>
<thead>
<tr>
<th>Organization</th>
<th>Tel.</th>
<th>Website</th>
<th>Information Sources</th>
</tr>
</thead>
</table>
- Integrated Local Area Workforce Strategy (InLAWs), position statement, case studies and other related materials  
- National Minimum Data Set for Social Care (NMDS-SC)  
- New Types of Workers (NToW)  
- Sector Skills Agreements  
- Taking steps; a detailed guide to workforce planning for service providers of adult social care (2010) |
| Skills for Health | 0117 922 1155 | [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk) | - Six step methodology to integrated workforce design and development in Health (2008) |
| Department of Health | 020 7210 4850 | [www.dh.gov.uk](http://www.dh.gov.uk) | - Care services efficiency and delivery web pages  
- The NHS White Paper, Equity and excellence: Liberating the NHS (2010)  
- Joint strategic needs assessment  
- Putting People First (2008)  
- QIPP (Quality, innovation, prevention and productivity)  
- Social work taskforce report (2010)  
- Working to Put People First (2009)  
- A vision for adult social care: Capable communities and active citizens (2010) |
<table>
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<tr>
<th>Information Source</th>
<th>Services/Topics</th>
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<tbody>
<tr>
<td>Centre for Workforce Intelligence</td>
<td>Advice and intelligence for NHS and social care workforce planning</td>
</tr>
<tr>
<td>Local Government Improvement and Development</td>
<td>Hallmarks for partnership working and commissioning</td>
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<td>‘Must knows’ for lead members of adult services</td>
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<td></td>
<td>The Local Government Workforce Strategy 2010</td>
</tr>
<tr>
<td>Communities and local government</td>
<td>Assessing Strategic Partnership, (Partnership Assessment Tool)</td>
</tr>
<tr>
<td>Local Government Employers</td>
<td><a href="http://www.lg-employers.gov.uk">www.lg-employers.gov.uk</a></td>
</tr>
<tr>
<td>National Skills Academy</td>
<td><a href="http://www.skillsacademyforsocialcare.org.uk">www.skillsacademyforsocialcare.org.uk</a></td>
</tr>
<tr>
<td>Business Link</td>
<td><a href="http://www.businesslink.gov.uk">www.businesslink.gov.uk</a></td>
</tr>
<tr>
<td>Skills Funding Agency (replaced the Learning and Skills Council)</td>
<td><a href="http://www.skillsfundingagency.com">www.skillsfundingagency.com</a></td>
</tr>
<tr>
<td>Social Care Institute for Excellence</td>
<td><a href="http://www.scie.org.uk">www.scie.org.uk</a></td>
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<tr>
<td>Care Quality Commission</td>
<td><a href="http://www.cqc.gov.uk">www.cqc.gov.uk</a></td>
</tr>
<tr>
<td>General Social Care Council</td>
<td><a href="http://www.gscc.org.uk">www.gscc.org.uk</a></td>
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references

ADASS 2010  Top 20 tips to make your area safer for vulnerable adults, www.adass.org.uk, see policy networks > safeguarding > key documents


SfC 2009 Skills for Care, Sector Skills Agreement (collection of documents) www.skillsforcare.org.uk/workforce_strategy/S_S_A/SSA.aspx


