# Oxfordshire Adult Social Care
# **Workforce Strategy**
# **2015-2018**

**Document history**

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**Version control**

| Version | Date | Reviewed by | Status |
|---|---|---|---|
| 1.0 | 04-Jul-14 | Workforce strategy group | Internal draft |
| 1.2 | 06-Oct-14 | Workforce strategy group | Internal draft |
| 2.0 | 16-Jan-15 | Oxfordshire Clinical Commissioning Group; Oxfordshire County Council Adult Social Care; Health Education Thames Valley | Draft for sector review |
| 3.0 | 30-Jun-15 | Rachel Lawrence | Final version |

# Contents

# At a glance: The strategy on one page

The **strategic vision** for the adult social care workforce in Oxfordshire is to have

- A **skilled**, **empowered** and **dynamic workforce** that **works together** and is **proud** to support people to live the life they want to live.

To realise this vision, the sector must address urgent challenges to the **capacity** and **capability** of the workforce, particularly in home support services and care homes.

To **build capacity** the sector will need to attract and retain more workers, including non-traditional types of worker; to enable career progression; to manage services and staff in ways that foster employee engagement and high-performance working; also, to partner more effectively with carers, volunteers and local communities.

To **increase capability** the sector needs to: recruit staff with the right values and behaviours; manage staff in ways that foster learning and development; incentivise and support staff to apply the right values, behaviours, skills and expertise; and, support carers, volunteers and local communities to develop their expertise.

**Focused, sustained and co-ordinated effort** will be required over the coming years from the sector as a whole in Oxfordshire. This strategy aims to guide the **necessary partnership-working**. It sets out a **realistic approach** based on using resources already available within the system, together with **enabling support** in key areas, such as improving the status of adult social care work and workers; attracting non-traditional types of worker; sharing learning and development for managers and leaders in the sector; establishing clear standards around values, behaviours and skills; and creating and sustaining workplace learning cultures.

**Oxfordshire County Council** will provide strategic leadership around workforce planning and development. **Social care employers** will implement the strategy in their own organisations. **Oxfordshire Association of Care Providers** will facilitate partnership-working with and between care providers. **Learning providers** will support the strategy by developing and delivering a wide range of learning opportunities. **NHS partners** will ensure that commissioning strategies support the strategy; and will also provide practical support. **People who use services, carers and community support organisations** will help to facilitate the strategy's aims around work with carers, volunteers and local communities.

In this way, the strategy, together with its implementation plan, will set the sector on the right course to ensure **a workforce with the capacity and capability to meet the care and support needs of the people of Oxfordshire**.

# Executive summary

## Why we need a workforce strategy

The adult social care sector in Oxfordshire faces significant challenges around workforce **capacity** and **capability**. These challenges arise from two main factors:

- demand for care and support is increasing, as the population of Oxfordshire grows and ages
- skill levels required for adult social care work are rising, as the work itself becomes more complex.

### The challenge to capacity and capability

Projections indicate that, over the next ten years, the county's workforce (currently about 14,000) will need to add 5,000 to 7,500 jobs just to keep pace with increased demand for care and support in Oxfordshire. In other words, we will need to grow our workforce by 35% to 55%.

This represents a significant challenge, particularly in the context of Oxfordshire's high-wage, high-skills and low unemployment economy.

Corrosively high levels of staff turnover (currently around 25 per cent) present a further challenge. This is likely linked to issues around employee reward, recognition and support, but it also reflects the fact that care work, despite its lack of entry-level barriers, is not something that just anyone can do. The pressure to cover services, however, frequently obliges employers to base recruitment on workers' availability over suitability.

The same issues around staff turnover impact on capability too. There is already evidence that many care workers in Oxfordshire lack skills and qualifications, including the core skills (i.e. communication, information processing and other generic skills) that are crucial for high-quality, personalised care and support, particularly in areas prioritised by commissioners such as reablement. Recruitment based on availability offers no guarantee that staff have the necessary aptitude. High levels of staff turnover then divert scarce resources away from workforce development and undermine workplace learning cultures.

### Developing a strategic response

Clearly, to address these challenges around capacity and capability will require a focused, sustained and co-ordinated effort over the coming years from the adult social care sector as a whole in Oxfordshire. This strategy aims to help us make that effort.

Closely aligned with national and local policies, the strategy has been developed by Oxfordshire County Council (charged by the Care Act with fostering the workforce) in partnership with the Oxfordshire Association of Care Providers, Carers Oxfordshire, Oxfordshire Council for Voluntary Action, Oxfordshire Clinical Commissioning Group and Oxford Health NHS Foundation Trust and with support from Health Education Thames Valley.

The strategy identifies the workforce planning and development priorities for adult social care in Oxfordshire. It focuses on home support services and care homes, and also carers, local volunteers and their communities. It sets out an investment framework for commissioners and provider-employers over the next three years and beyond.

## Strategic vision and priorities

The strategic vision for the adult social care workforce in Oxfordshire is to have

- A **skilled**, **empowered** and **dynamic workforce** that **works together** and is **proud** to support people to live the life they want to live.

The overarching workforce priorities for adult social care in Oxfordshire are to build capacity and increase capability. Priority groups for capacity and capability development include:
- care workers in home support services
- care workers in care homes
- nurses in care homes
- managers and leaders of these groups
- carers, volunteers and local communities.

To build capacity the sector will need to:
- attract and retain more workers
- maximise productivity
- partner and support carers, volunteers and local communities.

To increase capability the sector will need to:
- recruit and retain staff with the right values and behaviours
- support staff to develop the required skills and expertise
- incentivise and support staff to apply those values, behaviours, skills and expertise
- support carers, volunteers and local communities to develop their expertise.

Key strategic enablers will include:
- partnership working and strategic leadership
- data and intelligence
- commissioning and contracting.

## Strategic approach

This strategy recognises the pressures and constraints that operate on the adult social care sector in Oxfordshire, including financial constraints. Its approach is based on a commitment to high-quality care and support that respects those constraints. Its ambitions are consistent with available resources and achievable through partnership working.

Principles underpinning this strategy include:
- inclusive partnership working
- close alignment with local and national policy and priorities
- prioritisation based on what evidence says works
- utilisation of resources already within the system
- realistic ambition.

Regarding the **paid workforce**, the sector will need to take action to:
- attract, screen and filter suitable candidates
- offer pre-employment training and work experience to candidates with potential
- recruit and match suitable, job-ready candidates to vacancies appropriate to the candidate
- induct new staff so they are equipped and motivated to perform in their new role
- develop and retain staff through people and quality management practices that encourage high-performance working and employee engagement, support learning and enable career progression.

Other areas where action will be required include:
- strategic leadership and development of partnership working
- collection and use of workforce data and intelligence
- commissioning and contracting as a workforce development tool
- leadership and management support for employers
- development of workplace learning cultures, career pathways and the provision of accessible learning and development opportunities
- improving the status of adult social care work and workers

To address capacity and capability in the **unpaid workforce**, the sector will need to:
- develop partnership working with and
- support learning opportunities for carers, volunteers and local communities.


## Outcomes and benefits

This strategy will help to ensure that a workforce with the capacity and capability required is available to meet the care and support needs of the people of Oxfordshire.

Broad outcomes and benefits of this strategy will include:

For the **sector** as a whole
- support to increase workforce capacity and capability, including
    - frameworks, structures and systems to help the sector address workforce capacity and capability over the coming years
    - improved workforce data and intelligence, enabling better planning and investment
    - enhanced reputation and status for adult social care work and workers

For **care providers** and **employers**
- significant support for recruitment and to improve staff retention
- for leadership and management development and
- for staff development reflecting the increasingly complex care and support needs of people in the county (with business benefits including cost reductions and reputational gains)

For **commissioners**

- mobilised and focused support for social and health care service integration, quality improvement with potential cost reduction and savings (including significant savings around reduced hospital and care home admissions)

For **adult social care workers**
- job enrichment, learning and career development opportunities

For **carers, volunteers** and **local communities**
- partnership, support and learning opportunities

For **people who use services**
- support for high-quality, person-centred care and support close to home

A comprehensive plan to monitor and evaluate the impacts of the strategy will be developed as part of the implementation plan (see below). To measure progress towards the achievement of outcomes and benefits, the plan will utilise a range of indicators, including rates of staff turnover, attraction of candidates from other sectors, and the total number of people employed in the sector.

