London and the South East of England

Transforming Care Workforce Strategy

A Strategy that will guide the development of a sustainable and secure workforce across health and care for people with a learning disability and/or autism across the life span

September 2017
Acknowledgements

Inner North East London Transforming Care Partnerships
Kent and Medway Transforming Care Partnerships
London, South West Transforming Care Partnerships
North, Central London Transforming Care Partnerships
North West London Transforming Care Partnerships
Outer North East London Transforming Care Partnerships
South East London Transforming Care Partnerships
Surrey Transforming Care Partnerships
Sussex Transforming Care Partnerships

With support and input from Health Education England, NHS England, Skills for Care and Skills for Health
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In 2007 the Joint Committee on Human Rights published a report titled “A Life Like Any Other?” in which it was emphasised that human rights were for everyone, even those with a learning disability (LD) (Parliament. House of Lords, 2008). So, we were pleased to see in 2015, a national plan called “Building the Right Support” (ADASS et al, 2015A) that set out a clear route to making this happen for all people with a LD and/or autism.

Across London and the South East (LaSE) “a life like any other” is not an aspiration. It is a right that we are helping make happen with the partnership of experts by experience, their families, providers of health and care and many others.

Suggest turn it round to say in order to ensure a “life like any other”, Transforming Care Partnerships (TCPs) across LaSE will develop a sustainable and secure workforce, that if called upon, will be available in the right numbers, at the right time with the right values and skills. This strategy outlines how our nine TCPs (for details go to https://www.england.nhs.uk/learning-disabilities/tcp/) with the support of the workforce partners (see appendix one for details), will do that.

LaSE TCPs 2017
Introduction

This paper describes our LaSE strategy for 2017/19 to ensure that by the end of the national Transforming Care (TC) programme (April 2019) we have developed a clear picture of what our workforce currently looks like, what our future workforce will need to look like, and how we can make this happen. Building upon the work of LaSE individual TCPs (see appendix two), we will make sure we directly align with the national service model (ADASS et al, 2015B) and seeks to develop a whole-system response, and a shared values base, that places the individuals and their wellbeing at the centre of all workforce development. We will focus on provision of seamless support across health and care to ensure that, by April 2019, our TCPs can demonstrate that they have plans for workforce that meet the needs of people with learning disabilities and/or Autism for now and the future.

This strategy aims to help address some of the key workforce concerns and issues that have been highlighted by providers and the TCPs. These fell broadly into the following three areas:

- Workforce Market Shaping: without a greater collaborative focus on the development of the right workforce, recruitment and retention issues will continue to increase, resulting in delayed discharges, decline in the continuity of care and the need to continue to spend billions of pounds (National Audit Office, 2017) on reactive inpatient care.

- Health and wellbeing: greater focus is needed to develop a workforce that can lead the prevention agenda and support earlier intervention across the lifespan. Current inequalities identified not just for adults but also children and young people (Lenehan, C. 2017) will continue to hinder, the TC aims of reducing reliance on inpatient facilities for people with a LD and/or autism and improve community services so that they can live closer to home near their friends and families.

- Sustainability: people with learning disabilities and/or Autism will continue to need to have a workforce that meets their needs both now and in the future. Without developing clear relationships between TCPs and their local sustainability and transformation partnerships (STPs) before the end of the programme, STPs will be unclear about their role and responsibility towards the continuation of the TC agenda post April 2019 that will ensure people continue to have a workforce that meets their needs.
What we know about the population and workforce already

Note: Data from across LaSE has been combined for the purpose of this strategy due to there being negligible differences across the region

- Population data collected by local authorities across LaSE for 2016 would suggest that the total known population is somewhere in the region of 13,234,441. When combined with the Quality and Outcomes Framework (QOF) data taken from GP surgeries across the region during 2015, this would suggest that the total population of people with a learning disability (PWLD) known to services is 48,682 (3.68 PWLD per every 1000 of the population across LaSE).

- The prevalence of individuals not currently known to specialist services is likely to be as much as 77% more (Emerson, E. & Hatton, C. 2004). This may be a group that currently live independently or with parents but will still have significantly greater needs than the rest of the adult population including greater risk of experiencing mental ill health, which is also true for CYP (Allington-Smith, P. 2006).

