

**THE REGIONAL SKILLS STRATEGY-
HEALTH AND SOCIAL CARE**

EAST OF ENGLAND

PARTNER LOGOS

Skills For Care
Skills for Health
LSC
EEDA
COVER
Job Centre Plus
NHS

Dawn Jordan
dawn.jordan@skillsforcare.org.uk

DRAFT v 03/06/05

REGIONAL SKILLS STRATEGY FOR HEALTH AND SOCIAL CARE – EAST OF ENGLAND

Contents

	Page
Section 1 Executive Summary	4
Why have a Regional Skills Strategy for Health and Social Care?	7
What's in it for me?	
• If I use a service	9
• If I am an unpaid carer	10
• If I am an unpaid carer in employment	10
• If I work in Health or Social Care	10
• If I am an employer	11
• If I am an Education or Training Provider	11
• If I am a regional partner from LSC, EEDA, EERA, Job Centre Plus, Local Authority, Strategic Health Authority	12
Section 2 National Overview	14
Regional Portrait	18
Drivers of Change	22
Section 3 Six Pillars of the Strategy	26
Workforce Data	
Brokerages	
Strategic Oversight	
Coherent Funding Streams	
Sustainability	
Communication	
Section 4 Skills Needs in the East of England	31
Key Skills Priorities	35
Sector Skills Agreements	39
Section 5 Actions	41
Appendices	49

SECTION ONE

Executive Summary

Why have a Regional Skills Strategy for Health and Social Care?

What's in it for me?

- **If I use a service**
- **If I am an unpaid carer**
- **If I am an unpaid carer in employment**
- **If I work in Health and Social Care**
- **If I am an employer**
- **If I am an Education or Training Provider**
- **If I am a regional partner from LSC, EEDA, EERA, Job Centre Plus, Local Authority, Strategic Health Authority**

Executive Summary

The vision of the East of England Regional Skills Strategy for Health and Social Care is:

To raise the quality and appropriateness of Health and Social Care by the continual development of the skills of our workforce – thereby improving the populations health and well-being and maximising the contribution to the region's economy

The Health and Social Care Sectors in England and Wales combined are the largest employers of labour in Europe. In any region of the country they are often the first and second largest employer. In the Eastern Region across the public, private and voluntary sectors, it has been estimated that health and social care currently accounts for around 275,000 jobs – about 11% of total employment.

Both sectors exist in fast changing contexts in which more is being demanded and a higher quality of services expected. Both sectors are expected to provide services to growing numbers of patients, people who use services and carers. Both sectors require a large number of highly trained confident and competent people to deliver Health and Social Care services for them. Both sectors will require an increasing number of such people whose skills will need to be further developed and whose skill profile will become wider and more complex.

However both sectors have a workforce heritage that creates vast issues and problems. Many of these are being addressed but progress is patchy and movement is in its early stages. The pace of reform and modernisation needs to be stepped up if workforce problems are not to undermine the national determination to improve Health and Social Care services.

This Strategy builds on the government drive to ensure the better integration of the Health and Social Care workforces, with services designed around the needs of people who use services and supported by common education frameworks and joint service and workforce planning.

This Strategy also builds upon the governments Skills papers which ensure that employers have a stronger voice in the design and content of qualifications within the sectors, and highlight the importance of the Sector Skills Councils in leading this through the development and implementation of the Sector Skills Agreements and the subsequent Sector Qualification Strategies, all to be housed within this Regional Skills Strategy

There are a number of identified Drivers for Change, which cover demographic, technological, social and policy trends. These will have enormous impact on the Health and Social Care sectors and indeed on the

DRAFT v 03/06/05

development needs of the workforce, in order to meet the challenging times ahead.

Not least of these are the demographic changes relating to the ageing population of England. Although there will be little change in the proportion of the population that is economically active; the average age of economically active people will increase. This raises issues around the learning and development needs of a mature workforce

The technological changes occurring within the sectors highlights the learning and development requirements of the workforce in relation to utilising the new equipment effectively, as well as the need to ensure that the Skills for Life needs of individuals within the workforce are also met. The Skills for Life areas are literacy, numeracy, IT and English for Speakers of Other languages (ESOL)

With the transformation of services within Health and Social Care, the development of new roles, with different skill mix and qualifications, continues to increase. The recognition of the need to develop different models of learning and competencies to meet the requirements of the new roles is important; in order to ensure that the right person, with the right skills, is delivering a person centered service

The outcomes of the Strategy will be:

- Reduction in skills gaps
- Reduction in skills shortages
- Increased productivity
- Improved career development prospects
- Increased opportunities and better support for those coming into the sector

The five key priority areas for skills development within the Health and Social Care Sectors are:

- The use of competences to underpin common core skills in Health and Social Care
- Further development and promotion of new roles for delivering person centred services
- Co-ordination and promotion of Management and Leadership
- Harmonisation of Labour Market Intelligence, workforce and skills data
- Assessment and appraisal of latent skills shortages

Central to the effective delivery of the Regional Skills Strategy are its six supporting pillars:

DRAFT v 03/06/05

1. **Workforce Data/Labour Market Intelligence:** ensuring that mechanisms and people are in place to provide the necessary data in an intelligible form at regional and local level
2. **Brokerages:** ensuring that effective brokerages that bring together employer need, learning provision and funding streams are sustained at a county level and have common objectives
3. **Strategic Oversight:** ensuring that the key partner organisations (including Sector Skills Councils, funding agencies, employers, people who use services and education and training providers) work together to provide a strategic framework within Health and Social Care in the East of England. The Sector Skills Agreements for Health and Social Care will be key developments which will need to be integrated with this Strategy.
4. **Coherent Funding:** ensuring that all funding agencies work in partnership to create the most effective pattern of investment in Health and Social Care.
5. **Sustainability:** ensuring that the Regional Skills Strategy and its infrastructure/groups are engaged in regional skills alliances/partnerships and are future proofed against structural change
6. **Communication:** ensuring that Health and Social Care remain engaged with the strategy through an active communications strategy with the cross flow of information at its centre.

This Regional Skills Strategy spanning a five year period, will be published and regularly updated, in order to:

- Fit with the Health and Social Care planning timeframe
- React and plan within ever changing sectors
- Help to ensure key outcomes are delivered within the timeframe
- Promote joint planning and investment over a shorter time period

This strategy has been developed through the consolidation of three papers:

- Developing a Regional Health and Social Care Skills Strategy – Draft for Partners, March 2005
- Regional skills Strategy – Health and Social Care; Health Dimension, March 2006
- Eastern Region Health and Social Care Sectors – Skills for Life Strategy, March 2006

All of these documents are available on the SCHARET website, www.scharet.org.uk

DRAFT v 03/06/05

1 WHY HAVE A REGIONAL SKILLS STRATEGY FOR HEALTH AND SOCIAL CARE?

- 1.1 The Health and Social Care Sectors in England are the largest employers of labour in Europe. In any region of the country they are often the first and second largest employer. In the Eastern Region across the public, private and voluntary sectors, it has been estimated that health and social care currently accounts for around 275,000 jobs – about 11% of total employment.¹
- 1.2 Both sectors exist in a fast changing world in which more is being demanded and a higher quality of services expected. Both sectors are expected to provide services to growing numbers of patients, people who use services and carers. Both sectors require a large number of highly trained, confident and competent people to deliver Health and Social Care services for them. Both sectors will require an increasing number of such people whose skills will need to be further developed and whose skill profile will become wider and more complex.
- 1.3 However both sectors have a workforce heritage that creates huge issues and problems. Many of these are being addressed but progress is patchy and movement is in its early stages. The pace of reform and modernisation needs to be stepped up if workforce problems are not to undermine the on-going need to improve Health and Social Care services.
- 1.4 The quantity and quality of skilled labour available in a region is an important determinant of economic performance and productivity growth. Skilled workers can often adapt faster and more effectively to change, and may be better at implementing new investments and pursuing innovation. A highly skilled workforce enables organisations to update working practices and products at the rate demanded by rapidly changing markets, making the economy more flexible and productive in the longer term².
- 1.5 The importance of this strategy being a jointly owned by both Health and Social Care reflects the government's drive for a more integrated workforce as stated in The White Paper, '*Our Health, Our Care, Our Say*', 2006,³

¹ Health and Social Care and Sustainable Development in the East of England
CPS/Nuffield 2004

² http://www.hm-treasury.gov.uk/Documents/Enterprise_and_Productivity/skills/ent_skills_index.cfm 26.01.06

³ Our Health, Our Care, Our Say: a new direction for community services – DoH, 2006

DRAFT v 03/06/05

'One fundamental change will be better integration between those working in Health and those working in Social Care. A better integrated workforce – designed around the needs of people who use services and supported by common education frameworks, information systems, career frameworks and rewards – can deliver more personalised care, more effectively'

- 1.6 The *National Framework to Support Local Workforce Strategy Development, 2005*⁴, emphasised the importance of education and training for all staff:

Equipping staff with the skills they need to deliver changes and improvements is important and will need to be supported through sustained investment in their development – including widening learning among those staff who have so far had fewer chances to develop and progress.