## Strategic roles and responsibilities

**Local authority,** Oxfordshire County Council, has strategic responsibility for adult social care, including market facilitation and fostering of the workforce. The county council is well-placed to provide strategic leadership in the area of workforce planning and development.

**Social care employers** are responsible for the quality of the services they provide, including the values, behaviours, skills and expertise of their staff. Employers are well-placed to implement – and benefit significantly from – the strategy in their own organisations. By adopting values-based recruitment and people management practices associated with high performance working, employee engagement and workplace learning cultures, employers can transform the experience of staff and the people they provide services to, helping simultaneously to raise the status of adult social care work and workers.

**Oxfordshire Association of Care Providers (OACP)** is well placed to facilitate the communication and engagement with care providers that is central to the partnership working the strategy requires.

**Learning providers** are well placed to support the strategy by developing a wide range of learning opportunities, from pre-employment training, training to develop the essential skills and capabilities needed and identified in this strategy, to leadership and management development.

**NHS partners** are well placed to ensure that commissioning strategies, policies and plans align with and are supportive of this strategy.  They are also able to provide practical support and leadership for the development of the social care workforce through the delivery of training, advice and guidance, and by promoting a culture of collaboration between health and adult social care workers around the needs of people who use services and their carers.

**People who use services, carers and community support organisations** can facilitate, consult, advise and support the strategy's aims for working with carers, volunteers and local communities.

## Implementation

Implementation of this strategy will take place in the first instance through a three year programme involving all delivery partners.

A full implementation plan, detailing actions and describing arrangements for monitoring and review will follow this strategy.

# 1. Purpose, scope and rationale

In Oxfordshire, as in the rest of the UK, adult social care is changing in response to demography, personalisation and funding requirements. For adult social care commissioners and providers this raises significant issues regarding the capacity and capability of the workforce. This strategy aims to help commissioners and providers to address those issues.

The strategy:

- identifies the workforce planning and development priorities for adult social care in Oxfordshire, with particular reference to:
    - o home support: care workers, managers and leaders
    - o care homes: care workers, nurses, managers and leaders
    - o unpaid carers, volunteers and local communities

- sets out a framework for investment in the workforce by commissioners and providers over the next three years and beyond.

The overarching aim of this strategy is to ensure that the adult social care workforce has the capacity and capability to meet the needs of the people of Oxfordshire.

With support from Health Education Thames Valley[1], the strategy has been developed jointly by:

- Oxfordshire County Council
- Oxfordshire Association of Care Providers
- Oxfordshire Clinical Commissioning Group
- Oxford Health NHS Foundation Trust.
- Oxfordshire Community and Voluntary Action
- Carers Oxfordshire

It is informed by and aligned with:

- national policy, strategies, plans and initiatives related to adult social care, including the Care Act (2014)
- Oxfordshire strategies and plans related to adult social care, including Oxfordshire's Joint Health and Wellbeing Strategy (2012-2016)[2].

This strategy will be followed by detailed action plans that:

- describe the action to be taken by the various stakeholders
- describe the required resources and/or investment
- set targets for delivery
- confirm the expected outcomes and benefits of the plans.

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[1] Health Education Thames Valley is the Local Education and Training Board for Thames Valley covering Berkshire, Buckinghamshire and Oxfordshire. See https://thamesvalley.hee.nhs.uk/

[2] Oxfordshire Joint Health and Wellbeing Board (2012, 2014), *Oxfordshire's Joint Health and Wellbeing Strategy 2012 – 2016, Final Version July 2012, Revised July 2013 and June 2014*. [Available at https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointhwbstrategy.pdf]

# 2. National context

## Overview

National policy prioritises:

- preventing, delaying and reducing the need for care and support
- ensuring individuals have access to a range of high-quality, integrated services, delivered in or close to home
- enabling individuals to control their own care and support.

The Care Act (2014) requires local authorities to facilitate markets including fostering a workforce able to deliver high-quality, innovative and appropriate services.

Significant national support for workforce development is in place, including for:

- recruitment and retention
- values and behaviours
- leadership and management
- skills, learning and qualifications (including learning at the point of entry to the sector; and functional and employability skills)
- workforce intelligence and research.

The regulator (Care Quality Commission) wants employers to:

- recruit for values and then build the professionalism of staff through a culture of support, openness and learning at all levels

and the system as a whole to:

- recognise and value staff (to attract and retain capable, motivated staff)
- help providers to share learning.

## 2.1 National policy and the Care Act (2014)

Across the UK demand for adult social care is rising as the population ages and as advances in medical care enable more people to live longer with complex conditions (many of which can now be managed outside of hospital). At the same time, changing social attitudes have led people to expect more personalised, responsive services.

Because of these developments, national policy aims on the one hand to prevent, delay and reduce the need for care and support; and, on the other, to ensure that individuals have access to a range of high-quality, integrated services, delivered in or close to people's homes, and that individuals remain in control of their own care and support.[3] (See appendices for principles underpinning reforms.)

To achieve these aims, policy has prioritised:

- health and wellbeing initiatives
- personal budgets, direct payments and individual employers

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[3] HM Government (2012), *Caring for our future: reforming care and support*. London: TSO (The Stationery Office).

- diversity of providers
- integration of health and social care services
- support for carers
- support for and from local communities
- use of assistive technology
- workforce strategies and initiatives to develop capacity and capability (with a particular focus on values and behaviours)
- national strategies for areas of particular concern, e.g. dementia[4].

### Care Act (2014)

With the 2014 Care Act[5], legislation relating to care and support has been brought together into a single act around the principle of well-being. The Care Act introduces major reforms to funding for care and support, to the rights of people in need of care and support and to the rights of carers. This includes new requirements regarding information and advice, assessments and reviews, person-centred care and support planning, financial assessment and charging, advocacy, partnerships and integration and other areas (all of which carry workforce implications for commissioners and for providers).

More generally, the Care Act gives local authorities new responsibilities for the adult social care workforce overall, requiring local authorities to facilitate markets that 'offer continuously improving, high-quality, innovative and appropriate services, including fostering a workforce which underpins the market.'[6]

## 2.2 Workforce planning

Skills for Care (who hold sector skills council responsibility for adult social care in England) has modelled future demand for adult social care workers using four different sets of assumptions[7]:

- Base case: *'Business-as-usual' scenario, assuming patterns of service continue at a constant rate while the demand for services increases as anticipated*

- Maximising choice: *Highly personalised social care is provided in people's own homes; demand for 'traditional' domiciliary care and home nursing services is reduced*

- Contain and community: *Most care and support are provided by a largely unpaid workforce on a highly personalised basis in the community. Paid care and support focuses on people with substantial, complex needs.*

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[4] DH (Department of Health) (2009), *Living well with dementia, a National Dementia Strategy.* London: DH.
-- (2012), *Prime Minister's challenge on dementia, Delivering major improvements in dementia care and research by 2015*. London: DH.
-- (2013), *Dementia, A state of the nation report on dementia care and support in England.* London: DH.
See also: *Policy: Improving care for people with dementia.* https://www.gov.uk/government/policies/improving-care-for-people-with-dementia
[5] See http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
[6] DH (Department of Health) (2014), *Care and Support Statutory Guidance*. London: DH; p44.
[7] Skills for Care (2010), *State of the adult social care workforce, 2010.* Leeds: Skills for Care; p158ff.

- Restricted resources: *More stringent assessments leading cut backs and a changing balance between private and public funding.*

Current projections suggest that over the next ten years, the sector's national workforce (1.52 million in 2013) will need grow by between 300,000 (restricted resources scenario) and over 800,000 (maximising choice scenario).[8]

At a time when as many people leave the sector as join it[9], this represents a challenge and the sector's recruitment and retention strategy[10] envisages a much more diverse workforce with portfolio careers that cross over health, social care and support.