- There is an increased prevalence of mental health issues amongst PWLD aged 18 and over, a range of between 30% and 50%. For children with a LD this is 36% (Joint Commissioning Panel for Mental Health 2013).

- The prevalence of people identified as having an Autistic Spectrum Condition is thought to be around 1% of the UK population, with the prevalence being upwards of 7.5% of the LD population (The information Centre Health and Social Care 2007).

- Across LaSE the estimated total health and care LD adult workforce as of 2016 was 130,129 (whole time equivalents). This number does not account for the personal assistants and unpaid carers working in the system, nor does it include the workforce that only work with children who have a LD and or ASC (Autistic spectrum conditions). This means that the true number is likely to be far higher, and is as yet unknown.

- For the region the vacancy rate for NHS funded and non-NHS employers is estimated at 10.5%.

- The annual staff turnover for Adult LD/ASC across LaSE is reported as being slightly lower than the national average, around 22%. Despite this, across the health and care workforce staff turnover remains relatively high. This is likely to be due to a number of factors including retirement, wage restrictions, increased labour competition, the affordability of training and the cost of accommodation and housing.
- Less than 10% of the total adult LD/ASC workforce is aged 25 and below, with just over 20% aged 55 years and over.

- It is estimated that a little over 3% of the total health and care workforce have a registration e.g. nursing and allied health professional (this data does not include medically trained staff).

- A little over 99% of the total adult LD/ASC workforce is not NHS employed but may be NHS funded. They work for Local Authorities, private, independent and charitable providers (as before these figures do not include personal assistants and the large unpaid workforce).

The local offices of Health Education England across LaSE have worked with SF) to make the above workforce data available to all the TCPs. This data remains freely available upon request or is downloadable at http://bit.ly/2l9nWVT and will be refreshed from time to time.

What our providers told us about workforce

Our workforce partners SfC have engaged with a range of providers across the region at events and forums where TC is regularly covered. It is clear from these interactions that providers are passionate about wanting to offer quality support to people with LDs and/or ASC both now and in the future. Present challenges that have been identified as impacting on current and future service developments include:

- Recruitment of new staff members to fill current vacancies and new roles, plus the need to retain existing skilled and experienced staff. Providers suggest that this may be because of the size of the current labour market resulting in greater demand than availability. We know that the demand for more staff will grow as TC comes into being, and that the current workforce will need to have different skills and expertise.

- The need for cultural change across a range of areas from the need to improve cross working and communication between health and care, through to the need to change the historic competitive nature between providers.

- Education and training – concerns about the consistency and quality of training that staff receive in some areas compared to others. A lack of knowledge as to what training is needed in addition to mandatory and statutory training to be able to provide good care and support to people who may present with challenges to the service.
We also acknowledge our providers have also been able to overcome many challenges to make sure people live good lives. These include people who moved out of long stay hospitals into community settings, as well as supporting people to avoid being admitted to hospital settings by securing more local support. Where these successes have occurred, it has been the result of a shared partnership approach. See appendix three for social care providers contribution to TC, and examples of SfC resources.

What TCPs told us about workforce

Building the Right Support (2015, p4) makes clear that its aspiration for people with a LD and or autism is that they “should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives”. We asked each of our TCPs to share their ambition for their workforce that would support this aspirational vision (see appendix two for details of LaSE responses).

In addition, during the first half of 2017 with the support of Health Education England (HEE) we undertook an evaluation exercise, which consisted of the theming of related claims, concerns and issues (Guba and Lincoln, 1989) across LaSE with the aim of capturing the opinions of a variety of stakeholders related to workforce. Common themes were identified from the evaluation under the headings Claims, Concerns and Issues (see appendix four for details of evaluation).

What could the future look like and how do we get there?