- 1.6 The broad aim of this strategy is to provide a framework to ensure that education, training and development in Health and Social Care in the East of England, leads to continuous improvement in service delivery. The specific aim of the strategy is to focus on areas where it is believed there will be the greatest potential for real and sustainable change in joint plans of Health and Social Care.
- 1.7 This strategy builds upon substantial developments in the East of England. The commitment of Health and Social Care bodies and partner organisations in the East of England to plan and work together to achieve common goals. This work has already produced an agreed strategic direction for the development of the workforce through the Regional Skills Strategy and the Sector Skills Agreements. (see appendix 1).
- 1.8 The implementation of this strategy will present a series of significant challenges to the sector. The Health and Social Care sector is experiencing significant change in terms of the scale, nature and scope of delivery. External influences are many and varied: they span economic, political, social, technical, environmental and service dimensions. Furthermore, there is a re-emphasis on the need to deliver a service that meets the needs of the public in the East of England. There has never been a greater time at which the tensions between 'wants' (of employees, people who use services and carers) and 'needs' (of organisations) have had to be resolved.
- 1.9 The Regional Skills Strategy has a number of critical components, these include;

⁴ A National Framework to Support Local Workforce Strategy Development – A Guide for HR Directors in the NHS and Social Care, December 2005 - DoH

DRAFT v 03/06/05

- A sufficiently robust means of determining employer demand for skills learning provision across and within the East of England region;
- an active network of learning providers from all sectors engaged with employers in planning provision;
- an understanding by staff, employers, carers and people who use services, about how learning and development can ensure that people feel confident and competent to deliver the quality services which are required
- an agreed process whereby employers, providers and key agencies can set regional and local plans that take account of current and future demand, the changing of skills requirements and the national skills agenda;
- agreement with funding agencies on flexible funding regimes that recognise the overall need and dovetail with each other to ensure the best possible outcome; and
- a combined strategy to house the two Sector Skills Agreements for Health and Social Care.

2 WHAT'S IN IT FOR ME?

2.1 I use a service

The Regional Skills Strategy highlights how the Health and Social Care services, which you use, are developing and changing to become person centred and focused upon delivering the service you require as close to home as possible

In order to make these changes it is important that we highlight the type of worker which is required to deliver your services and identify what learning, development and qualifications they require to ensure that they are competent, confident and able to communicate in the most appropriate manner.

The further development and roll out of Direct Payments and Individual Budgets, as identified in '*Our Health, Our Care, Our Say, 2006*', highlight areas in which development opportunities might be required in a different way to that which is currently available. Through the strategy and the two Sector Skills Agreements it is anticipated that more appropriate ways of learning can be developed, for people who use services, unpaid carers and personal assistants

DRAFT v 03/06/05

2.2 I am an unpaid carer

Working as an unpaid carer you may have experienced the difficulty and perhaps the frustration of accessing joined up services from Health and Social Care, you may have also experienced services that could have been improved.

This strategy brings together the forward direction of the government in encouraging the integration of Health and Social Care with common learning frameworks and competencies, combined communication networks and multi skilled teams

The emphasis is on person centred services as close to home as possible. In order to deliver these it is essential that we have the right people with the right skills in the right place. This Strategy highlights the skills gaps and shortages within the workforce at present and into the future and it also identifies actions to ensure that the workforce is appropriately skilled.

2.3 I am an unpaid carer who is in employment

As an unpaid carer who is also in employment, you will be aware of the importance of being able to access the appropriate support to enable you to maintain both your caring responsibilities and your paid employment, with the minimum of stress.

This strategy highlights the importance of ensuring that staff that are required to assist with your caring responsibilities are appropriately skilled and understand both the needs of the person using services and yourself.

2.4 I work in Health and Social Care

Working within Health and Social care you will already be aware of the vast number of changes and the speed of change which the sectors are experiencing. In particular the drive to ensure that services are integrated and person centred. With these new changes there is also the development of new ways of working and new roles for Health and Social Care workers.

There will be the need to ensure that staff are appropriately skilled through competency frameworks to work within the new roles in Health and Social Care, the Sector Skills Agreements and Sector Qualification Strategies being developed by the two Sector Skills Councils, will identify the appropriate levels and competencies required.

With the development of the competency frameworks and the Knowledge and Skills Framework within Health there will be an increase in opportunities to identify career pathways for individuals within and across the Health and Social Care sectors.

DRAFT v 03/06/05

This Regional Skills Strategy brings together the changes occurring and highlights the skills gaps and shortages that there are within the sectors at present. Amongst these are Skills for Life requirements, which include literacy, numeracy, IT and English for Speakers of other Languages (ESOL), with the advance of technology it is important to ensure all staff are skilled appropriately.

2.5 I am an employer

The Regional Skills Strategy is a living document, which brings together the drivers for change within the sectors, the identified skills gaps and shortages and the alignment of funding and training providers through the brokerages in order to deliver the appropriate skills development for the workforce.

Employers within the Health and Social Care sectors are facing challenging and fast moving times. In order to maintain and develop services, it is essential that they are able to recruit and retain the skilled workforce which they need. The development of the Sector Skills Agreements will ensure that funders are aware of the needs of employers when addressing the learning provision required.

It should be recognised that funding for the learning and development of staff within Health and Social Care Sectors comes through a number of sources, one of which must be that of the employer, this is clearly recognised within the various Skills White Papers. There is therefore a clear expectation that some of the cost for the development of staff is the responsibility of the employer.

The development of embedded Skills for Life learning will ensure that the workforce are able to deliver the person-centred services, which are required.

The further development of integrated workforce planning will also assist employers in identifying their future needs, which will then be able to influence the continued development of the Regional Skills Strategy.

2.6 I am an Education/Training Provider

As an Education/Training provider you will be very familiar with the governments agenda in relation to Skills. The emphasis is on the development of the Sector Skills Agreements within Health and Social Care which will then influence the learning and development required from Education and Training Providers and the route that the funding will take.

The Regional Skills Strategy begins to highlight some of the recognised skills gaps within the sectors and will eventually house the full Sector

DRAFT v 03/06/05

Skills Agreements. It also highlights the importance of the Health and Social care brokerages already established within the region, which act as conduits through which employers, funders and Education/Training Providers come together to ensure that the workforce is receiving the correct development.

2.7 I am a Regional Partner

The Regional Skills Strategy has been developed alongside the regions economic strategies, encompassing areas of development common within the Health and Social Care sectors. As highlighted within the strategy the Health and Social Care sectors are one of the largest employers in the area and operate in a complex and ever changing environment

This strategy highlights the priority skills areas, which the two sectors need to move forward to enable their workforce to be competent and confident to deliver the people-centred services, which are required in the future. It should also be acknowledged that the population of the Eastern Region is ageing, and that the demand on services will increase, with these demands will also come new ways of working and new technologies, which will require even more complex and skilled roles within the sectors.

The Social Care sector in particular has a history of low pay and low value, resulting in high turnover, it is important through both national and local initiatives, that the importance of this sector is not undermined and that its significance is not lost with the ageing population.

Both sectors also recruit from various countries both inside and outside the European Union. It is important that we recognise that with this recruitment also comes the need to skill individuals in Skills for Life, where English is not a first language.

This Strategy is important to you because it clearly identifies the direction of travel for the sectors and links this to a way of preparing the workforce to deliver a quality service, thereby improving the regions health and well-being and maximising the contribution to the region's economy.

SECTION TWO

National Overview

- **Modernisation of Skills Development**
- **Modernisation of Health Services**
- **Modernisation of Social Care**
- **The Sector Skills Councils**

Regional Portrait

- **East of England Regional Assembly**
- **East of England Development Agency**
- **Skills for Care Eastern Region**
- **Skills for Health Eastern Region**
- **Voluntary and Community Sector**
- **Skills for Life Eastern Region**

Drivers of Change

- **Demographic trends**
- **Social trends**
- **Technological advances**
- **Policy trends**

3 NATIONAL OVERVIEW

3.1 The national context arises in three different ways, Government plans for the reform of skills development, Government plans for the modernisation of health services and Government plans for the modernisation of social care.

3.2 Modernisation of Skills Development

3.2.1 The Skills White Paper, 2003⁵ set the ambitious aim of ensuring 'that employers have the right skills to support the success of their businesses, and individuals have the skills they need to be both employable and personally fulfilled'.

3.2.2 The subsequent Skills Paper, '*Skills: Getting on in business, getting on at work*'⁶ clearly identifies two levers for change. First, to switch the way adult training is delivered, so that it starts with the needs of employers and employees and integrates training within wider business development. Second to ensure that employers' skills priorities are articulated at every stage to shape decisions on training supply.