## 2.3 National support for workforce development

As care and support become less process-driven and service-oriented and more focused on flexible approaches to enablement, empowerment and facilitation, it is recognised that there will need to be a greater focus on workforce development to ensure staff have the necessary values, behaviours, skills and competencies. To address this need a range of national strategies, plans and initiatives are in place for

- recruitment and retention
- values and behaviours
- leadership and management
- skills, learning and qualifications (including learning at the point of entry to the sector; as well as functional and employability skills)
- workforce intelligence and research.

**Recruitment and retention**

In addition to the sector's recruitment and retention strategy itself (refreshed in 2014), an increasing body of national support is available to commissioners and employers, including sector route way, I Care ambassadors and practical tools e.g. for values-based recruiting.[11]

**Values and behaviours**

Highly publicised abuse at Winterbourne View, North Staffordshire NHS Trust and in other care settings has led to renewed focus on the values and behaviours required of care workers. To give the sector's commitment to values greater prominence, both with staff and with the general public, the Department of Health led an initiative resulting in the **Social Care Commitment**[12] being launched in 2013. (See appendices for more detail.)

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[8] Skills for Care (2014), *The size and structure of the adult social care sector and workforce in England, 2014*. Leeds: Skills for Care; p40ff.

[9] Skills for Care (2014), [Infographic] *Recruitment and retention in the adult social care sector*. Leeds: Skills for Care.

[10] Skills for Care (2011, 2014), *Adult social care workforce recruitment and retention strategy*. Leeds: Skills for Care.

[11] See http://www.skillsforcare.org.uk/Finding-and-keeping-workers/Finding-and-keeping-workers.aspx; also https://www.nsasocialcare.co.uk/values-based-recruitment-toolkit

[12] See www.thesocialcarecommitment.org.uk

## Leadership and Management

As the Care Quality Commission (CQC) notes in its 2013-14 report on the adult social care sector: 'good leadership is central to people receiving high-quality care.'[13] The sector's national workforce development strategy promotes leadership, 'at all levels in organisations and communities'[14] and prioritises a cross-sector approach to the development of leadership and management. The National Skills Academy for Social Care[15] (responsible for leadership in the sector) has developed a Leadership Qualities Framework[16] and published a leadership strategy[17], supported by a raft of programmes and resources.

## Workforce skills

At the national level, Skills for Care collects workforce intelligence via the National Minimum Data Set for Social Care (NMDS-SC)[18] and co-ordinates standards, qualifications and support for learning (including the Workforce Development Fund[19]).

Analysis by Skills for Care indicates that the skills of support workers, who make up 75 per cent of the adult social care workforce[20] cannot be taken for granted. NMDS-SC data suggests that about half of the adult social care workforce lacks a level 2 qualification and 30 per cent have not completed induction training.[21] There is also evidence of persistent deficits around functional and employability skills.[22] This lack of core skills and competence-level qualifications is often associated with low levels of personal confidence, further inhibiting performance and progression.

## Care Certificate

The 2013 Cavendish Review[23] into healthcare assistants and social care support workers expressed concern regarding support for the skills and behaviours of these staff groups and recommended a common basic initial qualification to achieve greater consistency across employer organisations in the initial training of workers. The government accepted this

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[13] CQC (Care Quality Commission) (2014), *The State of Health Care and Adult Social Care in England 2013/14.* Newcastle upon Tyne: CQC; pp6-7.

[14] Skills for Care (2011), *Capable, Confident, Skilled, A workforce development strategy for people working, supporting and caring in adult social care.* Leeds: Skills for Care; p29.

[15] See https://www.nsasocialcare.co.uk/about-us/leadership-strategy

[16] National Skills Academy for Social Care (2012), *The Leadership Qualities Framework*. London: Department of Health.

[17] National Skills Academy for Social Care (2013), *Leadership starts with me, The why, what and how of leadership in adult social care.* London: National Skills Academy for Social Care.

[18] See http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/NMDS-SC/NMDS-SC.aspx

[19] See http://www.skillsforcare.org.uk/Funding/Workforce-Development-Fund-2014/Workforce-Development-Fund.aspx

[20] This includes care workers, senior care workers, support workers, personal assistants and others providing direct care. Cf. Skills for Care (2014), *The size and structure of the adult social care sector and workforce in England, 2014*. Leeds: Skills for Care; p27.

[21] Skills for Care (2012), *State of the Adult Social Care Sector and Workforce in England, 2012.* Leeds: Skills for Care; p46.

[22] Among adults employed in human health and social work activities, the 2011 Skills for Life survey found that 44% lacked level 2 literacy (equivalent to GCSE A*-C), with 13% at entry level; 83% lacked level 2 numeracy, with 56% at entry level; 70% had entry level word processing skills; 46% entry level email skills and 86% entry level spreadsheet skills. Cf. BIS (Department for Business, Innovation and Skills) (2012), *The 2011 Skills for Life Survey: A Survey of Literacy, Numeracy and ICT Levels in England, BIS Research Paper 81*. London: BIS.

[23] DH (Department of Health) (2013), *The Cavendish Review, An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings*. London: DH.

recommendation and from 2015 the Care Certificate[24] replaces both the Common Induction Standards (CIS) and the National Minimum Training Standards for adult social care. A comparable qualification will be introduced for support workers in healthcare. As with the CIS, it expected that new staff will achieve the care certificate within the first 12 weeks of employment and then embark on formally accredited competence qualifications. (While not formally accredited itself, Care Certificate learning can provide evidence towards QCF (Qualifications and Credit Framework) qualifications and apprenticeships across both health and social care.)

**Core functional and employability skills**

To address functional and employability skills, Skills for Care on behalf of the sector published a core skills strategy in 2014.[25] Recognising the difficulties employers face in releasing frontline support staff for discretionary training, the core skills strategy calls for workplace learning, linked to quality management systems (including values-based initiatives such as the Social Care Commitment) led by employers. National resources are available to support this approach.[26]

**Digital skills**

As digital technology becomes ubiquitous, workforce policy on it is emerging and in 2014 the sector published a strategy for digital working, learning and information sharing.[27]

**Workforce intelligence and research**

The National Minimum Data Set for Social Care (NMDS-SC)[28] is the leading source of robust workforce intelligence for adult social care nationally, informing policy, commissioning, workforce planning and development. NMDS-SC holds information on around 25,000 organisations and 700,000 workers. The data set is based on annual workforce reporting by employers, using an on-line tool.

(See appendices for further detail on national support for workforce development.)

## 2.4 Regulator's priorities

In its most recent inspection report[29], the Care Quality Commission (CQC) identified priorities for providers and for the adult social care system as a whole.

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[24] See http://www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx; also http://www.skillsforcare.org.uk/Document-library/Standards/Care-Certificate/Care-Certificate-briefing-and-Qs-and-As.pdf

[25] Skills for Care (2014), *Core Skills, a strategy to support functional and employability skills in the adult social care workforce in England*. Leeds: Skills for Care.

[26] See http://www.skillsforcare.org.uk/Skills/Core%20skills/Core-skills.aspx

[27] Skills for Care (2014), *Digital working, learning and information sharing A workforce development strategy for adult social care.* Leeds: Skills for Care.

[28] See http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/NMDS-SC/NMDS-SC.aspx

[29] CQC (Care Quality Commission) (2014), *The State of Health Care and Adult Social Care in England 2013/14.* Newcastle upon Tyne: CQC; pp6-7. CQC has recently reformed its approach to inspection to ensure a consistent focus on areas of greatest importance. Inspection is now based on Key Lines of Enquiry (KLOEs) and uses five questions to assess services: Is the service safe? Is it effective? Is it caring? Is it responsive? Is it well-led? This approach is designed. Cf. CQC (Care

Providers should focus on:

- recruiting for values and building the professionalism of staff (including working with organisations such as Skills for Care to ensure robust recruiting, training and education processes), and

- developing a culture of support, openness and learning at all levels.

The system as a whole should focus on:

- recognising and valuing excellence in all staff, especially those in professional or leadership positions (to attract and retain capable, motivated staff in these positions)

- tackling failure, so that everyone has access to care that is good or better, in part by helping providers to share learning.

# 3. Context in Oxfordshire

## Overview

The population of Oxfordshire is growing and ageing. Between 2014 and 2024, the number of people living in Oxfordshire is predicted to rise from 650,000 to 750,000 and the number people aged 85 or over to increase by almost 40 per cent, from 16,000 (2.5 per cent) to 23,000 (3per cent).