By combining the themes identified in the TCP evaluation exercise, the following headings were identified as areas for LaSE region TCPs to consider next, throughout the following section, we use the term “we” to represent all TCPs and workforce partners.

a) Workforce capacity, resource and outcomes:
   i. For TC to become “business as usual”, current workforce capacity needs to be identified either across TCPs, STPs or as a region. HEE has provided the raw data from the NHS electronic staff records system (ESR), and SfC have provided the equivalent national minimum data set for social care (NMDS-SC) for the non-NHS workforce (some of which is NHS funded).
   ii. Current data sets are only for the adult health and care workforce, the same data is required for the children and young people (CYP) workforce across health and care.
   iii. For workforce partners to work with TCPs and ADASS to develop a detailed workforce plan/strategy (to be developed at a TCP, STP level) that adds narrative to current workforce data.
   iv. For HEE to provide TCPs with the opportunity to access resources and tools to support the development of their workforce plans e.g.
a. To support the second Learning Needs Analysis Tool workshops to be run by Skills for Health (SfH) across the region. This tool supports the identification of skills gaps across TCPs (one workshop has already taken place). Licenses and access to tools to be funded by HEE.
b. To provide TCPs access to tools and resources to aid in the estimation of future workforce numbers required. The workforce multiplier tool will be published for TCP freely to access via HEE website.
c. To provide TCPs with free access to a TCP workforce exemplar developed from the Valuing People Now (2009) workforce exemplar.
v. We will identify when a final workforce plan is required taking into account that a workforce cycle can take two years and not all workforce commissions will run concurrently e.g. 3 years to train a nurse via a traditional University full time course etc.

b) Policy:
i. Work with a lead partner to help to identify any barriers to joined up working across health and care workforces perceived or otherwise, sharing outcome and or any existing work.
ii. Work with partners to identify the opportunities for meaningful engagement with STPs, with the aim for TCP workforce to become a “business as usual” item for all Local Workforce Action Boards (LWABs).

c) Influence & providers:
i. We will engage with all providers as part of a workforce planning process to identify all key stakeholders across all provider sectors e.g. families, personal assistants, independent, private, charitable, local authority and NHS.
ii. We will develop a workforce plan with providers that will identify what current and future workforce providers will need concerning skills and knowledge, and to what level they are required. Additional specialist training that is needed to work with a range of complex groups e.g. forensic, ASC etc. will also be identified.
iii. We will work with workforce partners to identify good practice examples of workforce skills required to work with a range of identified needs.

d) Recruitment & retention:
i. We will develop a workforce plan that identifies current workforce knowledge plus gaps to highlight areas where upskilling the existing workforce across health and care in both specialist and more generic roles may address current workforce issues.
ii. We will review current tools and resources available from workforce partners that may aid with retention of existing staff and support future recruitment.
iii. We will scope the current capacity to use the apprenticeship levies to support larger and smaller providers to employ new kinds of workforce in different ways e.g. recruit to progress etc.
iv. We will develop workforce using evidence-based frameworks such as the LD Skills and competency framework (HEE) and LD core skills education-training framework (SfH).

e) Strategy, reassurance, communication & culture:
i. For workforce partners to continue to supply updates to the partnerships via workforce network meetings, email updates, communities of practice, social media.
ii. We will review the impact of the LaSE TC workforce strategy (TCPs local plans and individual strategies) at intervals until April 2019 and update as required to keep all partners informed and engaged.

iii. We will develop a shared terms of reference identifying common language and agreed boundaries to support collaborative working.

f) **Wider workforce:**

i. We will review the service model (ADASS, 2015B) and identify health and care systems that will influence TC e.g. the use of the health equality framework (HEF), the provision of the LD enhanced services (LDES) by GPs, positive behavioural support (PBS) for CYP, Improving Access to Psychological Therapies (IAPT) across the life span, ASC awareness and the need for reasonable adjustments under the equality Act 2010.

ii. We will report on the identified needs of the non-specialist workforce to STPs/ LWABs and offer solutions where possible.


g) **Sustainability:**

i. There are interdependencies between the TCP plans, the STP plans and the needs of people with LD and/or ASC that will all need to be considered (STPs explained [https://www.kingsfund.org.uk/topics/integrated-care/sustainability-transformation-plans-explained](https://www.kingsfund.org.uk/topics/integrated-care/sustainability-transformation-plans-explained)). STP and TCP leads should be aware of the work of the other in their area (there may be more than one TCP/STP), feed into action plans, and make clear any interdependencies in their plans.

ii. TCPs and STPs should already be working closely together to ensure that the TC agenda is system-wide; this is the only way that the TCP work will be embedded to ensure that it continues after the TCP itself has become business as usual.

iii. We will support STPs to understand that the ASC workforce, across both children and adults, also needs to be considered in any workforce strategy moving forward. We recognise that this is more difficult as the workforce for this group of people is part of a wider team (i.e. speech and language support, occupational therapy, educational support). It is therefore essential that the STPs consider how their workforce plans will include this workforce, and cascade this information down to the TCPs to ensure a cohesive approach.