3.2.3 Employers are to be given a strong voice in the design and content of vocational qualifications through Sector Skills Councils and the development of Sector Skills Agreements

3.2.4 It is estimated that seven million people in England and Wales have poor literacy and numeracy skills, including around half a million or more who struggle with English because it is not their first language.

However, there are even more people (more than twelve million) who have intermediate skills in literacy, communication skills and numeracy.

3.2.5 The Government is tackling these skills through its Skills for Life strategy. In the White Paper *21st Century Skills, Realising Our Potential*, ICT was also acknowledged as a Skill for Life along with literacy, numeracy and English for speakers of other languages (ESOL).

3.2.6 Inadequate literacy, language and numeracy skills have been estimated to cost the country in excess of £10 billion a year. Given that in the East of England the Health and Social Care Sectors combined directly employ more than 11% of the regional workforce, improvements in literacy, language and numeracy could dramatically affect the success of staff at every level.

3.2.7 The report: *Promoting Skills for Life in Health and Social Care - a scoping study report on phase 1 of the UNISON-led Essential Skills for*

⁵ 21st Century Skills: Realising Our Potential July 2003

⁶ Skills; Getting on in business, getting on at work. March 2005

DRAFT v 03/06/05

Health and Social Care Project (published March 2005), also notes that the precise scale of need in the sector is unknown:⁷

“The actual numbers of workers in health and social care, who may need support with Skills for Life, are still vague. Projections have been made, which indicates the numbers are likely to be the same proportion if not higher than the national average.”

3.3 Modernisation of Health Services

3.3.1 The Health sector currently employs approximately 2 million people in the UK. More than three quarters of those employed are women and a third are aged 35-44 years. Around 38% of the workforce work part-time compared to 28% for the whole economy.⁸

3.3.2 The NHS Plan, 2000 set out an agenda for modernising the Health Service, facilitating Social Services and the NHS to come, together with new agreements to pool resources – with new Care Trusts able to commission Health and Social Care through a single organisation.

3.3.3 The Plan included a particular commitment to supporting those staff within the NHS who do not have a professional qualification, to develop their skills through investment in their training and development which could eventually lead to professional careers within the NHS facilitated through the Skills Escalator.

3.3.4 The Skills Escalator is the strategy behind helping NHS staff to grow and renew their skills through the concept of lifelong-learning by moving upwards along the ‘escalator’.

3.3.5 A key development since the NHS Plan was the introduction of Taskforces to deliver the ‘Changing Workforce Programme’. New organisations were established to help the NHS and other Health and Social Care organisations to test and implement new ways of working to improve patient services, tackle staff shortages and increase job satisfaction by:

- Redesigning staff roles which can be achieved, either by combining tasks differently and expanding roles, or moving tasks up or down a traditional, uni-disciplinary ladder; and
- Removing obstacles to change, in order to ensure that new ways of working become embedded within the NHS.

This laid the basis for the development of the Modernisation Agency (superseded by the NHS Institute for Innovation and Improvement, July 2005) and the Agenda for Change and its drive through pay

⁷ Promoting Skills for life in Health and Social Care – UNISON, 2005

⁸ Skill Needs Appraisal, Skills for Health, November 2005

DRAFT v 03/06/05

modernisation to provide more flexibility for employers giving them the ability to:

- design jobs around the needs of patients rather than around grading definitions;
- define the core skills and knowledge they want staff to develop in each job; and
- pay extra when they face recruitment and retention difficulties.

3.3.6 The White Paper, *Our Health, Our Care, Our Say, 2006* states that the key to closer integration between Health and Social Care will be joint service and workforce planning. Workforce issues will be fully integrated in service improvement planning by the Care Services Improvement Partnership (CSIP) and the NHS Integrated Service Improvement Plan (ISIP)

3.3.7 The drive is to establish new Health and Social Care multi-skilled teams to support people with ongoing needs. Underpinning the development of these teams will be common national competencies and occupational standards

3.3.8 The subsequent Best Practice guidance paper on *Self Care, 2006*⁹, identifies that the supporting of self care will require a major transformation in Health and Social Care services and means challenging the organisational structure and staff roles which are currently used to deliver services.

3.3 Modernisation of Social Care

3.4.1 The Social Care workforce is estimated to be 1.6 million people. 62% of the paid workforce are employed in the private and voluntary sector. 85% of the workforce is female. In addition there are five million unpaid carers looking after a relative or friend, such carers are currently saving the economy in care costs the equivalent of a second NHS.¹⁰

3.4.2 The care sector has a history of labour supply problems which has culminated in a shortage of staff. Shortages are largely a result of the low status accorded to social care occupations and have been caused by a number of issues, such as low pay and sometimes difficult working conditions

3.4.3 Traditionally there has been little concept of a 'career' in the social care sector. Career progression into higher level occupations was previously unusual and remains difficult in smaller organisations where the limited prospects of progression contribute to the turnover of staff

⁹ Supporting people with long term conditions to..Self Care. A guide to developing local strategies and good practice. DoH, February 2006

¹⁰ The state of social care in England 2004-05. CSCI, December 2005

DRAFT v 03/06/05

3.4.4 *The Care Standards Act (2000)* followed publication of *Modernising Social Services 1998* and *Building for the Future 1999*. The broad objective of the Care Standards Act was to extend the regulation of Social Care, make it more consistent, and expand its remit. In addition, the Act provided the sector for the first time with National Minimum Standards in terms of staffing requirements and qualifications, as well as standards concerning the physical environment, and move towards a more service user-focussed approach to service delivery.

3.5 The Sector Skills Councils

3.5.1 The Sector Skills Development Agency (SSDA) funds, supports and champions the new UK-wide network of influential employer-led Sector Skills Councils (SSCs). The Skills for Business network comprises the SSDA and SSCs.

3.5.2 Sector Skills Councils (SSCs) are independent, UK wide organisations developed by groups of influential employers in industry or business sectors of economic or strategic significance. SSCs are employer-led and actively involve trade unions, professional bodies and other stakeholders in the sector. SSCs are licensed by the Secretary of State for Education and Skills to tackle the skills and productivity needs of their sector throughout the UK.

3.5.3 Skills for Health was established in April 2002, and licensed by the DfES as the UK Sector Skills Council for Health in May 2004. Skills for Health cover the whole health sector – NHS, independent and voluntary employers and are funded through the four UK Health departments, SSDA, the Education ACT Regulatory bodies and the sector.

3.5.4 Skills for Health's aim is to help the whole sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare

3.5.5 Skills for Health is currently working on the Sector Skills Agreement for Health (SSA) – a key mechanism for health sector employers to identify their skills needs and gaps and to define and prioritise their training requirements now and in the future. The SSA will represent a set of objectives for skills agreed by employers, education and training providers, funding bodies and other key stakeholders. It will include a 10-year vision, five-year strategy and 18-month action plan.

3.5.6 The Social Care workforce strategy body TOPSS England became Skills for Care on 1st April, 2005, The Sector Skills Council for Social Care. Led by employer networks and other care interests, it will now be concerned specifically with adult social care, while children's services workforce strategy has been taken up by the new Children's Workforce

DRAFT v 03/06/05

Development Council.

- 3.5.7 The two bodies liaise closely, and together will be England's part of 'Skills for Care and Development', the UK-wide sector skills council for social care, children and young people, alongside the already-existing Scottish Social Services Council, Care Council for Wales, and Northern Ireland Social Care Council.
- 3.5.8 With Social Care and Children's Services fully devolved, each party of the alliance leads the skills agenda with the employers in its country. Each body carries out the functions of the SSC in the respective country and plays an active role in the Skills for Business Network in that country. In England, these responsibilities are further differentiated between adults' and children's workforces.
- 3.5.9 The sector footprint covers Social Care and Children's Services and includes children's homes, care homes, domiciliary care and support services, day centres and services, social work, fostering agencies and services, foster carers, nurse agencies, adoption services, nursery and early years work, childminding, voluntary youth services, Connexions, day nurseries, voluntary and charitable care. In Scotland and Northern Ireland it also includes criminal justice social work.