Currently, about 90,000 people are thought to be limited in their daily activities by a long-term health problem or disability; including an estimated 24,000 whose activities are significantly limited.

A good deal of the care and support these people need is provided informally. Census data suggests that one in every ten people in Oxfordshire has caring responsibilities – some 65,500 people, with almost 12,000 providing over 50 hours of care a week.

This unpaid workforce is complemented by an estimated 14,000 paid staff employed by over 230 registered providers of adult social care in Oxfordshire (109 home support providers and 127 registered care homes), in addition to individual employers and other unregistered employers. Two care associations operate in Oxfordshire.

Statutory responsibility for adult social services rests with the local authority, Oxfordshire County Council. Priorities around health and wellbeing in Oxfordshire are set by the Joint Health and Wellbeing Board - a partnership between the people of Oxfordshire, the NHS and the local authority - which co-ordinates social care strategy through a number of joint management groups.

Demand for adult social care in Oxfordshire is currently rising, putting pressure on services. Population growth and ageing are both predicted to continue in Oxfordshire for some decades, making it likely that demand for care and support will continue to rise, intensifying pressure on services. In response, Oxfordshire's Joint Health and Wellbeing Board has set strategic objectives around:

- preventing, delaying and reducing demand
- improving the quality and safety of services.

It has prioritised:

- support that helps adults live independently while reducing the need for services
- support for carers and for community volunteers
- better co-ordination of health and social care services.

Challenges identified by the board include:

- on-going constraints around public funding
- the changing structure and role of public sector organisations
- the wide variety of organisations working in Oxfordshire.

A range of strategies, plans and initiatives are in place to support adult social care in Oxfordshire in relation to older people, people with learning disabilities, people with

dementia, carers and local communities. This strategy aims to support planning and development of the adult social care workforce in Oxfordshire.

## 3.1 Demography of adult social care in Oxfordshire

The population of Oxfordshire is growing and ageing.

In 2014, Oxfordshire has a population of about 650,000 people, some130,000 (20 per cent) of whom are over pensionable age, including more than 16,000 aged 85 or over (2.5 per cent ).[30]

It is thought that 90,000 people are limited in their daily activities by a long term health problem or disability (including physical disabilities, learning disabilities, mental health issues, memory loss, acquired brain injury, or autism).[31]

An estimated 24,000 older people are significantly limited in their daily activities. Of these:

- 4,000 (16%) receive long term support managed by the local authority. 1,600 of these people are in a care home. The other 2,400 receive home support or purchase their support through a Direct Payment.
- 2,100 ( 9%) self-fund a care home placement. 3,400 (14%) self-fund care at home.
- 5,700 (24%) receive intensive (50 hours+) informal care from a family or friend.
- 8,800 (37%) have a potential need who could come forward and ask for care.
- The number of older people receiving home care arranged by the local authority and the number supported by a direct payment is rising annually.
- Older people are increasingly likely to have complex needs and conditions.
- The peak age band for placement in a care home is 85 and older.
- Between 2001 and 2011 the proportion of unpaid carers in Oxfordshire increased from 8.4% to 9.4%; just under 12,000 people are thought to be providing 50+ hours of informal care per week.
- As of 2014, just over 2,000 people were known to Oxfordshire learning disability teams. Demand for services is increasing more rapidly than anticipated and national data suggests that as many 11,000 adults in the county may have a learning disability, including 2,600 with a moderate or severe learning disability.

Over the next ten years (i.e. by 2024):

- Oxfordshire's total population is expected to increase to 750,000, including 134,000 (18%) over pensionable age.[32]
- The number of older people in Oxfordshire will rise by 23%.[33]

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[30] OCC (Oxfordshire County Council) (2014), *Population projections, Autumn 2014, Summary report, Oxfordshire Projections 2014-2052.* Oxford: OCC.

[31] OCC (Oxfordshire County Council) (2014), *Joint Strategic Needs Assessment Annual Report 2014*. Oxford: OCC.

[32] This total reflects changes to the pensionable age. Under the provisions of the 2011 Pensions Act, state pension age will change from 65 years for men and 61 years for women, to 65 years for both sexes by 2018; then from 65 years to 66 years for both men and women by 2020. From 2034 to 2046, state pension age will increase in two stages from 66 years to 68 years for both sexes.

[33] OCC (Oxfordshire County Council) (2014), *Population projections, Autumn 2014, Summary report, Oxfordshire Projections 2014-2052.* Oxford: OCC.

- The number of people over 85 will rise by almost 40% to just under 23,000 in 2024; this number will more than double by 2033.[34]
- People with disabilities will live for longer, often with more complex needs.
- The number of people with dementia is forecast to increase by 28% from 2012 to 2020, from 7,800 to 10,000. The number of people over 90 with dementia is forecast to rise by 48% in the same period - from 1,800 to 2,500.[35]

Demand for adult social care will rise because of these changes.

Since April 2012 all adults eligible for social care support from the county council have had their own personal budgets; In 2012/13, Oxfordshire had the highest use of direct payments in the country. However, a significant proportion of older people in Oxfordshire fund their own care.[36]

## 3.2 Provision of care and support in Oxfordshire

Care and support in Oxfordshire is provided both formally (by paid adult social care workers) and informally (by unpaid carers, typically relatives, friends or community volunteers). Most care and support is informal.

### Unpaid workforce: Carers in Oxfordshire

Census data suggests just under 10 per cent of the Oxfordshire population provide some level of informal care to a relative or friend. This is approximately 65,000 people, of whom: 72% are thought to provide 1-19 hours of care per week; 10% between 20 and 49 hours; and 18% (11,700) more than 50 hours. Regarding age structure: 2% of people under 25 and 9% of people aged 25 to 49 provide some unpaid care, compared to 14% for people aged 65 and over. The group most likely to provide unpaid care is people aged 50-64, with 20% providing some level of care.[37]

### Paid workforce: Adult social care workers

Based largely on data from the National Minimum Data Set for Social Care (NMDS-SC) it is estimated that:
- There are currently about 14,000 jobs in adult social care in Oxfordshire, including:
  - 5,000 in care homes with nursing
  - 2,300 in care homes without nursing
  - 2,500 in home support services

[34] OCC (Oxfordshire County Council) (2014), *Population projections, Autumn 2014, Summary report, Oxfordshire Projections 2014-2052.* Oxford: OCC.

[35] Commissioner analysis: Dementia UK prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2030. Source: POPPI (Projecting Older People Population Information) http://www.poppi.org.uk/.

[36] OCC (Oxfordshire County Council) (2014), *Oxfordshire County Council, Social and Community Services, Adult Social Care Business Strategy 2014/15 to 2017/18.* Oxford: OCC.
Currently people with over £24,000 of savings have to pay for all of their care. The Care Act introduces a different system: from 2016, an individual's contribution to the direct care costs of eligible needs will be capped at a maximum of £72,000, subject to annual national review.

[37] OCC (Oxfordshire County Council) (2014), *Joint Strategic Needs Assessment Annual Report 2014*. Oxford: OCC; p13.

- o  1,500 in adult community care
- o  1,700 in all other adult social care services
- o  1,000 personal assistants employed directly by individual budget holders.
- The great majority of these jobs are with private sector care providers, voluntary or independent sector organisations; only 10% are local authority roles.
- Half of all employees work on a part-time basis.
- 83% of all adult social care jobs in Oxfordshire (91% in domiciliary care) are currently filled by women.
- The workforce is older: 33% are aged between 35 and 49 (compared with 22% in the general population of Oxfordshire); 34% are aged 50 or over (27% in the general population); 21% are aged 55 or over (17% in the general population).
- 25% of the workforce was born overseas (compared with 14% in the general population of Oxfordshire); among these overseas workers, 63% were born outside the European Economic Area (EEA).[38]

Approximately 10 per cent of this workforce is directly employed by Oxfordshire County Council, including social workers, occupational therapists, support workers and commissioners. The remainder works for private and voluntary sector employers.

**Providers: Registered adult social care providers and other employers**

There are currently over 230 registered providers of adult social care in Oxfordshire, in addition to individual employers and other unregistered employers.