**Next Steps**

The aim is for all nine TCPs to have a workforce workstream and plan under development (this may sit in STP or under other titles) with the support of the workforce partners as appropriate. This strategy will be reflected across each TCP in line with their own governance structures. This strategy will be reviewed and amended by the TCPs as required in order that it remains appropriate, useful and population centred.
References


## Appendices

### Appendix One – LaSE Workforce partners

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Appendix Two – TCP aspiration for workforce by April 2019

North West London Transforming Care Partnerships

Workforce aspiration for NWL is to ensure the workforce across both specialist and universal services, is able to effectively support people with a learning disability and/or autism who have behaviours that can challenge.

In NWL TCP there’s a dedicated workforce work stream currently leading on a detailed analysis of services and their structure across the eight boroughs with the overall aim to identify gaps in community provision in each of the areas. The outcome of this analysis will enable for a better understanding of the community services needed in each area and current gaps in workforce and identify future workforce skill set needed to deliver those services.

The workstream covers the following groups;

1. Professionals working within specialist learning disability community teams.
2. Professionals and staff working within specialist learning disability inpatient services.
3. Social care provider staff
4. Personal Assistants
5. Staff and Professionals within universal services such as mental health community services, A&E, UCCs etc. who come into contact with people during periods of crisis.
6. Unpaid workforce, including family carers, experts by experience, advocates.

By the end of December 2017, a workforce reference group to oversee longer-term workforce development will be set up.

Inner North East/ Outer North East London Transforming Care Partnerships

INEL and ONEL are working collaboratively to develop a workforce plan for the TC cohort of people where positive behaviour support awareness; competence; support and developing the right skills is at the centre of their aspirations.

There has already been a Tizard positive behaviour support course for members of the learning disability community teams; parents and for those providers that the STP commission. There has been significant focus on consultation with People with learned experience; their loved ones; families; providers and those that support people within the TC cohort in a professional capacity. Recently INEL held a well-attended conference for all relevant stakeholders including SfC to outline progress in developing a workforce that enables people to have the right support in the
right place at the right time. The TCP is very committed to maintaining people within their own communities and to bring back to borough those that wish to return. The conference engaged people as did several listening events to identify the future workforce plan.

The STP aspiration agreed by all stakeholders is the following: Workforce development activities to create the right number and calibre of support through:

• Developing a PBS Protocol across the TCP with the aspiration of this being across the STP footprint

• Trained PBS Behavioural Leads who will be of post graduate calibre, including psychologists to support the TC cohort and will cascade training; support assessment of People requiring PBS to have PBS plans in place with staff and loved ones equipped to bring those plans to life in the most positive ways.

• There will be PBS Champions within the STP, for example families will have a network of support to turn to from those with similar experiences to guide and help.

• Foundation level knowledge of PBS by those providers commissioned to support people within the TC cohort

• Bespoke training packages around individuals to include all engaged in their support – family, support staff, commissioners, contracts/reviewing officers.

• There will be training around specialist posts for social workers; Learning disability teams that needs further consideration as to the methodology.

• Forty children and young people in need of PBS support will be identified from each age group, the aim of which will be to intensively provide input from diagnosis or before where a family is struggling. Lumos has already been engaged to work with the TCP around this cohort and there is an aspiration to prevent where possible Children and young people from going into hospital and into the criminal justice system. The TCP and STP wish to develop the process and methodology for measuring outcomes and impact of this work so that the needs of the future workforce can be fully appreciated and plans put in place to meet these demands comprehensively.

