Title	Torbay and South Devon Community, Private, Voluntary and Independent Workforce Strategy		
Presented to			
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1. Strategy and Principles

The strategy is designed to ensure delivery capacity for the immediate and future system (new model of care) recognising the need to:

- Produce flexibility and robustness within the system
- Meet the priorities locally and of the STP
- Respond to the evolving nature of care

The complexity of the future care capacity, spanning a system that will encompass paid and unpaid care, professionally accredited staff and competently trained citizens, requires an approach that will enable articulation to a wide audience and the provide modelling to encourage engagement and informed discussions.

At the heart of this strategy is Person Centred Care. That person includes to those delivering care as well as those receiving it. Care workers, carers, are themselves consumers of health and care, and to that end their physical and mental health is to be considered in the actions to deliver a wellbeing careforce. Being the right thing to do in itself, this will increase capacity and reduce costs through improved retention, reduced recruitment costs, reduced sickness and absence rates, improved learning and development.

This strategy works to the following principles which will serve as reference for further iterations and the underpinning actions:

Principle 1: Wellbeing is at the heart of care, care quality and care capacity.

- Better Care of Clients (Patients)
- Better Care of Staff
- Better Capacity for All
2. All staff should be supported to work towards the top of their licence and skill base
3. Responsible autonomy is supported throughout the care-force
4. Prevention is the first priority and most rewarding endeavour for those caring

Projections show that 190,000 more care staff are required in the NHS by 2027, 700,000 in adult social care by 2030. The system is unaffordable in staffing furthermore it will be unaffordable in the management of those staff numbers.

A new way of working, with improved retention and organic recruitment allied to increased prevention is the long term imperative that this strategy begins to address. This will be achieved by building on the success of the short term interventions in improving the numbers, skills and lives of those caring and those being cared for which are the short term aims captured within this document.

5. **Purpose and scope**
The purpose of this document is to identify current workforce capacity in the private, independent and voluntary sector; assess required capacity and plan how statutory bodies (Torbay and South Devon NHS Trust, Torbay Council and South Devon and Torbay Clinical Commissioning Group) can support private, voluntary and independent sector organisations to meet the required workforce capacity. This could include support with recruitment, retention and development health and care workers.

6. **Context**

Capacity is a combination of available skills sets and willingness to provide them. Across many areas of the care system retention is poor, recruitment is difficult and activities of care are locked in to role based allocation.

There are a number of workforce initiates in progress to support the Private, Voluntary and Independent (PVI) sector with workforce recruitment, development and retention that are being undertaken in isolation with no overarching strategy and importantly little coordination linking these together. Lack of this can result in an at worst chaotic and at best unfocussed approach.

There is therefore a need to co-ordinate this work, identify gaps, ensure consistency and facilitate a quality, coherent approach to support that results in sufficient care capacity across the system.

The Strategy will ensure it aligns with the overarching Devon Interim Workforce strategy as determined by the STP with an initial focus on the PVI sector in Torbay. It will be built on the same five right's principle that is set out in the 'One Devon' workforce strategy being:

Right size: ensure you have the right number of people in the right roles spending the right amount of time achieving given outcomes.	Right shape: identify duplication and inefficiency to establish the right balance of admin to professionals, juniors to seniors, experienced staff to new hires.
Right cost: benchmark pay bill, efficiency and effectiveness	
Right place: ensure the required staff resources are available in the right location to meet the current and future workload.	Right skills: assess the gaps in the competencies and skills that will be needed to meet future goals.

Figure 1:

Areas that will be addressed through iterations of the strategy and allied work will include:

1. Who have we got (workforce mapping) [what do we know / not know / where are the gaps / how robust is the data]
2. Where are the (workforce mapping)
3. What do they do (activity mapping)
   a. What can they do (competencies)(Hive) - [New model of care]
4. What could they do / do we need them to do
   a. What will it take to get them there
5.
6. What are the things that are in place and being delivered/happening that can be built upon / accelerated – Map of activity within first presented draft
7. Where are the retention
   a. Good practice areas – system and provider
   b. Hotspots – heated areas
8. What model can be used to explore and discuss the issues (scenario modelling)
9. Particular consideration to data viability / validity – what can be done to improve it – note independent and VCSE particularly

7. Aims and deliverables

Two parallel elements to the overall strategy addressing the short-term and immediate capacity challenge and

The medium and long term care strategy to produce a resilient, sustaintainable care capacity to deliver the new model of care

Our key aims are to:
- map current initiatives that support the recruitment, development and retention of staff within the private, independent and voluntary sector.