4 REGIONAL PORTRAIT

Health and Social Care in the Eastern Region is delivered through the following:

- East of England Public Health Group: the DoH's regional presence based within Regional Government Offices;
- A Regional Strategic Health Authority from July 2006
- Primary Care Trusts: responsible for planning and delivery at a local level.
- NHS Trusts: primarily healthcare providers. Acute hospital, ambulance, mental health and community trusts
- Social Services Departments: There are six County Councils and four Unitary Authorities in the region with social services responsibilities. This is a changing picture as local authorities respond to a children's agenda which has services becoming merged with education and other interests; and
- Private and independent sector. At present there is a small but significant private provision of healthcare in the region. The majority of social care [probably in the region of 60%] is delivered through the private sector.
- Voluntary sector. They make a significant contribution to both Health and Social Care, which at present is not fully quantified

DRAFT v 03/06/05

4.1 East of England Regional Assembly (EERA)

4.1.1 There are two important dimensions to the EERA vision. Firstly, it is developing a Regional Health Strategy¹¹ [currently being assessed following a consultation process] designed to:

- provide the region with a strategic framework to improve and tackle health inequalities; and
- raise awareness of the issues surrounding the health of people in the East of England, and the extent of health inequalities
- demonstrate that responsibility for the health of people in the region is a shared one

4.1.2 The second dimension to EERA's work is the development of a Social Strategy¹² which focuses on regional priorities, policies and actions that can support local activity and provide a regional framework for tackling social exclusion. The key objectives are to:

- promote access to work, tackle low pay and improve conditions of work;
- improve the life chances of children from disadvantaged families and support vulnerable young people in the transition to adulthood;
- improve the life chances of adults through learning and skills development;
- promote active ageing and reduce social exclusion of older people; and
- improve access to services, especially for disadvantaged groups.

4.2 East of England Development Agency (EEDA)

4.2.1 There are two key aspects of the work of EEDA, the regional economic strategy¹³ and the Framework for Regional Employment and Skills Action (FRESA). Elements of both are as follows:

4.2.2 Key regional economic strategy goals:

- a skills base to support a world-class economy;
- growing competitiveness, productivity and entrepreneurship;
- social inclusion and broad participation in the regional economy; and
- a leading information society.

4.2.3 Key elements of the FRESA

¹¹ Healthy Futures; A regional health strategy for the East of England, 2005-10 Consultation Draft, EERA, July 2005

¹² Regional Social Strategy EERA, March 2004

¹³ A Shared Vision: The regional economic strategy for the East of England

DRAFT v 03/06/05

Top Priorities

- response to redundancies;
- skills for employability;
- workforce development and 'in-work' progression; and
- young people, career choices and continued learning.

High Priorities

- future labour force;
- higher level skills;
- increase take-up of training by employees in SMEs;
- sector skills; and
- under exploited sources of labour.

Medium Priorities

- access to learning and ICT;
- ageing workforce; and
- labour market mismatches.

4.3 Skills for Care (Eastern Region)

4.3.1 Skills for Care Eastern have an established and robust regional structure with a dedicated regional committee served by three sub-regional committees. It has identified five regional strategic objectives:

- To provide research into workforce issues that influences the policy developments to meet the needs of people who use care
- To produce workforce development strategies for all areas of the workforce
- To encourage and enable employer led workforce development infrastructure at national, regional and local level
- To develop, maintain and embed National Occupational Standards and a qualification framework
- To develop the capacity of Skills for Care by supporting our staff, developing our systems and becoming demonstrably more efficient and effective in order to achieve our strategic vision and values

4.3.2 Skills for Care also have an additional regional group, Expert Voice Eastern, comprising of people who use services and carers. This group ensures that all activity in connection with Skills for Care in the Eastern region, has the knowledge and expertise of this group to guide decision making.

4.3.3 This regional/sub regional structure puts Skills for Care Eastern in a strong position to drive forward the Social Care component of the regional skills strategy; it will provide the key authoritative employer

DRAFT v 03/06/05

voice on skills development through the Sector Skills Agreement and the Sector Qualification Strategy

4.4 Skills for Health (Eastern Region)

4.4.1 There is no current regional business plan and, therefore, the objectives set out in its corporate business plan should be taken as applicable to all regions. The principle objectives are set as follows:

Profile workforce and identify trends and changes

- Labour market intelligence;
- mapping sector;
- county/regional sector agreements; and
- development of specific measurable targets.

Drive forward and manage national workforce competencies and standards

- Develop competency frameworks; and
- competence database and template.

Improve workforce skills to deliver workforce fit for purpose

- Implementation and uses of competence framework and standards;
- basic skills;
- employability;
- Modern apprenticeships; and
- Foundation degree.

Influence ongoing education, training and development

- Develop new and enhanced qualification for the sector;
- assessment processes; and
- sector skills agreements.

4.5 Voluntary and Community Sector

4.5.1 The Voluntary and Community Sector (VCS) employs a considerable workforce of volunteers and paid staff. The sector is large and complex, ranging from small community-based organisations with no paid staff to large charities with thousands of paid staff. 72% of voluntary and community organisations employ no paid staff¹⁴

4.5.2 Volunteers are 'employed' in Health and Social Care through Expert Patient Programme, Patient and Public Involvement Forum, delivering and developing training and contributing to care.

¹⁴ Working together for health: A study into areas for collaborative working between the NHS and Voluntary and Community Sector organisations, COVER, August 2005

DRAFT v 03/06/05

4.6 Skills for Life in the Eastern Region

- 4.6.1 It has been established in the Eastern region, that the Health and Social Care Sectors employ directly approximately 184,188 people, with an additional 94,762 jobs through supply chain employment, then some 70,000 employees could be assumed to have basic skills needs.
- 4.6.2 High levels of recruitment from overseas and from migrant workers, in both Health and Social Care, have led to more complex demands for training for employees who may be used to working in quite different systems. Support for language development and more general communication skills is critical if these employees are to achieve their potential.

5 DRIVERS OF CHANGE

- 5.1 Published research has confirmed the importance of a number of demographic, sociological, technological and policy trends influencing the shape of Health and Social Care and the future workforce across the sector. These trends hold the drivers for change:

5.2 Demographic trends

- 5.2.1 Over the next several years, there are key demographic trends facing the Health and Social Care sectors, including:

- Increasing longevity
- Declining birth rate
- An increase in the number of young people with learning disabilities
- The shift in age distribution of the population and workforce

5.2.2 Increased longevity:

Social Care is already struggling to meet the demands placed on it. As the dependency ratio in England increases over the next 10-20 years, there will be a smaller proportion of the population of working age but a greater demand for services.¹⁵

- 5.2.3 It has been estimated that the number of people over 65 years with a long-term condition doubles each decade. The number of people over 85 is expected to double by 2020

¹⁵ The State of Social Care in England, CSC1, 2005

DRAFT v 03/06/05

5.2.4 Declining Birth Rate

The declining birth rate, alongside the existing age profile of the workers and the shift in the age distribution of the workforce within the Health and Social Care sectors, identifies the need to develop measures to also attract mature entrants and retain the over 50s and 60s

5.2.5 The Kings Fund Report¹⁶ highlights that although the population of England is ageing, there will be little change in the proportion of the population that is economically active, however the average age of economically active people will increase. Raising issues around the learning and development needs of a mature workforce

5.2.6 An increase in the number of young people with learning disabilities This increase will put pressure on services, with the requirement to develop improved and more flexible services to meet the needs of the individuals

5.3 **Social trends**

5.3.1 As outlined in *Choosing Health, 2004*¹⁷, although there have been great strides forward in improving life chances for certain illnesses, there is a need to engage with individuals on the importance of maintaining their own health. Over the past few years the number of people who are obese has increased. There are now approximately fifteen million people who have long-term needs and require better prevention and earlier care.

5.3.2 There is evidence to suggest a strong relationship between people's health and levels of deprivation. Within the region there is clear demonstration that certain geographical areas are characterised by a high incidence of deprivation, poor self-reported health and relatively low levels of life expectancy.¹⁸

5.3.3 The White Paper, '*Our Health, Our Care, Our Say*' promotes the delivery of care services as close to home as possible, encouraging the promotion of self care and personalised, user-led health and social care.

5.3.4 The promotion of individual budgets and direct payments will have a considerable impact on workforce roles and ways of working, with an increase in the numbers of personal assistants, employed directly by people who use services.

¹⁶ Wanless Social Care Review, *Securing Good Care for Older People*, Kings Fund 2006

¹⁷ *Choosing Health, making healthy choices easier*. DoH, 2004

¹⁸ *Sustainable Futures, The Integrated Regional Strategy for the East of England*, EERA, October 2005

DRAFT v 03/06/05

5.4 Technological advances

- 5.4.1 Medical science, assistive technology and pharmaceutical advances continue to change the way in which peoples' lives can be improved by health and social care. Lengths of stay within hospitals have decreased, enabling people to return to their own homes sooner than before
- 5.4.2 Assistive technology enables people to be supported within their own homes and allows for more empowerment
- 5.4.3 Telecare will postpone and divert people who use services from hospital and residential homes. The biggest challenge in bringing telecare into the mainstream, as identified in the Kings Fund report *Wanless Social Care Review* will be creating the necessary organisational structures and retraining staff.
- 5.4.4 The NHS Connecting for Health, IT system will enhance communication and information flows, these changes linked with the development of joined up information services will enable partners to work closely together for the delivery of optimal service to the individual
- 5.4.5 Access to education and training materials will change with an increasing focus on electronic access. E-learning programmes will develop. For example, under the Radiology Integrated Training Initiative the 400 modules that make up the radiology curriculum will be available electronically.¹⁹

5.5 Policy trends

- 5.5.1 One of the commitments in 'Our Health, Our Care, Our Say' states that at each stage of the professional education and regulatory process action should be taken to profoundly change the underlying culture profoundly and encourage support for individuals' empowerment and self care. The DoH will be taking forward work that not only creates a clear self-care competency framework for staff, but also embeds values and behaviours around assessment and support in appraisal and continuing professional development requirements
- 5.5.2 A more explicit focus on public health, through 'Choosing Health, 2004'. This paper emphasises the importance of encouraging the prevention of ill health and the support for healthier lifestyles.