Registered organisations include some 109 providers of home support services[39] and 127 care homes. Among these care homes, 102 are for older people, including 75 registered to support people with dementia; 27 are for people with learning disabilities; and 23 for people with mental health needs. Together these homes offer about 4,800 beds, nearly 90 per cent of which are for older people, including 68 per cent registered for people with dementia. On average, homes have 42 beds.[40]

**Oxfordshire care associations**

Two care associations operate in Oxfordshire: Oxfordshire Association of Care Providers (OACP)[41] and Oxfordshire Carehomes Association.[42] OACP, recently established with support from Oxfordshire County Council, aims to represent and support all types of social care providers in Oxfordshire. The longer-established Oxfordshire Carehomes Association represents residential care providers only.

**Service commissioning**

Statutory responsibility for adult social services in Oxfordshire rests with the local authority, Oxfordshire County Council. As such, it is the role of the county council, together with the

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[38] Data sourced from NMDS-SC and the Office of National Statistics; cf. http://insight.oxfordshire.gov.uk/
[39] CQC data snapshot, 1 November 2014.
[40] OCC (Oxfordshire County Council) (2014), *Oxfordshire County Council, Market Position Statement: Care Homes, September 2014.* Oxford: OCC.
[41] See http://oacp.org.uk/
[42] See http://www.mdesignsolutions.co.uk/cio/oxfordshire-carehomes-association/

NHS, to ensure good quality services are available to meet the needs of vulnerable people[43] and their carers. The county council and the NHS operate a pooled budget arrangement.

Over recent years services previously provided directly by the council have been outsourced, including home support, reablement[44] and supported living. Since 2010, the number of adult social care staff directly employed by the county council has fallen by almost 30 per cent. Currently 90per cent of adult social care commissioned by Oxfordshire County Council is delivered by third parties (including a range of small, medium and large organisations) via a contract with the council. More than £300m every year is spent on these external services through pooled budget arrangements.[45]

Access to support is normally through a professional assessment of need, undertaken by the county council and guided by national eligibility criteria. Local authorities take resources into account when determining how to meet assessed needs, but cannot refuse to meet eligible needs. In 2012-13, the county council supported 13per cent more older people; 7 per cent more adults with a learning disability and 23 per cent more adults with a physical disability. At the same time, public funding constraints have required the county council to make adult social care savings, achieved partly through work with service providers to restrict price increases and reduce the cost of home care. Current expectations are that funding constraints for commissioners will grow more severe over the next three to four years (i.e. the period of this strategy) with further savings required from statutory authorities – this is in addition to the 20 per cent budget reduction since 2010.[46]

**Joint Health and Wellbeing Board**

To meet increasing demand for care at a time of tightening financial constraints, effective co-ordination between health and social care is essential. The main vehicle for partnership working in Oxfordshire is the Joint Health and Wellbeing Board[47], established following the Health and Social Care Act (2012). The Joint Health and Wellbeing Board brings together local government, the NHS and the people of Oxfordshire. It includes local GPs, councillors, Healthwatch Oxfordshire, and senior local government officers, and sets overall strategy for the county. Joint management boards agree commissioning strategies for specific service areas, including learning disabilities, autism, physical disabilities, mental health and older people.[48]

## 3.3 Strategic priorities in Oxfordshire

**Joint Health and Wellbeing Board strategy**

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[43] This includes older people, adults with learning disabilities, adults with mental health problems and adults with physical and sensory impairments.

[44] This service helps people to learn or relearn the skills necessary for daily living.

[45] OCC (Oxfordshire County Council) (2014), *Oxfordshire County Council, Social and Community Services, Adult Social Care Business Strategy 2014/15 to 2017/18.* Oxford: OCC.

[46] Ibid.

[47] See https://www.oxfordshire.gov.uk/cms/content/about-health-and-wellbeing-board

[48] OCC (Oxfordshire County Council) (2014), *Social and Community Services Adult Social Care Business Strategy 2014/15 to 2017/18*. Oxford: OCC; §4.6.

The Joint Health and Wellbeing Board develops strategy[49] on the basis of Oxfordshire's Joint Strategic Needs Assessment (JSNA).[50]

Current challenges identified by the JSNA include:

- the increasing number and proportion of older people
- the growing number of people with dementia
- the increase in preventable disease associated with unhealthy lifestyles
- access to services for people with learning and physical disabilities
- support for carers and community volunteers
- co-ordinating health and social care providers effectively
- reduced public finances and the impact on voluntary organisations
- the wide variety of organisations working in Oxfordshire
- the changing face and roles of public sector organisations.

The Board's strategic approaches to those challenges include:

- shifting services towards the prevention of ill-health
- helping people and communities to help themselves
- making the individual's journey through all services smoother and more efficient
- improving the quality and safety of services
- streamlining financial systems, especially those pooled between organisations, and closer alignment of budgets.

These approaches inform the Board's strategic priorities, three of which focus directly on adult social care and carry implications for workforce planning and development:

- Priority 5: Support the increasing number of adults with long term conditions (including physical disabilities, learning disabilities and mental health problems) to live independently and meet their full potential. This includes access to responsive, coherent services that help people manage their own care; and improved support for their carers (including the use of assistive equipment and technology).

- Priority 6: Support older people to live independently with dignity while reducing the need for care and support. This priority focuses on better use of reablement; reducing emergency admissions to hospital for acute conditions; reducing the number of people permanently admitted to care homes; developing more integrated community services; improved diagnosis of people with dementia; and ensuring there is a range of housing options.

- Priority 7: Integrate health and social care services more fully to improve quality and value for money for people who need care and support and for carers.

**Oxfordshire County Council**

Oxfordshire County Council's strategic priorities for adult social care focus on:

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[49] Oxfordshire Joint Health and Wellbeing Board (2014), *Oxfordshire's Joint Health and Wellbeing Strategy 2012 – 2016, Final Version July 2012, Revised July 2013 and June 2014*. Oxford: Oxfordshire County Council.
[50] See http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

- Ensuring good quality support is available to meet the assessed needs of eligible people and that services are delivered as efficiently as possible. This includes facilitating a market of services that can be used by everyone and that support the capacity of communities to care.
- Reducing the numbers of people who need personal care, by intervening earlier to prevent people needing any care or to reduce the level of their care needs. This includes information and advice services, reablement (to aid recovery after illness), falls prevention, support to family carers, employment, assistive technology, equipment and day services.

- Developing long term support options that reduce the number of people admitted to care homes, including through home care, respite and day services, occupational therapy and equipment in people's own homes; also alternative housing options such as Extra Care Housing[51] and Supported Living.[52]

The county council aims to work closely with people who use learning disability services to find new ways of working while ensuring assessed needs continue to be met; also to create a more personalised approach to home support which will include removing short visits for personal care for older people (identified as a problem by Healthwatch Oxfordshire[53]).

**Commissioner objectives for home support services and care homes**

Home support services are key to strategic objectives for adult social care in Oxfordshire and the county council's current market position statement notes that providers will need the capacity and capability to support more people at home for longer. A stable, well-trained workforce will be required to deliver services ranging from practical support to delegated health tasks.[54]

For care home staff the council identifies a range of expectations relating to the level of skills, ability and competency needed to care for residents' increasingly complex needs.[55]

In relation to both home support and care homes, the council proposes to work with providers at a strategic level on:

- service and workforce planning
- development of Apprenticeship Schemes
- identification and signposting to local training opportunities

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[51] A self-contained housing option for older people that has care support on site 24 hours a day. Cf OCC (Oxfordshire County Council) (2014), *Oxfordshire County Council, Market Position Statement: Extra Care Housing, March 2014.* Oxford: OCC.

[52] OCC (Oxfordshire County Council) (2014), *Social and Community Services Adult Social Care Business Strategy 2014/15 to 2017/18.* Oxford: OCC.

[53] Healthwatch Oxfordshire (2014), *Annual Report 2013/14.* Oxford: Healthwatch Oxfordshire. Cf also Koehler, I. (2014), *Key to Care, Report of the Burstow Commission on the future of the home care workforce.* London: LGiU (Local Government Information Unit), Mears Group PLC.