- identify gaps and training needs within this sector based upon the top five indicators as determined by the acute Trust,
- identify opportunities to support the PVI sector in recruitment, retention and development

Short-term Strategy (see appendix 1 for additional actions)
People need care and staff need to feel valued and enjoy their work if the retention rate is to improve.
Immediate actions are available and tis includes communicating the good things that are already happening and being put in place, those that are going to happen in the short term and importantly a vision for care the milestones against which people are able to judge that this is being delivered.   This will be key in developing their confidence in those that are managing this development and in making choices about being part of that future, in so doing drawing in people that have not previously been attracted to care.

Implementing recommendations and supporting providers in implementing recommendations as described in Saving Social Care (Neil Eastwood – Sticky People)

Medium/Long term Strategy

PHASES
Phase 1 – July-Nov 2018
Establish the capacity including known gaps in intelligence and data for the workforce and care-force within the Torbay and South Devon
Seek to understand and map the competencies across the system to produce a baseline for a future flexible and secure delivery-capacity (work/care-force)
Determine and recommend effective retention strategies

Phase 2

Skills passport established through the STP and to regional level to enable staff to move easily within the wider system, within roles, providers, sectors and geographically
Establish learning and development above repeated training,
Establish retention programme as a priority to recruitment (linking to STP OD strategy – Tracey Cotham)
Produce scenario modelling tool to inform decision taking and evolution of new model of care

There are a number of interested parties in the output of this work and these are recorded in appendix 2

8. Current PVI sector Workforce

Adult Social Care Workforce (data provided by Skills for Care)

In Torbay there were an estimated 4,800 jobs in adult social care split between local authorities (0%), independent sector providers (94%) and jobs for direct payment recipients (6%). As at March 2017 Torbay contained 120 CQC regulated services; of these, 94 were residential and 26 were non-residential services.

In the South West the adult social care workforce has grown by 4% since 2012 with an estimated 103,000 people employed by the independent sector to provide direct care, 55,000 of those employed by residential services and 42,000 by domiciliary care services. The estimated number of adult social care jobs in the Torbay area in 2016 was 4,800 including 400 managerial roles, 150 regulated professionals, 3,600 direct care (including 2,750 care workers), and 700 other-non-care proving roles. The majority (82%) of the workforce in Torbay were female and the average age was 43 years old. Those aged 24 and under made up 12% of the workforce and those aged over 55 represented 23%. Given this age profile approximately 1,100 people will be reaching retirement age in the next 10 years.

Division	Adult Social care									Grand Total
	≤25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	≥60	
Managerial	2,320	8,120	10,440	12,760	13,920	18,560	20,880	16,240	13,920	116,000
	2	7	9	11	12	16	18	14	12	100
Regulated profession	1,300	5,200	6,500	7,150	8,450	9,100	9.750	9,100	10,400	65,000
	2	8	10	11	13	14	15	14	16	100
Direct Care	107,800	117,600	107,800	98,000	98,000	117,600	127,400	107,800	98,000	980,000
	11	12	11	10	10	12	13	11	10	100
Other	15,750	12,250	14,000	14,000	15,750	21,000	26,250	26,250	29,750	175,000
	9	7	8	8	9	12	15	15	17	100
Grand Total										1,335,000
	10%	11	10	10	10	13	13	12	12	100%

Nationality varied by region, in England 83% of the workforce were British, while in the South West this was 86%. An estimated 89% of the workforce in Torbay had a British nationality, 7% were from within the EU and 4% from outside the EU, therefore there was a greater reliance on EU workers than non-EU workers.