North, Central London Transforming Care Partnerships

Developing a new service model that aims to work to strengthen the workforce in the avoidance of unnecessary admissions to hospital and to facilitate complex discharges from Hospital in NCL. This will be achieved though the recruitment of experienced skilled staff to work within NCL TCP Hub for twelve months. To date four such staff have been recruited, these are complex care project manager who will line manage the team of three senior care coordinators. These staff will work alongside either the LD team or the Mental health team in each CCG of NCL to develop links; sustainable communication networks; dialogue and pathways. They will model the skills required, they will develop and support the Workforce within NCL. A multi-agency discharge planning pathway and
the development and improvement of key skills within teams will be embedded to achieve successful transition and discharge planning of the most complex patients.

NCL are also developing an NCL-wide positive behaviour support project that will train, develop and support staff, providers and to families to maintain CYP and adults in the TC cohort within their own communities.

NCL have been developing the service specification for community learning disability teams that meets the requirements of Building the Right Support. NCL wish to develop a comprehensive Workforce strategy with SfC and HEE.

**South East London Transforming Care Partnerships**

The TCP is focussing on reviewing patient pathways and the needs of the cohort. This will help the TCP to work with southeast London providers to develop their workforce to meet the needs of this cohort. Leadership will be key in delivering the workforce strategy and supporting front line staff. Currently there is a South East London Practitioners’ Network which facilitates sessions for care co-ordinators to share ideas and good practice on individual cases and also use the sessions to understand the wider transforming care agenda.

**South West London Transforming Care Partnerships**

During 2017 the TCP have been running regular surgeries with NHSE specialised commissioning representatives and SWL CCG’s & local authorities’ learning disabilities commissioners, to determine the needs of the TCP cohort. In addition, the TCP facilitated a workshop in July 2017, which focused on identifying existing gaps (against the Model Service specification) in service provision across SWL. Crisis management and PBS were two areas highlighted as gaps and areas where a SWL solution could be found. The TCP has two workstreams, both chaired by learning disabilities commissioners, taking forward this work and will be working closely with HEE to define its’ workforce strategy.

**Kent and Medway Transforming Care Partnerships**

To create a comprehensive and sustainable workforce development plan that outlines how the skills, knowledge, expertise and capacity required to successfully delivering Transforming Care (TC) will be developed across Kent and Medway.

To support the development of a sustainable plan that will continue after the end of the Transforming Care programme in March 2019, the TCP will embed TC workforce development within wider LD and MH workforce development, linked to the STP workforce development workstream.

To develop and implement the plan, TCP partners will:

1. Consider options for a dedicated workforce lead to drive TC workforce planning through a K&M TCP workforce workstream linked into K&M STP workforce programme (discussions are underway with the STP workstream).
2. Work collaboratively with support from Health Education England to facilitate the development of a workforce plan via a structured programme of workshops involving providers that will enable the effective support of individuals, identified as being within the transforming care cohort.

3. 4 x 3 hour Health Education England facilitate workshops commencing autumn 2017 (dates currently being confirmed) including stakeholder scoping, current services/situation mapping, gap analysis, development options and action planning.

4. Continue to develop partnership working with all stakeholders for the benefit of individuals identified as being part of the TC cohort.

5. Link with other workstreams to develop a more robust local offer for all people identified within the TC cohort.

6. Include TC in the Kent and Medway STP workforce development workstream to ensure integrated development, sustainability of plans and to avoid duplication of tasks.

7. Work with SfC to support development of TCP workforce plans.

8. Raise the profile of TC throughout the workforce by improved communications and networking.

**Surrey Transforming Care Partnership**

We want to create a workforce development plan to recognise the skills, knowledge and attributes needed within the Surrey workforce, to provide a holistic assessment and support service to individuals identified as belonging to the transforming care cohorts. To build a strong workforce to meet the needs of individuals within the transforming care agenda we will:

1. Facilitate the development of a workforce plan to enable the effective support of individuals, identified as being within the transforming care cohorts, in the community in which they live.

2. Continue to develop partnership working with all stakeholders for the benefit of individuals identified as needing a transforming care approach.

3. Identification of individuals, who may fit within the transforming care cohorts, to enable better planning of resources to meet their needs. Link with other workstreams to develop a more robust local offer for all people identified.