[54] OCC (Oxfordshire County Council) (2014), *Oxfordshire County Council, Market Position Statement: Home Support Services, January 2014.* Oxford: OCC; p21. See also: OCC (Oxfordshire County Council) (2014), *Oxfordshire County Council, Market Position Statement: Extra Care Housing, March 2014.* Oxford: OCC.

[55] OCC (Oxfordshire County Council) (2014), *Oxfordshire County Council, Market Position Statement: Care Homes, September 2014.* Oxford: OCC; p20-21.

- good practice forums to share expertise, knowledge and ideas
- benchmarking service delivery and operational practice across service user groups, specialist services and geographical areas
- new services and operational efficiency.

## Learning disabilities

Oxfordshire County Council and Oxfordshire Clinical Commissioning Group are currently consulting on proposals intended to help meet increased demand within funding constraints.[56]

The model proposed from January 2016 aims at enabling people to live as independently as possible, moving flexibly between four tiers of support, entering and leaving enhanced support as required.

## Dementia

Work on dementia in Oxfordshire is co-ordinated by a county-wide Dementia Development and Implementation Board (DDIB), established in 2009 by NHS Oxfordshire[57] and Oxfordshire County Council, and by the Oxfordshire Dementia Action Alliance (ODAA)[58], which brings together all partners working locally in the field of dementia.

A dementia plan for Oxfordshire has been in place since 2010 and significant work undertaken to improve care and support, including work to improve rates of diagnosis; establish better support pathways; and improve the environment of care for people with dementia in Oxfordshire[59].

Workforce development has focused on addressing concerns regarding limited awareness and skills gaps among social care and hospital staff, lack of systematic training for social care and hospital staff and lack of support for unpaid carers.[60]

In addition to formal and informal learning projects, there has been a focus on the development of local dementia-friendly communities throughout Oxfordshire (using an innovative community learning approach).

A strategy to support dementia learning by the care workforce (paid and unpaid) is in development.

## Carers and local communities

The current Oxfordshire carer's strategy[61] is informed both by national strategies and policy[62] and by research and consultation undertaken in 2012 and 2013 by Oxfordshire

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[56] OCCG (Oxfordshire Clinical Commissioning Group), OCC (Oxfordshire County Council) (2014), *The Big Plan: Oxfordshire's Learning Disability Strategy 2015 – 2018 Draft for consultation.* Oxford: OCCG, OCC.

[57] Forerunner organisation to Oxfordshire Clinical Commissioning Group

[58] See http://www.dementiaaction.org.uk/local_alliances/8435_oxfordshire_dementia_action_alliance; also see http://www.dementiaweboxfordshire.org.uk/

[59] See https://www.oxfordshire.gov.uk/cms/content/oxfordshire-dignity-plus-programme

[60] Oxfordshire Clinical Commissioning Group and OCC (Oxfordshire County Council) (2012), *Health and Wellbeing Strategy consultation report*. Oxford: OCC; Dementia Development and Implementation Board (2012), *Information, advice and guidance consultation report*. Oxford: OCC

County Council, Oxfordshire Clinical Commissioning Group (OCCG) and other partners to understand the local carer population and to review local support for carers. Among the findings of this work was that carers could benefit from training to help them manage particular conditions, e.g. dementia, mental health, stroke and end of life. The strategy incorporates this into the second of its seven priorities ('Give carers effective support and opportunities for a break'). These priorities also include increased identification of carers and an improved experience of health and social care services.

Support for carers is co-ordinated by Carers Oxfordshire[63], a service commissioned by the local authority and provided by Age UK.

A range of work has aimed to support adult social care in local communities, some of it linked to the concept of dementia-friendly communities. This includes work, underway from 2011, that uses an innovative community learning approach developed in Oxfordshire.[64]

**Planning and development of the paid workforce**

In 2014 the local authority undertook a study[65] of the county's adult social care workforce. This identified an urgent need for co-ordinated action on workforce planning and development in Oxfordshire. Following the report, Health Education Thames Valley[66] awarded funding to Oxfordshire County Council to lead the development of a sector-wide strategy to support planning and development of the paid adult social care workforce across Oxfordshire.

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[61] OCC (Oxfordshire County Council), Carers Oxon, OCCG (Oxfordshire Clinical Commissioning Group) (2013), *Oxfordshire Carers' Strategy, 2013 – 2016*. Oxford: OCC.

[62] DH (Department of Health) (2008), *Carers at the heart of 21st-century families and communities*. London: DH.
-- (2010), *Recognised, valued and supported: the next steps for the Carers Strategy*. London: DH. See also https://www.gov.uk/government/policies/helping-carers-to-stay-healthy

[63] See http://www.carersoxfordshire.org.uk/cms/

[64] Cf. Oxfordshire Adult Learning (2012), *Learning about dementia in rural Oxfordshire.* Oxford: Oxfordshire Adult Learning. Also see IPC (Institute for Public Care) (2014), *Oxford Dementia Challenge Group, Evaluation of Dementia Friendly Communities Project*. Oxford: IPC.

[65] Lawrence, R. (2014), *Report on the Adult Social Care Workforce in Oxfordshire*. Oxford: Oxfordshire County Council.

[66] Health Education Thames Valley is the Local Education and Training Board for Thames Valley covering Berkshire, Buckinghamshire and Oxfordshire. See https://thamesvalley.hee.nhs.uk/

# 4. Workforce development challenges in Oxfordshire

## Overview

Areas of current concern in relation to the paid workforce include:

- recruitment and retention
- pay and conditions
- workforce gender and ethnicity imbalances
- skills, qualifications and learning
- support for personal assistants
- support for nurses
- data and intelligence
- strategic planning.

Priority issues include the need to significantly:

- expand capacity to meet increased demand arising from population growth and population aging – it is estimated that by 2025 an additional 5,000 to 7,500 staff will be required, an increase of up to 50per cent on today's workforce of 14,000[67]
- increase capability to deliver more complex care more efficiently and effectively.

Increasing the capability of the domiciliary care workforce is essential, but particularly challenging, given the distributed nature of this workforce and its operational pressures.

Further issues include:

- achieving greater systems integration
- supporting carers, volunteers and local communities.

## 4.1 Current workforce challenges

Areas of current concern in relation to the paid workforce include:

- recruitment and retention
- pay and conditions of employment, particularly for domiciliary care workers
- workforce profile, particularly in relation to gender, age and ethnicity
- skills, qualifications and learning, including
  - o access to learning, development and career progression (especially for support staff involved in direct care)
  - o leadership and management
  - o qualification levels
  - o core skills (including communication, information processing and other generic skills)
- support for personal assistants, currently a largely invisible section of the workforce
- workforce data and intelligence

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[67] Data sourced from NMDS-SC and the Office of National Statistics; cf. http://insight.oxfordshire.gov.uk/. Cf also, Lawrence, R. (2014), *Report on the Adult Social Care Workforce in Oxfordshire*. Oxford: Oxfordshire County Council.

- strategic workforce planning.[68]

Issues in many of these areas are clearly interlinked. Pay and conditions of employment impact on recruitment and retention and workforce profiles. These in turn impact on skills, qualifications and learning.

## Recruitment and retention

Analysis of the National Minimum Data Set for Social Care (NMDS-SC) and commissioner data suggests that annual staff turnover within the Oxfordshire adult social care workforce averages between 21 and 25 per cent, with turnover levels highest in the private sector (where most care workers are employed). Domiciliary care in particular – a key service in relation to reducing reliance on hospitals and care homes – suffers very high levels of churn: almost half of domiciliary care workers in Oxfordshire have been working social care for less than three years. This level of turnover has a range of negative impacts on provider-organisations, their staff and, most importantly, on the vulnerable people who need care and support: staff recruitment and induction costs (including management time), disruption and instability, loss of skills and experience, and, at worst, discontinuity of care. High levels of staff turnover combined with difficulty in recruiting staff (experienced by both domiciliary and residential care providers), particularly in rural areas[69], directly restricts the ability of commissioners to source domiciliary care.[70]

## Pay and conditions of employment

For a majority of those employed in the sector in Oxfordshire, work in adult social care is characterised by low rates of pay. In addition to low pay (for what is acknowledged[71] to be difficult and often stressful work), many domiciliary care workers also experience job insecurity, with 50 per cent or more of domiciliary care workers in Oxfordshire estimated to be on zero-hours contracts.[72] Newly recruited workers may also be required to pay up-front costs when starting work, related to Disclosure and Barring Service (DBS) checks and uniform supply.[73]

## Workforce profile

Although there are roughly equal numbers of men and women in Oxfordshire, and despite men making up one-third of people who use care and support services, over 80 per cent of adult social care workers in Oxfordshire are female (rising to 91 per cent in domiciliary

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[68] Evidence for these concerns comes from the National Minimum Data Set for Social Care (NMDS-SC) and a wide range of local sources, including commissioner data and local consultation with service providers, people who use those services and with carers and local communities.