If the workforce grows proportionally to the projected number of people aged 65 and over then the number of adult social care jobs in South West will increase by 35% (from 170,000 to 230,000 jobs) by 2030.

Skills for Care estimates that the turnover rate in Torbay was 25%, this was lower than the region average of 32% and lower than England at 28%. Not all turnover results in workers leaving the sector, of new starters in this area over half (54%) were recruited from within the adult social care

sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.

Adult social care has an experienced 'core' of workers. Workers in Torbay had on average 8.8 years of experience in the sector and 70% of the workforce had been working in the sector for at least three years.

Skills for Care estimates that in Torbay, 2.0% of roles in adult social care were vacant, this gives an average of approximately 100 vacancies at any one time. This vacancy rate was lower than the region average, at 6.9% and lower than England at 6.6%.

9. Current Initiatives to support recruitment

- **Grow our own workforce:** Apprenticeship strategy
- **Proud to Care:**
  The Proud to Care SW regional report evidences the positive impact that this campaign has had and Devon's work on this initiative has been class leading. The enthusiasm that it has built among providers and relationships that it has developed with the council attest to its beneficial effect with good feedback from providers and those working in care. This latter point is of significance as the statistics on successful recruitment and longevity in care demonstrate a disproportionate weighting in favour of those that have been referred by those already in care or that have a history of care experience in the family. This means that the positive image of care is an essential element to have within our care system.
  Coordinated and joint working with Devon on the Proud to Care STP footprint will be undertaken being supported initially by funding through the improved Better Care Fund.
  As this is a live project already this will be capable of early development and acceleration
  This will deliver improved retention and increased organic recruitment. Support the unpaid carers who are a key part of the Proud to Care campaign. Establish increased parity between health and care roles and the associated esteem. Increase the quality of care delivery as well as capacity.   Reference is made to 'Saving Social Care' by Neil Eastwood which this initiative demonstrates support for

- **Work experience**: current work experience scheme working with local schools

10. Current Initiatives to support training/development

- **Career pathways**
- **Apprenticeships**
- **Health Hub training –** offered free to all independent sector providers

11. Vacancies within the PVI sector

The 'Projecting Older People Population Information System' (POPPI) uses figures taken from Office for National Statistics to project forward the population aged 65 and over from 2016 to 2030. This population is projected to increase between 2016 and 2030 from 1.2 million to 1.59 million people in the South West, an increase of around 33%. In the short and medium term this poses potential challenges for the adult social care sector and workforce.

Skills for Care brings together adult social care workforce estimates with population projection information to forecast the number of adult social care jobs that may be needed to keep up with demand in the future. These projections should be treated as 'base case' projections as they only account for demographic and population change over the period. They do not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce.

Skills for Care forecasts show that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population between 2016 and 2030, an increase of 35% (60,000 jobs) would be required by 2030.

The 75 and over population is forecast to grow at a faster rate than those aged 65-74, and if the workforce increases proportionally to this demographic then a 53% (90,000 jobs) increase would be required.

It is acknowledged that other factors, as previously mentioned, could have a large influence on the size of the workforce over the next 15 years. The projections do, however, give an indication on the pressures created by demographic change on the size of the adult social care workforce.

12. Training Needs analysis

Undertaken by Trust Training team this took the form of a questionnaire sent to xx organisations. Responses were received from 67 organisations outlining a demand for a number of courses mixed between e-learning 11,635 places and face to face 8,477 places. A summary of the demand is outlined below:

- Conflict Resolution 680
- Dementia Awareness 833
- Specialing, Dementia and Safe Approaches 686
- Safe Approaches 595
- Purple Angel (Dementia Awareness) 648
- Mental Capacity Act - Level 2 865
- Equality , Diversity & Human Rights 917
- Fire Safety Awareness 943
- Food Hygiene 917
- Health & Safety 966
- Emergency First Aid - Level 2 1,014
- First Aid at Work - Level 3 564
- First Aid at Work Refresher - Level 3 444