4. Continue to work with partner agencies to develop a joint at risk register for better planning as well as individual responses to need.
5. Create an option to set up an accredited training programme to ensure that staff working with this cohort are properly trained and certified.

6. Raise the profile of care and support work through public relations, advertising and social media.

7. Open and facilitate channels of recruitment, including recruitment via schools and colleges, the internet and recruitment agencies.

8. Audit workforce skills within adult social care to inform how skills and knowledge can be shared across the county. This will also support identification of what training and development opportunities are needed and how they can be sourced to enhance the social care workforce in adult social care.

9. Work in partnership with Surrey Care Association to identify skills within the Surrey provider workforce and how these can be utilised to support individuals with needs relating to any of the transforming care cohorts.

10. Adult social care to build on attendance at transforming care response group meeting to address the needs of individuals in crisis and to prevent unnecessary admissions to specialist mental health inpatient service. Networking with other agencies to ensure cross sector representation at this meeting.

11. The Surrey positive behaviour support network have submitted a bid to the SfC innovation fund, to develop and train a network of 30 PBS coaches raising PBS skills in providers across the County, and in adult social care teams. The aim is to reduce service breakdowns and inappropriate hospital admissions by improving PBS skills across the sector in Surrey. If the bid is successful, experts from Surrey providers will work together to develop and deliver the training materials. The initial grant funding will aim to prove the concept so that the network can be self-sustaining for future rounds of training.

12. Organise workshop events across 2017/18 facilitated by Health Education England to ensure the draft workforce plan is on track to be delivered by March 2018.

**Sussex Transforming Care Partnerships**

The over-arching objective of a Sussex TCP workforce plan is to ensure we have the right people with the right skills, in the right place, at the right time and in the right numbers to deliver high quality, safe and effective care and support to people in the transforming care cohort, who have a learning disability and/or autism.

The plan’s development and subsequent success is dependent on the three local authority areas working collaboratively across the TCP and is predicated on a number of principles, as follows:

- Developed with service users and key stakeholders
- Consistency of quality and safety standards cross county
• Engagement and inclusion of stakeholders, service users & carers and providers, including private, charity, independent, voluntary sectors
• Effective inks with relevant TCP and other working groups
• Collaborative working with Local Authority and NHS partners
• STP oversight and governance
• NHS England assurance
• The development of a clear, coherent approach to commissioning

To be effective, the plan requires:

• A comprehensive understanding of the current Sussex workforce
• Detailed mapping of future knowledge, skills, competencies and levels needed to support the cohort, based on the discharge needs of the TC cohort
• Development of a local education framework
• Development of a Sussex specific attraction, recruitment and retention plan – to include associated concerns as housing
• To link with existing LA LD workforce plans
• To link with the STP workforce plan

Process:

• To be informed by a series of multi-agency workshop events facilitated by Health Education England, by end March 2018 – based on the population centric model
• To incorporate findings of previous analyses of the Sussex LD workforce plus detailed discharge planning information (Sussex wide risk register, fortnightly DP meetings / specialist commissioning case manager)
• To incorporate the outputs and findings of the workforce workshops as they progress
• To development of a clear, coherent approach to commissioning ensuring current and future workforce priorities are linked to commissioning and service development plans and intentions

Workforce priorities including:

• Transforming Care cohort
• Positive Behaviour Support and network
• Forensic community services
• Intensive community support and crisis response
• Specialist commissioning
• Autism Spectrum Condition
• Children and Young People
Appendix Three – The contribution by the social care sector, and resources from Skills for Care

1. **The individual at the centre**

This includes:
- Creating person centred bespoke packages of care and support, based on what the individual wants and at the speed they require.
- Securing funding with sufficient flexibility to respond to changing needs.
- Ensuring that people who employ their own staff are well supported and that their personal assistants have access to good quality support and learning.
- Maintaining links with people who know the person, to advocate on their behalf.
- Ensuring information about the person is shared, including risks/strategies.