[69] OCC (Oxfordshire County Council) (2014), *Oxfordshire County Council, Market Position Statement: Care Homes, September 2014.* Oxford: OCC. Also OCC (Oxfordshire County Council) (2014), *Oxfordshire County Council, Market Position Statement: Home Support Services, January 2014.* Oxford: OCC.

[70] Lawrence, R. (2014), *Report on the Adult Social Care Workforce in Oxfordshire*. Oxford: Oxfordshire County Council.

[71] DH (Department of Health) (2013), *The Cavendish Review, An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings*. London: DH.

[72] Data sourced from NMDS-SC

[73] Lawrence, R. (2014), *Report on the Adult Social Care Workforce in Oxfordshire*. Oxford: Oxfordshire County Council.

care). These workers tend to be older (34 per cent are aged 50 or over) and many are unqualified.

The workforce is also heavily reliant on migrant workers, who make up 21 per cent of the county's total adult social care workforce and 25 per cent of its direct care workforce, including 28 per cent of senior carers and 31per cent of professional staff. About two-thirds of these migrant workers come from outside the European Economic Area.[74] For many, English is an additional language and the UK an unfamiliar culture.

**Skills, qualifications and learning**

Data from NMDS-SC on skills, qualifications and learning in the adult social care workforce in Oxfordshire, supported by consultation with commissioners, care providers and learning providers, suggests that:

- access to learning, development and career progression is limited (especially for support staff involved in direct care), with a lack of any defined career pathway for people entering the sector as apprentices or care workers
- many (in some areas most) support staff lack any relevant qualification
- many staff lack the core skills that their jobs demand (including communication, information processing and other generic skills)
- managers have limited access to leadership and management development.

In addition to resourcing issues, operational constraints (exacerbated by the sector's recruitment and retention problems) constitute a significant barrier to staff release for training, particularly in domiciliary care. This places additional importance on employers to ensure workplace cultures that support and develop staff through effective people and quality management systems. Consultation suggests this cannot be taken for granted (see Nurses section below).

**Personal assistants**

Although there are an estimated 1,000 personal assistants working in Oxfordshire, very little is known about them (see Data and intelligence, below) and the systems in place to monitor and support this element of the workforce are limited.

**Nurses**

Professional staff make up about 6per cent of the national adult social care workforce and nurses form a key part of this group. Consultation and commissioner information identifies a range of workforce development issues related to nurses working in adult social care in Oxfordshire. These include:

- limited English skills (many are recruited from overseas)
- limited skills and experience, including:
  - professional skills (e.g. syringe driver, phlebotomy, catheter care; lack of these leads to delayed discharges and additional pressure on district nurses to provide specialist skills)

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[74] Data sourced from NMDS-SC and the Office of National Statistics; cf. http://insight.oxfordshire.gov.uk/

- o management and supervision skills (nurses are typically required to supervise and support care staff)
  - multiple employment: nurses working long hours as permanent and bank staff in multiple homes under managers who are unable to identify hours worked outside the home (increasing the risk of unsafe working due to tiredness)

Nursing homes report being obliged to rely on agency nurses to meet requirements around staffing levels, but finding that not all agency nurses are consistent in their approach to care. In addition, commitment to working in adult social care cannot be taken for granted. It is not uncommon for good quality overseas staff with nursing qualifications to work as a senior carer until registration and then go to work for the NHS.

## Data and intelligence

Employer returns to the National Minimum Data for Social Care (NMDS-SC) are the main source of data for the adult social care workforce in Oxfordshire, together with commissioner records. However, it is estimated that only half of employers make returns to NMDS-SC. As a result, NMDS-SC data is indicative rather than comprehensive and there are significant gaps, e.g. NMDS-SC provides no information regarding individual employers (self-funders and people with Personal Budgets) and the pay and profile of the support workers they employ. Data is limited regarding turnover and vacancy rates; current capacity gaps; skills, qualifications and learning; and characteristics of the social care workforce, e.g. proportion of workers who speak English as their first language, where care workers live in relation to where they work, rates of pay and terms and conditions. There is a lack of available data on worker motivation, including why workers are attracted to adult social care jobs and what ambitions they develop once in role (e.g. whether workers view adult social care work simply as a means to an income, a stepping stone to other roles, such as that of a healthcare assistant, social work or nursing, or a career in its own right).

Data is also limited regarding the unpaid workforce (see 4.3 below).

## Strategic workforce planning

The capacity and capability of the adult social care workforce underpin a range of key strategies, plans and initiatives in Oxfordshire[75] and it is acknowledged[76] that the sector will need to continue to develop its capacity and capability. The workforce itself, however, is distributed across more than 230 registered employers and an uncertain number of unregistered employers (including individual employers), and there is currently no overall workforce development plan for adult social care in Oxfordshire. The absence of such a plan limits the ability of commissioners, provider-organisations and others to invest strategically, to work together in partnership and to collaborate. This is particularly unhelpful

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[75] Cf. Oxfordshire Joint Health and Wellbeing Board (2014), *Oxfordshire's Joint Health and Wellbeing Strategy 2012 – 2016, Final Version July 2012, Revised July 2013 and June 2014*. Oxford: Oxfordshire County Council; also OCC (Oxfordshire County Council) (2014), *Oxfordshire County Council, Social and Community Services, Adult Social Care Business Strategy 2014/15 to 2017/18.* Oxford: OCC.

[76] Cf. Oxfordshire Joint Health and Wellbeing Board (2014), *Oxfordshire's Joint Health and Wellbeing Strategy 2012 – 2016, Final Version July 2012, Revised July 2013 and June 2014*. Oxford: Oxfordshire County Council; also: Oxfordshire Local Enterprise Partnership, Oxfordshire Skills Board (2014), *Oxfordshire Skills Strategy to 2020: Building a responsive skills support system.* Oxford: Oxfordshire Local Enterprise Partnership; p10 §1.8.

at a time of structural reform (including the requirement that local authorities facilitate markets that 'offer continuously improving, high-quality, innovative and appropriate services, including fostering a workforce which underpins the market').[77]

## Contextual factors

It is likely that a number of contextual factors contribute to these issues, including:

- negative public perceptions of adult social care, linked to recent widely publicised care scandals[78]
- relatively high levels of overall employment in Oxfordshire[79]
- supply of skills in Oxfordshire (including functional and employability skills)[80]
- limited supply of affordable housing[81]
- access to transport in rural areas[82]
- financial constraints (associated with reductions in public funding at a time of increased demand for services)[83]
- number and variety of adult social care provider organisations and employers operating in Oxfordshire (over 230 providers are registered with CQC).[84]

# 4.2 Immediate workforce challenges: Capacity and capability

## Expanding capacity to keep pace with demand

Workforce modelling by Oxfordshire County Council[85] suggests that, in order to keep pace with increased demand for services, the adult social care workforce in Oxfordshire will need to expand by between 5,000 and 7,500 jobs over the ten years to 2025. This represents an

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[77] DH (Department of Health) (2014), *Care and Support Statutory Guidance*. London: DH; p44.

[78] These have included a series of televised reports on poor care for older people and people with learning disabilities, culminating in the Winterbourne View scandal. See, DH (Department of Health) (2012), *Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report*. London: DH. See also, DH (Department of Health) (2013), *The Cavendish Review, An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings*. London: DH.