- Reducing Antimicrobial Resistance: An introduction 544
- Infection Control 998
- Information Governance 692
- Information Governance Refresher 402
- Moving & Manual Handling Non Patient Refresher 749
- Moving & Manual Handling Patient Handler (Community) 633
- Foundation Course in Moving and Handling and Risk Assessment 548
- Safeguarding Adults - Level 1 990
- Prevent (Healthwrap training) 491
- Advance Care Planning & Care after Death Which one do we want to offer? 491
- Advance Care Planning.*Trust Priority* 487
- Care of Carers & Bereavement 559
- Communication Skills in End of Life Care 603
- Individual Care Planning at End of Life 499
- Recognising dying & what are the priorities as EOL approaches 527
- Symptom Management & Medication in Palliative & End of Life Care 468
- Verification of the Expected Death (VOED) 359

13. Proposals/Opportunities

a) **Proud To Care**

Implement in Torbay with a focus on increasing the workforce from currently under-represented groups including young people, parents returning to work and newly retired people. This will deliver:

- One brand across health and social care
- Jobs Board for all vacancies
- Signposting for all work placements
- Signposting for all education opportunities
- Proud to Care Ambassadors

b) **Employability Hub**

Focus on reaching young people, parents returning to work and newly retired people through:

i. **Recruitment fairs**
- Schools and Colleges
- Apprenticeship events

ii. Work experience programme

Expand the opportunity for potential recruits to take part in work experience programmes by :

- Encourage organisations to offer work experience
- Develop a 4 week work experience programme for the summer across health and social care organisations.
- Implement FairTrain initiative

c) Rotational apprenticeship programme – health and social care

- Large scale recruitment – class of 20
- Locally delivered
- Community settings include domiciliary care, care homes, community health and social care teams

d) Training Hub

There's training for everyone from Level 2 diploma – degrees to masters. Continue free offer to PVI organisations to support staff training and development.

e) Want a change/progression – career pathways

Develop a careers pathways hub for all staff working in PVI sector in care so they can access high quality:

- Mentoring and coaching
- Careers clinic and advice
- Leadership Development
- Talent Management System

f) Recognition Programmes

- Staff engagement/Peer support networks
- Annual awards ceremonies

Appendix 1 – Short term actions for capacity and meeting iBCF Criteria as a benchmark

1. Reducing Pressure on the NHS
2. Meeting Adult Social Care need generally
3. Stabilising the provider market

Action	Output / Positive Consequence	
Increase use of HIVE by the providers	Collation of training data, and gathering of workforce data	
Apprenticeship action plan – shared with providers – targets set across provider network with support required being established by the providers	Use of levy to stimulate supply within local care economy	
Fair Train – implementation and accreditation	Increased recruitment through improved work experience – apprenticeships, internships, trainees	
Care Certificate Accreditation – target set, marketed and delivered	Begin standardisation of certification for one workforce	
Mutual support agreement – obtain feedback and support for its efficacy, adopt, adapt, accelerate for other areas of the market	Flexible workforce to manage demand – support networks built, improved system resilience – likely improved retention	
NMDS – ASC – awareness and marketing activity	Improved ASC and system data for decision taking	
Proud to Care Torbay	Development of the Devon and regional work for increased care awareness and appreciation in Torbay	
Unified system for care management	Ability to introduce better rounds for mobile care workers to minimise travel and maximise earning	
Care homes skills and leadership programme		
Secure Social media platform	Supporting peer to peer support, exchange for building client circles of support, and learning and assurance for increased care responsibilities	

Appendix 2 – Stakeholders / Interested Parties

Health Education England
Local Government Association
Clinical Education Provider Network
Allied Health and Science Network

Appendix 3 – Transforming Care - Strategic Mapping and Data Gathering

Workforce Projects
and Mapping Work

Appendix 4 Associated Work – foundation work or concurrent projects

Live Working Week	Lorraine Webber		
Practice Nurses competency framework	Vanessa Crossey		
	ICE Creates		
Proud to Care			
OD programme	Chris Edworthy		
Making Every Contact Count	Nannette Tribble		
Skills for Care – National Minimum Data Set	Lee Stribling		