Resources:
- Best practice examples videos - why Transforming Care is so important [here](#)
- Examples of how people have been successfully supported using Positive Behaviour Support are here-  
  - The Lifeways Group and Keith,  
  - The Lifeways Group and Jeremy
- Wirral Evolutions
- Employing a personal assistant (PA) using direct payments from your local authority, a personal health budget from the NHS or with your own money:
  - Employ your own care and support staff

2. **Positive working culture across organisations**

This includes:
- Promoting trust across the various stakeholders
- Understanding and valuing each other’s roles.
- Sharing a Can Do approach and avoiding a blame culture
- Creating shared agreements and protocols

Resources:
- Develop a positive workplace culture: [culture toolkit](#)

3. **Excellent working relationships between Social care Providers and Care and Assessment teams and Community Learning Disability Teams.**

This includes:
- Working together to plan and implement support services and support roles
- A proactive positive partnership approach to problem solving
- Having access to support outside of office hours.
- Having easy access and clear lines of communication
- Evaluating what works well and remedy what isn’t working well
- Offering specialist support, such as forensic support.
- Having information sharing protocols.
Resources:
- This guide supports commissioners and providers to build a workforce with the right skills, knowledge and competencies who directly support people with a learning disability and/ or autism. Care roles to deliver the Transforming Care programme - building the right support

4. Excellent working relationships between Social Care Providers and Commissioners

This includes:
- Having a clear vision of what’s required
- Strengthening provider and commissioner relationships
- Creating person centred bespoke packages of care and support, where funding is sufficiently flexible to respond to changing needs.
- Ensuring adequate lead in time from conception to service delivery.
- Evaluating how well the service is meeting the person’s needs and wishes.
- Working across health, social care, learning providers, housing.
- Planning for and supporting successful transitions from childhood to adulthood.

Resources:
- Practical resources and information specifically for those who shape and commission care and support services.
  - wellbeing
  - understanding and empowering the community
  - labour market shaping
  - improving the quality of your workforce
  - integrated personalised care and support.
- Commissioning resources: workforce commissioning web page.
- How to develop your leadership capacity if you’re a new or aspiring director in social care, or if you’re already a senior leader.

5. Working with families and carers, and the wider community

This includes:
- Working with families and carers as key partners

Resources:
- Expert partners in the care of their family member or friend Here
- Helping and empowering local people to understand how their skills and knowledge can be enhanced and shared to improve the wellbeing of others in their communities. Here

6. Social Care Providers recruiting and retaining excellent staff

This includes:
- Planning and ensuring sufficient workforce capacity

Resources:
- Building a workforce with the right skills, knowledge and competencies who directly support people with a learning disability and/ or autism: Care roles to deliver the Transforming Care programme - building the right support
o How to do workforce planning using the analyse-plan-do-review method: Here

- Attracting people with the right values to work in the sector
  Resources:
  o Promote your organisation to potential recruits and help motivate your existing staff: I Care...Ambassadors
  o Our sector route-way has now been established as the pre-employment support process for adult social care in England: pre-employment training.

- Creating new/other job roles where this is required, with commensurate terms and conditions
  Resources:
  o Examples include:
    - Positive behaviour support assistant here
    - Mental health support worker- here
    - New projects director for Transforming care- here

- Recruiting staff (permanent and temporary) with the values and attributes to support people
  Resources:
  o Finding and keeping workers
  o values based recruitment and retention toolkit

- Ensuring they are well inducted
  o The Care Certificate, the minimum standards that should be covered as part of induction.
  o Our Manager Induction Standards (MIS) set out what a manager needs to know and understand to perform well in their role.

- Have training and qualifications relevant to their roles, as well as using recognised frameworks to identify gaps in provision
  Resources:
  o Core skills guide to help develop the English, number, digital and employability skills of your staff. These skills will underpin all learning and development activity. Qualifications and Apprenticeships available to meet the different needs of your workforce.
  o Funding for related training and adult social care qualifications
  o Support in finding and choosing the right learning, check our learning provider directory that details all the providers who are part of our Endorsement Framework and have been given our mark of quality.
  o On-going learning and development in adult social care can help you to create and keep a knowledgeable, skilled and up-to-date workforce.
  o ‘Learning Disabilities Core Skills Education and Training Framework’
  o Mental Health Core Skills Education and Training Framework- national ‘Core Skills Education and Training Framework’.
    - Autism resources Here
    - Positive behavioural support (PBS) resources Here
    - Mental health and overall wellbeing resources: here
    - Adult safeguarding: Guide to adult safeguarding
    - Restrictive practices: A positive and proactive workforce