¹⁹ The NHS Improvement Plan, Putting People at the heart of Public Services. OHM. June 2004

DRAFT v 03/06/05

- 5.5.3 There can be no doubt that there are large transformational change programmes occurring across the sectors, which influence the way in which services will be planned, developed and commissioned
- 5.5.4 The move to a greater patient-centred approach has implications for increased communication skills for all staff; speaking and listening skills become critically important in the role of helping patients to become more knowledgeable and to have greater control over their own care. Similarly, a more explicit focus on public health and the prevention of ill health places a duty on all staff to take on a greater educational role, necessitating even higher levels of skill in communication. This accords with a move to place increased emphasis on speaking and listening skills within Skills for Life curricula and assessment regimes.
- 5.5.5 The six Service priorities (for 2006/07) identified in the NHS highlight issues such as change management, clinical risk management, and patient/user experiences. All of these have implications for staff training in Skills for Life; for example accurate numeracy skills are critical in the use of cleaning chemicals in the context of MRSA reduction targets. Increased ICT skills will be important in order to respond to technological change and innovations such as new methods to manage care, electronic patient records and the Choose and Book system.
- 5.5.6 In the care sector, the *Modernising the Social Care Workforce*²⁰ report highlighted some of the major workforce development issues including a lack of career pathways, acute skills shortages in parts of the sector, and poor key and basic skills. The *Skills for Care New Types of Worker project*²¹ aims to establish how carers' skills sets need to be shaped to enable them to provide the care that people who use services want. It is about developing an approach that leads social care away from a top down, hierarchal approach, to one that listens and responds to the needs of people who use services.

²⁰ Modernising the Social Care workforce – the first national training strategy for England, TOPSS England, April 2002

²¹ New Types of Worker Project, Case Notes. Skills for CARE, February 2006

SECTION THREE

The Six Pillars of the Regional Skills Strategy

- **Workforce Data**
- **Health and Social Care Brokerages**
- **Strategic oversight**
- **Coherent funding**
- **Sustainability**
- **Communication**

DRAFT v 03/06/05

- 6.1 The Strategy will give a structure to the development of the workforce within the Health and Social Care sector in the Eastern region through the development of the six pillars:

Workforce Data:

- 6.2.1 Workforce data collection and handling in the two sectors has been, over the years, fraught with difficulty. Data was patchy and collected to many different templates making comparisons difficult or impossible, the importance of collecting workforce data cannot be underestimated, it is a critical part of ensuring that we have the right people, in the right place, at the right time, with the right skills.
- 6.2.2 The National Minimum Data Set for Social Care (NMDS-SC) has been introduced within the Social Care sector in 2006. It is a workforce tool to streamline the collection of robust information for the sector and to assist employers in identifying their workforce development needs.
- 6.2.3 Within the NHS there is an annual workforce planning process for all organisations, which covers a five year period and is based on service needs within constraints set by workforce supply and finance. This process informs investment and resource planning within the sector.
- 6.2.4 The roll out of the Electronic Staff Record and the electronic Knowledge and Skills Framework linked to appraisals, within the NHS will ensure that workforce data including the learning and development needs of staff are collected in a robust format
- 6.2.5 A sub group of the Regional Skills Strategy board has been established to review current and workforce planning and monitoring data and identify gaps across the Health and Social Care sectors. As the Sector Skills Agreements are produced for Health and Social Care the group will need to review the workforce implications and advise the strategy group.

Health and Social Care Brokerages:

- 6.2.6 The brokerages are the means by which workforce needs are matched to the learning provision and precious funding can be focussed on key priorities.
- 6.2.7 Their role is to bring together employer need, learning provision and funding streams at a county level, within a one-stop shop model. Already these brokerages along with Learning Resource Networks are engaging with employers and learning providers to identify local skills needs, funding for learning, skills/funding gaps, recruitment initiatives, training tools and placement opportunities.
- 6.2.8 Each brokerage needs to demonstrate impartiality, independence and integrity as they are seen as the main channel through which funds for learning and development are directed.

DRAFT v 03/06/05

6.2.9 Within the region there are five Health and Social Care brokerages, which are all in different stages of development, although all have established good care provider and training provider databases and contacts.

Strategic Oversight:

6.2.10 To provide the strategic direction of the Regional Skills Strategy for Health and Social Care and supporting regional infrastructure a Regional Strategy Group has been established. This comprises of stakeholders from the Health and Social Care sectors, including statutory, independent, private and voluntary employers, Higher and Further Education providers, Regional Agencies, Funders and the two Sector Skills Councils.

6.2.11 This group will ensure that the data collected from the workforce sub group and data from the brokerages can be brought together purposefully to allow key strategic skills decisions to be made, alongside the Sector Skills Agreements and Sector Qualification Strategies.

Coherent Funding:

6.2.12 As previously stated both sectors receive a large amount of money for the development of staff. However the funding streams are usually ring fenced, therefore restricting the flexible use of monies. The importance of the Regional Skills Strategy is to identify the key needs of the sectors and work in partnership with the funding agencies to create the most effective pattern of investment within the sectors.

6.2.13 The subsequent development of the Sector Skills Agreement for Health, due July 2006 and the Sector Skills Agreement for Social Care, due late 2006 / early 2007 will clearly identify the skills needs for the two sectors, thus enabling the SSCs to debate the funding streams required to develop the future workforce

Sustainability:

6.2.14 In order to ensure that the Health and Social Care workforce within the Eastern Region meets the requirements of the changing delivery of services, it is important that the Regional Skills Strategy and its component parts are locked into the regional skills alliances/partnerships and are future proofed against structural change. The sustainability of the workforce development sub-group, the Health and Social Care brokerages and the Learning Resource Networks are key to ensuring that there is clear and accurate data in order for the Health and Social Care workforce to develop to meet the challenges of the future. This includes the sustainability of Skills For Life activity and embedding SfL in vocational skills development

6.2.15 An important role of the Regional Strategy group is to support the sustainability of the Regional Skills Strategy and to ensure that it is linked into the Eastern Region Skills and Competitiveness Partnership

DRAFT v 03/06/05

Communication:

- 6.2.16 It is essential that all partners are signed up to the strategy through an active communications strategy with the cross flow of information at its centre. Part of the communications strategy is the development of a Web portal – www.scharet.org.uk, which brings together all the elements of the strategy with signposting to an extensive range of information
- 6.2.17 It is also important to build upon the communication networks already well developed through the Health and Social Care Brokerages and the Learning Resource Networks to ensure that all stakeholders are linked to the strategy and have their views and thoughts actively listened to.

DRAFT v 03/06/05

SECTION FOUR

Skills Needs in the East of England

- **Recent priority areas for training**
- **Skills gaps**
- **Skills shortages**
- **Latent skill shortages**
- **Priority areas for skills development**

Sector Skills Agreements

- **Skills for Health SSA**
- **Skills for Care SSA**

DRAFT v 03/06/05

7 SKILLS NEEDS IN THE EAST OF ENGLAND

The availability of appropriate skills is crucial to the ongoing development of the Health and Social Care sector in the East of England. It will impact on the ability of individuals and businesses to succeed in the context of significant change resulting from the drivers mentioned in Section Two.

It is therefore important to understand how well employers are able to secure individuals with the skills they need today and in the anticipation of the future developments within Health and Social Care.

Research within the East of England over the last year, through the Regional Skills Strategy development, has provided views on recent and emerging issues for the Health and Social Care sectors.

7.1 Recent priority areas for training

7.1.1 The Care Standards Act heralded TOPSS England's work on the modernisation of the social care workforce²². This set out a series of goals for workforce development running through until 2005. The strategy is currently under revision but the previous main goals were:

- All staff to receive comprehensive induction training to agreed specification within 12 weeks of appointment;
- all managers to be qualified to NVQ4 in management and care or equivalent by 2005 and have at least two years' experience;
- one-third of all staff in Nursing Homes also to be Registered Nurses, 50% of remaining staff to be qualified to NVQ2;
- periodic training to update knowledge, skills and competence for all staff;
- registered managers to ensure employees have clearly defined job descriptions, roles and responsibilities;
- registered person to ensure that there is a staff training and development programme, which meets workforce training targets;
- all staff to receive a minimum of three paid days training per year; and
- domiciliary staff to meet the same targets but have until 2007 to comply.