- Staff are properly supported and supervised, their health and wellbeing is supported, and they are able to cope with the demands of the job.
Resources:
- The guide gives a summary of how you can start to implement and practice effective supervision.
- Effectively managing people’s performance
- Developing resilient staff: our resilience resources.
- ‘NICE quality standard’ Healthy workplaces: improving employee mental and physical health and wellbeing

- Have career development opportunities

Resources:
- Ways you can develop and progress in social care here
- Our leadership programmes for registered managers.
- Our leadership development programmes
Appendix Four – Theming of common CCIs

Slide One

Theyming of common claims, concerns and issues

During the 1st six months of 2017, an evaluation exercise was completed with 8 out of the 9 LaSE TCP’s. The following slides give you an introduction to the method, the initial findings and the 1st round of theming.

Slide Two

What is Claims, Concerns and Issues

CCIs comes from Fourth Generation Evaluation (Guba and Lincoln, 1989), an evaluation methodology that captures the opinions of stakeholders and uses these to plan on-going activity.

- A claim is a positive statement that someone would make about the subject
- A concern is a negative statement that someone would make about the same subject, (this was adapted to not just –ve but a “worry” that they had)
- An issue is a reasonable question about the subject (something they currently didn’t know)

The foundation of nursing studies in 2015 produced this great guide, it’s only a few pages long but very informative:

https://www.fons.org/resources/documents/Creating-Caring-Cultures/CCIs.pdf

All TCP’s were asked to complete this exercise relating it only to their TCP and their workforce

The following three slides have green and blue post-its on. Blue = KSS Green = London. I have attempted to theme by common meanings, this is very subjective and I welcome any alteration or suggestions.

Weblink: https://www.fons.org/resources/documents/Creating-Caring-Cultures/CCIs.pdf
Slide Five

Slide Six

Themes (in no particular order)

**Concerns**

**Capacity**
- Is there enough people or money to make TC business as usual?

**Policy**
- Do the current way/rules/policy’s that govern the way we work marry up with what is needed to happen?

**Influence**
- The reach of the TCP’s to effect change is limited by the groups it engages with, are we engaging with all of the right groups in the right way?

**Providers**
- All providers may need to develop new knowledge on how this works and what it governed?

**Recruitment & retention**
- Will there be enough workforce to support the goals of TC, we already struggle to keep workforce we have

**Strategy**
- We are unsure of what is needed of us, what help is needed, how can the work be joined up

**Wider workforce**
- How is this work influencing the wider health and care non-ID workforce

**Issues**

**Outcomes**
- What needs to be covered in a workforce plan and when should we have this finished by?

**Reassurance**
- Is the health and social care interface resilient enough to support TC, how does workforce get this reassurance

**Communication**
- How do we share what is happening at all levels with everyone that wants and needs to know

**Culture**
- How do we develop a health and care culture, and still understand where boundaries fall

**Sustainability**
- TC needs to be come work as usual who can this happen with what we currently have only?

**Education development**
- How do we get the right people to know the right things at the right time?

**Best practice**
- Change is difficult, what does good look like, are there lessons learned
Glossary

Accident and emergency: A&E
Association of Directors of Social Care: ADASS
Autistic Spectrum Conditions: ASC
Business as usual: BAU
Children and young people: CYP
Electronic staff records system: ESR
General Practitioner: GP
Health Education England: HEE
Health equality framework: HEF
Higher education institution: HEI
Improving Access to Psychological Therapies: IAPT
Learning disability enhanced services: LDES
Learning disability: LD
Local authority: LA
Local Workforce Action Boards: LWAB
London and South East: LaSE
Mental health: MH
National Health Service: NHS
National minimum data set for social care: NMDS-SC
People with a learning disability: PWLD
Positive behavioral support: PBS
Quality and Outcomes Framework: QOF
Skills for Care: SfC
Skills for Health: SfH
Sustainability and transformation partnerships: STP
Transforming Care Partnership: TCP
Transforming Care: TC
Urgent care center: UCC