From September 2006 the Common Induction Standards will replace the induction and foundation standards first published in 2001.

7.1.2 New arrangements for modernising health care careers (and training) across the UK, combined with the implications of the

²² Modernising the Social Care Workforce – the first national training strategy for England: Topss England April 2000

DRAFT v 03/06/05

European Working Time Directive, make it increasingly important to re-think the use and deployment of professional and wider workforce skills to support improved productivity

- 7.1.3 The New Types of Worker projects piloted with Skills for Care and the Changing Workforce Programme within the NHS, have identified new skill mix roles with different learning and competency needs
- 7.1.4 Section 4.5.4 – 4.5.6, in the Regional Skills Strategy, identified the need to better support staff access to literacy, numeracy, language and IT skills in sensitive, accessible and innovative ways. This implies a priority to identify and quantify unmet needs within the workforce and to identify actions to meet those needs.

7.2 Skills Gaps

- 7.2.1 The concept of skill gaps is intended to reflect the extent to which employers perceive their employees' current skills are insufficient to meet current business objectives. These gaps are internal to the organisation.
- 7.2.2 The consultation by Skills For Care on the draft objectives for the social care sector workforce development strategy²³ identified the following skills gaps:
- Leadership, planning and management of user-focused services
 - Leadership and management at all levels
 - Information management
 - Managing violent and challenging behaviours
 - Partnership working to underpin joint or joined-up services
 - Handling increasing dependency levels within a 'promoting independence' culture
 - Assessment, verification and mentoring skills
- 7.2.3 The implementation of '*Commissioning a Patient Led NHS*²⁴ places more emphasis on the need for the Primary Care Trusts to develop their commissioning role, as set out in '*Our Health, Our Care, Our Say*'
- 'All PCTs, including those whose boundaries have not changed, will then be expected to review their capability and 'fitness for purpose', looking especially at their skills in commissioning. This will be well supported by a well-defined development and change-management programme.'
- 7.2.4 Skills For Health identified the major area of skills gaps within health as:²⁵

²³ Consultation of the draft objectives for the social care sector workforce development strategy 2005-2010, TOPSS England Feb 2005

²⁴ Commissioning a Patient led NHS. DoH, July 2005

DRAFT v 03/06/05

- Communication skills – Skills for Life
- Customer handling
- Problem solving
- ICT
- Leadership
- Management skills
- Team working
- Upskilling of staff to assistant and advanced level – NVQ Levels, 2,3 and 4

7.2.5 Technological change and new roles are demanding that staff have high levels of literacy, numeracy and ICT skills. Robust data is required on the basic skills/ICT skills gaps throughout the sector, and for monitoring take up of training. Screening and initial assessment of all staff (for basic skills/ICT skills gaps) should take place during induction.

7.3 Skills Shortages

7.3.1 Skill shortages on the other hand can be defined as “a shortage of suitably skilled people available in the labour market”²⁶.

7.3.2 Skill shortages are tightly defined by professional roles and titles. In the past reaction has been twofold:

- short term: a “quick fix” by ethical recruitment of overseas staff
- more long term: increase the number of graduate entries, predominantly in nursing and medical students

7.3.3 Skills for Care have identified the following skills shortages:

- Occupational therapists
- Part-time frontline staff in several areas
- Qualified social workers to fill key posts in services for children, young people and families
- Social workers involved in mental health services
- Managers at all levels
- People to work with drug and other substance misusers
- Foster carers to work with older and more vulnerable children and young people

7.3.4 Within the Working Futures 2004-2014: National Report²⁷, the projections of employment indicate that there will be a need for a growth in the number of personal service occupations, these alone are projected to gain some 170,000 extra jobs nationally by 2014

²⁵ Skills Needs Appraisal, Skills for Health, November 2005

²⁶ Skills Insight Annual Skills Review, 2001

²⁷ Working Futures. National Report, Skills for Business, 2004

DRAFT v 03/06/05

7.3.5 Skills for Health through their work with employers on the Sector Skills Agreement have identified a shortage of staff equipped to meet the new roles demanded of the changing services, these roles include the Assistant and Advanced practitioners.

7.4 Latent skill shortages

7.4.1 Potentially the most significant problem is caused by latent skills shortages²⁸. These are unrecognised because the organisation concerned has adapted to cope without the necessary skills (potentially trapping itself in a 'low skills equilibrium') and thereby falling short of what would be considered as good or best practice. Furthermore, the concept of latent skill shortages attempt to provide insight as to the organisation's ability to meet not simply the constant demands of change of the present but also in the implications of strategic direction of change in health care delivery.

7.4.2 Gaps and shortages are more tightly *defined by the past*, e.g. through existing structures, processes and professional roles; whereas latent skills shortages are better *informed by the future* e.g. by the design of services, new technology, the implications of workforce policies and what they will result in terms of a future workforce.

7.4.3 There is a strong case that the future (workforce) will not be completely defined and identified by existing structures and processes and by predominant typology (.e by professional occupational classifications of gaps and shortages. The concept of latent skills (in both gaps and shortages) is a critical element in future workforce planning.

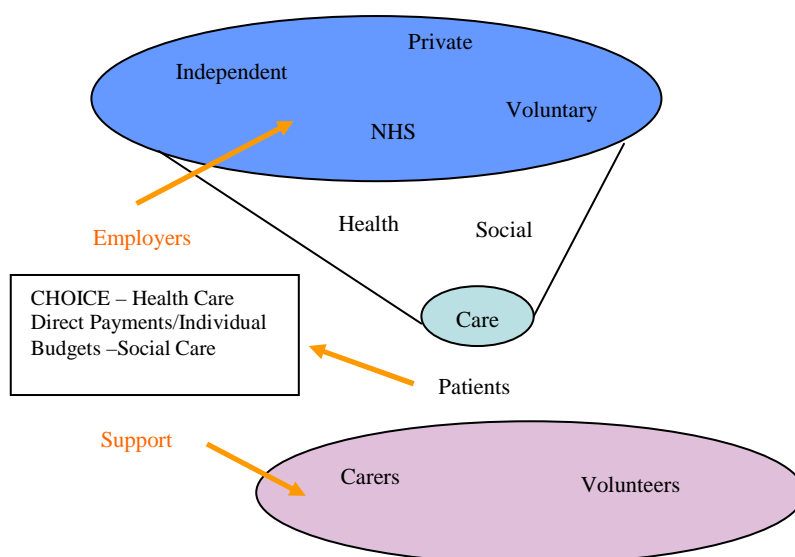
7.4 Key Priority areas for skills development

7.4.1 The scale of the strategy relates to the question as to which groups in the Health and Social Care sectors the strategy is aimed at. Figure 1 depicts that there are three distinct groupings: employers, people who use services and support to users. Within the first group i.e. employers, it is recognised that the dynamics of change in service delivery are tending to merge the discrete boundaries of the past. In short, where once a patient was referred to the 'NHS', the future will provide the person with a range of providers of service. People will thus be provided with choice and (in Social Care) funding which enable decision making to be taken at individual level.

²⁸ Mayhew, 2003

DRAFT v 03/06/05

Figure 1: Groups within the Health and Social Care Sectors



- 7.4.2 The emphasis of the Regional Skills Strategy will initially be primarily on employers that provide service delivery in Health and Social Care. The vital support systems and network to people who use services specifically from carers and volunteers and the educational needs as managers of their care will be viewed as a secondary stage of development of the Regional Skills Strategy. The periodic review of this Strategy will include looking at the scale and focus.
- 7.4.3 If it is accepted that personal assistance is an emerging profession then the competencies of recruits should be seen as an investment and developed accordingly. In the experience of personal assistants, 'learning while earning' is not yet endorsed, prioritised, funded or embedded, nationally, regionally and locally. There is enormous scope for working with direct payment recipients and e-learning facilitators, for example, to design and customise learning.²⁹
- 7.4.4 Within the analysis of feedback from the Green Paper, *Independence, Well-being and Choice*, the importance of informal carers was highlighted and there was a call for greater access to training and support which is integrated within local workforce development strategies³⁰

²⁹ New Types of Worker Project. Developing the role of Personal Assistant. Executive Summary, 2005

³⁰ Responses to the consultation on adult social care in England, DoH, October 2005

DRAFT v 03/06/05

7.4.5 **Key Skills Priority 1 – The use of competencies to underpin common core skills in Health and Social Care**

- There is a continued large scale need to ensure that unqualified sections of the workforce attain a minimum of a Level 2 NVQ qualification. However there is also the need to address the capacity and delivery of these qualifications.
- It is essential that Skills for Life is embedded within all types of learning and qualifications, commencing with the screening of individuals to identify the individual needs in connection with literacy, language, numeracy and IT. Once identified embedded learning opportunities need to be developed.
- Competences reflect a set of statements identifying what people or teams need to know and be able to do to deliver that service. They:
 - describe the work activities which need to be carried out to achieve a particular purpose;
 - outline the quality standards to which these activities need to be performed;
 - indicate the knowledge and skills people need to carry out these activities;
 - begin with the question - 'What do patients and their carers need?';
 - disregard existing boundaries such as location and professional demarcations; and
 - are patient-centred, recognised UK-wide and transferable.

The Regional Skills Strategy proposes:

- clear leadership in promotion of the role of competences within Health and Social Care
- co-ordination of work between Strategic Health Authorities, Local Authorities and Sector Skills Councils;
- commissioning education and training based on a competency framework; and
- commissioning research into future scenario workforce modelling based on a competency framework.

7.4.6 **Key Skills Priority 2: Further development and promotion of new roles to meet the needs of people who use services**

- With the attainment of Level 2 qualifications there is a growing need for Level 3 qualifications, particularly with the new roles that are being developed both within Health and Social Care, to meet the new models of service delivery.
- Much work has been undertaken around extended and new role development. The purpose of this work has been to:

DRAFT v 03/06/05

- Achieve the best possible person centred care through service redesign
 - Maximise flexibility for skills mix development
 - Empower individuals to optimise their contribution to care
- The trend has been towards using National Occupational Standards to describe extended and new roles, which establishes transferability of the roles across the UK, and also the transferability of learning programmes and their outcomes.
 - Competences are not the only descriptors required to define a role. There are also other necessary contextual items, including level of complexity and responsibility for practice and / or practice management, levels of autonomy and accountability and ethics

The Regional Skills Strategy proposes to:

- promote the further development and application of new roles;
- provide a clear rationale for regional coordination (synergy of work; labour pool);
- establish a process for such co-ordination and management;
- establish through research priority service areas for the region;
- evaluate effectiveness in service delivery and productivity; and
- evaluate nature of new roles in future service redesign.

7.4.7 Key Skills Priority 3: Co-ordination and promotion of Management and Leadership

- The development of leadership and management roles throughout the sectors to ensure that line managers are equipped with the appropriate skills to support staff and manage change and service development has been highlighted as a need across Health and Social Care

The Regional Skills Strategy proposes to:

- provide a baseline of the quality, nature and type of training currently available;
- appraise value of national occupational standards in Leadership and Management training;
- promote joint courses for Health and Social Care employees; and
- evaluate effectiveness of joint planned courses.

7.4.8 Key Skills Priority 4; Harmonisation of Labour Market Intelligence, workforce and skills data

- The need of the sectors to have clear, effective and efficient data collection processes in place in order to capture the full needs of the workforce across the East of England is essential and should be seen as a priority. This information can then be used within an integrated process to shape the workforce in order to meet the

DRAFT v 03/06/05

needs of people who use services within the governments' guidelines.

- The recommendations for the development of labour market intelligence (LMI) fall into four main areas:
 - Partnership working
 - Improve coherence of health and social care sector LMI
 - Increase utilisation of health and social care sector LMI
 - Stimulate demand for health and social care sector LMI

The Regional Skills Strategy proposes to:

- establish mechanisms that co-ordinate the work of LMI sub-regional organisations in the Health and Social Care sectors and with East of England Development Agency's LMI functions.
- agree arrangements and establish protocol for sharing regional data sets of Health and Social Care sector workforce;
- critique current data capture in relation to consistency and coverage
- assess value of practice from experience of NMDS in social care;
- promote greater understanding of LMI (e.g. through production and dissemination of regional research bulletins of LMI research); and
- promote awareness of LMI;

7.4.9 Key Skills priority 4: Assessment and appraisal of latent skills shortage

- Recognition of latent skills shortages is one way of 'future proofing' the strategy. There are two dimensions to this concept in the field of Health and Social Care:
 - willingness to examine current ways of working; and
 - researching what the future is likely to mean for workforce skills.
- The continued development and improvement of technology and the use of Information Technology highlights a potential latent skills shortage
- The continuous professional development of staff should not be forgotten. Staff with professional qualifications already understand their responsibilities for maintaining their own continuous professional development. However with the roll out of registration to areas of staff that had not previously been registered there will be an increase in the need for the continued professional development of all staff in order to demonstrate their continued competence.

The Regional Skills Strategy proposes to:

- promote workforce modelling beyond current timescales ;
- produce systematic assessment of horizon scanning reports on workforce skill developments; and

DRAFT v 03/06/05

- produce a tactical approach such that the reports are demand and not supply led.

8 SECTOR SKILLS AGREEMENTS

- 8.1 Sector Skills Agreements (SSA) are designed to improve the delivery of services through developing the workforce. They map out exactly what current and future skills employers need their workforce to have and how these skills and qualifications will be developed. These are the agreement between employers, their Sector Skills Council, partner organizations and the government
- 8.2 Skills for Health will have their national SSA produced in July 2006, this will then be implemented at a regional and local level.
- 8.3 Skills for Health during their SSA development, have identified their skills priorities following employer engagement workshops and surveys, which include:
- *Increased demand for vocational qualifications below degree level* - this contrasts with current findings from the analysis of trends in qualifications, which reveal an observed increase in the importance of degree level qualifications
 - *A balance in the relative importance of health specific and generic skills* – In this context, generic skills include skills such as ICT, leadership and management that will be required by all employees in the sector. Demand for all kinds of skills will increase, but there should be a balance between health specific and generic skills
 - *New qualifications to match new roles or competences* – new roles, qualifications and competences are needed (and need to be applied consistently across organisations, agencies and teams)
 - *Both employees and employers working together towards re-configuring the skill mix within the workforce* – while employees will increasingly acquire new qualifications and skills to match new roles and competences, employers should be equally geared towards bringing about this change
 - *Labour Market Intelligence* - Basing workforce information and intelligence on an agreed common data set across the UK, compatible between all bodies with a role in workforce information, with other relevant sectors and coordinated on behalf of all partners; improved intelligence and good practice, helping employers make the connections between competences, HR systems and service design – and moving them from present to future skills investment and solutions

DRAFT v 03/06/05

- 8.3 As the Sector Skills Agreements are developed the Regional Skills Strategy will be revisited to ensure that the three documents are operating in harmony
- 8.4 Skills for Care will have their national SSA produced by late 2006, early 2007.
- 8.5 The Further Education paper, *Raising Skills, Improving Life Chances, 2006*³¹ states that SSAs will become a key mechanism for determining priorities for the use of public funding for adult training and skills
- 8.6 As the two SSAs are published they will be housed within the Regional Skills Strategy to ensure that the sectors within the region are working within the same framework

³¹ Further Education: Raising Skills, Improving Life Chances, DfES, March 2006

SECTION FIVE

Action Plan

Based on meeting the five outcome measures of the Regional Skills Strategy:

1. Reduction in skills gaps
2. Reduction in skills shortages
3. Increased productivity
4. Improved career development prospects
5. Increased opportunities and better support for those coming into the sector

The phasing of the actions is based on Short, Medium and Long term timescales, where:

- Short Term – within 18 months
- Medium Term – within 3 years
- Long Term – within 5 years

DRAFT v 03/06/05

	PRIORITY ACTION	CONTRIBUTION AND MAPPING TO STRATEGIC FRAMEWORK	OUTPUT MEASURES	RESPONSIBILITY	PHASING
1	Yearly review of the regional priorities for the Regional Skills Strategy	1,2,3,4,5	Agreed list of development priorities for the Health and Social Care Workforce	Regional Strategy Group	Short, Medium Long
2	Review of Sector Skills Agreements priorities and action plan for regional implementation	1,2,4	Inclusion of SSAs within the Regional Skills Strategy.(RSS) Identification of SSA priorities and links to RSS action plan	SCHARET project manager with sign off by Regional Strategy Group	Short
3	Integrated workforce planning template designed to capture regional integrated data, including Skills for Life needs	3	Template completed with integrated workforce data information for the region	Workforce planning sub group	Short
4	The five Health and Social Care Brokerages to work together across the region.	1,4,5	Sharing of Best Practice The development of joint funding bids, through a bid writer, across sectors and region	SCHARET project manager and Brokerage managers	Short

DRAFT v 03/06/05

5	Clearly defined inter relationship between brokerages and Learning Resource Network	4,5	Clear statement of inter relationship agreed, written and shared	LRN project manager, SCHARET project manager, LRN leads and Brokerage managers	Short
6	Establish Lead groups within individual and groups of organisations who have responsibility for Skills for Life,	1	Promotion and dissemination of best practice, action plan for implementation	Skills for Life sub group of Regional Strategy Group	Short
7	Identify funding stream to support the RSS and project manager post		Funding bids actively pursued until funding achieved	SCHARET project manager with sign off by Regional Strategy Group	Short
8	Sustain partner and stakeholder engagement	1,2,3,4,5,	Live communication strategy	Operational sub group	Short
9	Review SCHARET website	1,2,3,4,5	SCHARET website is up to date with information and all web pages are accessible to the public	SCHARET project manager, Julian Talbot, Sub Groups	Short

DRAFT v 03/06/05

10	Terms of Reference of the Regional strategy group and the three sub-groups are renewed annually to ensure fit for purpose	1,2,3,4,5	Terms of Reference displayed on the SCHARET website	SCHARET project manager and members of the groups	Short
11	The use of competencies to underpin common core skills in Health and Social Care	1,2,3,4,5	<p>Increase use of competence in role description and function</p> <p>Explicit links between competences and their role in shaping / informing service re-design</p> <p>Increased funding allocation to competence based training</p> <p>Increased competence based educational commissioning</p>	<p>Sector Skills Councils Employers</p> <p>Employers; SSCs; SHAs</p> <p>SSCs, SHAs; Funding bodies;</p> <p>SHAs; other commissioning bodies; education providers</p>	<p>Short, Medium</p> <p>Short, Medium</p> <p>Medium, Long</p> <p>Medium, Long</p>
12	Further development and promotion of new roles to	2,3	promote the further development and	SHA; SSCs; LAs; Employers	Short, Medium

DRAFT v 03/06/05

	meet the needs of people who use services		<p>application of new roles;</p> <p>provide a clear rationale for regional coordination (synergy of work; labour pool);</p> <p>establish a process for such co-ordination</p> <p>establish through research priority service areas for the region;</p> <p>evaluate effectiveness in service delivery and productivity; and</p> <p>evaluate nature of new roles in future service redesign</p>	<p>SHAs; SSCs; LAs</p> <p>SHAs; SSCs; LAs</p> <p>SHAs; Employers</p> <p>SHAs; SSCs; LAs</p> <p>SHAs; SSCs; LAs</p>	<p>Short, Medium</p> <p>Short, Medium</p> <p>Short</p> <p>Medium</p> <p>Medium – Long</p>
13	Co-ordination of promotion of Management and Leadership	3	<p>provide a baseline of the quality, nature and type of training currently available;</p> <p>appraise value of national</p>	<p>SHAs; Brokerages; Independent organisations; education and training providers</p> <p>SSCs; SHAs;</p>	<p>Short</p> <p>Short</p>

DRAFT v 03/06/05

			<p>occupational standards in Leadership and Management training;</p> <p>promote joint courses for health and social care employees; and</p> <p>evaluate effectiveness of joint planned courses.</p>	<p>Brokerages</p> <p>Education and training Providers; Brokerages; Independent organisations SHAs; SSCs</p>	<p>Medium</p> <p>Medium</p>
14	Harmonisation of Labour Market Intelligence (LMI), workforce and skills data	1,2,4	<p>establish mechanisms that co-ordinate the work of LMI sub-regional organisations in the health and social care sector and with East of England Development Agency's LMI functions.</p> <p>Agree arrangements and establish protocol for sharing regional data sets of health and social care sector workforce; and</p> <p>Critique current data capture in relation to</p>	<p>SHAs; SSCs; EEDA; Independent sector; Voluntary and Community sector; Employers LSCs; Brokerages; Jobcentre Plus</p> <p>LAs; SHAs; EEDA; SSCs</p> <p>SSCs; LAs; SHAs</p>	<p>Short</p> <p>Short Medium</p> <p>Short</p>

DRAFT v 03/06/05

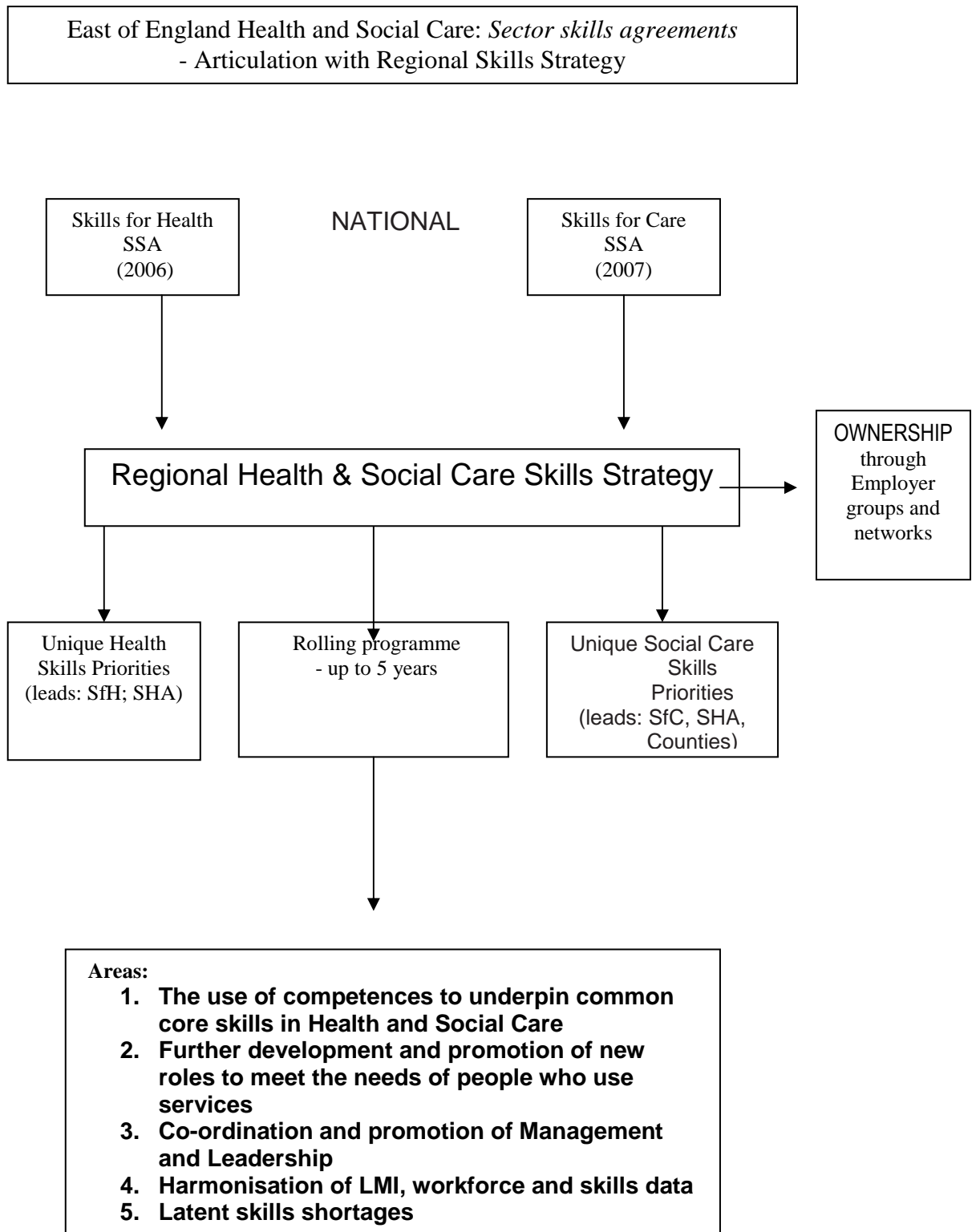
			<p>consistency and coverage;</p> <p>Assess value of practice from experience of NMDS in social care; and</p> <p>promote greater understanding of LMI (e.g. through production and dissemination of regional research bulletins of LMI research);</p> <p>promote awareness of LMI;</p> <p>promote greater accuracy and utility of LMI.</p>	<p>SfC</p> <p>LAs;,SHAs; SSCs; EEDA; employers</p> <p>LAs;,SHAs; SSCs; EEDA; employers</p> <p>LAs;,SHAs; SSCs; EEDA; employers</p>	<p>Short Medium</p> <p>Short Medium</p> <p>Short Medium</p> <p>Short Medium</p>
15	Latent skills shortages	3	<p>promote workforce modelling beyond current timescales</p> <p>produce systematic assessment of horizon</p>	<p>Employers; LAs; SHAs; SSCs</p> <p>LAs; SHAs; SSCs</p>	<p>Medium, Long</p> <p>Medium, Long</p>

DRAFT v 03/06/05

			scanning reports on workforce skill developments; produce a tactical approach such that the reports are demand and not supply led	Employers; LAs; SHAs; SSCs	Medium, Long
--	--	--	--	----------------------------	--------------

The outcomes of the Regional Skills Strategy, as identified in Executive Summary = Contribution and mapping to strategic framework;

1. Reduction in skills gaps
2. Reduction in skills shortages
3. Increased productivity
4. Improved career development prospects
5. Increased opportunities and better support for those coming into the sectors



DRAFT v 03/06/05