[79] Oxfordshire Local Enterprise Partnership, Oxfordshire Skills Board (2014), *Oxfordshire Skills Strategy to 2020: Building a responsive skills support system.* Oxford: Oxfordshire Local Enterprise Partnership; p17: '83% of residents are economically active - compared to 77% nationally.' Cf. also: OCC (Oxfordshire County Council), Oxfordshire Skills Board (2013), *Oxfordshire 2nd Annual Skills Needs Analysis Evidence Base*. Oxford: OCC; p21ff.

[80] OCC (Oxfordshire County Council), Oxfordshire Skills Board (2013), *Oxfordshire 2nd Annual Skills Needs Analysis Evidence Base*. Oxford: OCC; pp10,36. Also, Oxfordshire Local Enterprise Partnership, Oxfordshire Skills Board (2014), *Oxfordshire Skills Strategy to 2020: Building a responsive skills support system.* Oxford: Oxfordshire Local Enterprise Partnership; p35.

[81] Cf. http://www.oxonrcc.org.uk/what-we-do/affordable-rural-housing. Cf. Also: Oxfordshire Local Enterprise Partnership, Oxfordshire Skills Board (2014), *Oxfordshire Skills Strategy to 2020: Building a responsive skills support system.* Oxford: Oxfordshire Local Enterprise Partnership; p19: 'The median annual pay for full time employees living in Oxfordshire in 2013 is relatively high at £29,400.'

[82] Cf. http://www.oxonrcc.org.uk/what-we-do/rural-transport

[83] Cf. Oxfordshire Joint Health and Wellbeing Board (2014), *Oxfordshire's Joint Health and Wellbeing Strategy 2012 – 2016, Final Version July 2012, Revised July 2013 and June 2014*. Oxford: Oxfordshire County Council; pp8-9, §6.2.

[84] Oxfordshire Joint Health and Wellbeing Board (2014), *Oxfordshire's Joint Health and Wellbeing Strategy 2012 – 2016, Final Version July 2012, Revised July 2013 and June 2014*. Oxford: Oxfordshire County Council; pp8-9, §6.2.

[85] Lawrence, R. (2014), *Report on the Adult Social Care Workforce in Oxfordshire*. Oxford: Oxfordshire County Council.

increase of 36 to 54per cent on today's workforce of 14,000 and equates to an additional 500 to 750 staff per year.

Given current problems around recruitment and retention, this need to expand the workforce clearly represents a significant challenge, particularly in the context of the Oxfordshire economy (i.e. an economy characterised by full employment, high-skilled work[86] and above-average incomes). Additional factors include:

- Smaller pool of younger people: The younger population is growing at a slower rate than that of the older population. The pool of people from which the sector can recruit will therefore be smaller in future and competition from other sectors to recruit young people will be stronger.

- Migration policy and economic trends: As noted in this strategy, the adult social care sector in Oxfordshire is heavily reliant on migrant labour. Political or economic factors that limit the availability of non-British workers may affect the adult social care workforce in Oxfordshire disproportionally.

**Increasing capability to deliver more complex care more efficiently and effectively**

From now on, care and support in Oxfordshire will focus increasingly on:

- preventing, reducing and delaying the need for formal care services, with a particular focus on minimising hospital and care home admissions
- providing high-quality, integrated services, tailored to the individual.

Prominent features of this approach will include:

- more care provided closer to home, including more people with complex conditions, dementia and higher levels of medical instability
- partnership working between adult social care providers and their staff with other services (including healthcare) and with carers, volunteers and local communities
- a particular focus on reablement
- long-term conditions managed in the community (including the provision of assistive equipment and technology)
- end-of-life care provided at home.

Care homes as well as home support services are likely to see an increase in people with complex conditions, in particular dementia. Projections of the prevalence of dementia in the older Oxfordshire population (aged 65 and over) indicate that from a 2014 baseline estimate of 8,230 there is likely to be a 21per cent increase to 9,950 by 2020 and a 72 per

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[86] Oxfordshire Local Enterprise Partnership, Oxfordshire Skills Board (2014), *Oxfordshire Skills Strategy to 2020: Building a responsive skills support system.* Oxford: Oxfordshire Local Enterprise Partnership; p17: 'The county has a well-qualified and highly skilled labour force. 55% of the population is employed in managerial, professional or associate professional roles.' Also: 'In 2012, 197,900 people were qualified at NVQ4 and above - 47% of residents aged 16-64, the second highest rate among 39 LEPs (only the London LEP area showed a stronger performance). The proportion of the local population qualified at NVQ4 and above has grown strongly in recent years: in 2005 only 31.6% of working age residents was qualified at this level.' (Ibid. p19 §3.12)

cent increase to 14,175 by 2030.[87] Although 75 of the county's 127 care homes and 77 of its 109 home support services are registered to support people with dementia[88], it is by no means clear what level of expertise staff have, particularly given the high levels of staff turnover experienced in Oxfordshire.[89]

Care and support for people with learning disabilities will move towards a self-directed support model based on personal budgets with a focus on:

- giving individuals more choice and control
- supporting families to continue to live together
- enabling individuals to have their own home
- improving health, through prevention as well as intervention
- enabling full citizenship, including the opportunity to work and be independent
- effective safeguarding.

Support for adults with autism will focus on access to meaningful activities, including employment, with improved information and advice. Staff supporting people with autism will be more highly trained.

Support for adults with a physical impairment centre on enabling choice, control and inclusion through:

- personalised assessment and care planning
- support for preventative healthcare and for enablement, and
- improved support for carers.

Across all services greater use will be made of increasingly sophisticated assistive technology. Digital technology will enable more and more organisational functions.[90]

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[87] Commissioner analysis: Dementia UK prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2030. Source: POPPI (Projecting Older People Population Information) http://www.poppi.org.uk/. Also: An Oxfordshire County Council sample of assessment forms (SWIFT) for 1500 Self Directed Support service users over the period of October 2011 to July 2013 suggested that the condition most affecting the activities of daily living for older people presenting to social services is dementia, which affected 26% of the sample; a further 6% recorded dementia as their secondary condition. This primary and secondary condition percentage is mirrored by responses by carers in the 2011/12 Oxfordshire carer survey: asked the question 'Does the person you care for have dementia?' 31% of carers responded, 'yes'.

[88] CQC data snapshot Nov 1st 2014.

[89] Challis, D., et al (2010), *Community support services for people with dementia: the relative costs and benefits of specialist and generic domiciliary care services. Discussion paper M245-3 September 2010*.Manchester: PSSRU (Personal Social Services Research Unit); p66. 'Although nearly half of local authorities commission some form of specialist home care for people with dementia, the more specialist forms are only evident in a minority of places. Furthermore, specialist domiciliary care is only a very small component of the overall domiciliary care used by people with dementia. The number of providers of specialist home care for people with dementia is currently small with about 9% of total hours commissioned being from specialist providers........the issue is one of good practice and appropriate care rather than whether providers are formally designated as specialist or generic'

[90] Dunn, S. with Braddell, A. and Sunderland, J. (2014) *Digital capabilities in social care, Final report*. Leeds: Skills for Care; pp ix-x: '[Research participants] expected a range of imminent developments including: greater use of digital technologies for managing and monitoring service activity, including real-time reporting to commissioners; greater use of mainstream digital technologies directly with people who receive care and support services; greater use of assisted living technologies. Looking a little further ahead, interviewees predicted: mobile digital technologies becoming ubiquitous for care staff; more and more people who receive care and support services using mainstream digital

These developments have significant implications for workforce capability. Greater demands will be made on

- Leadership and management skills, including:
  - systems leadership[91]
  - organisational leadership
  - frontline management and supervision
- skills of professional staff
- skills of support staff
- core skills, including communication and English language skills
- values and behaviours, including organisational and individual commitment to learning and development.

While there are capability challenges to every section of the adult social care workforce in Oxfordshire, there is a particular challenge to home support services and domiciliary care workers. The approach prioritised by commissioners (i.e. high-quality, integrated services delivered in or close to people's homes, with a focus on reablement) will require significantly higher levels of skill, including the core generic skills of communication and information-processing[92]. These workers are currently the least qualified, lowest-paid and arguably least resourced/supported group within the adult social care workforce in Oxfordshire.

## 4.3 Challenges to the unpaid workforce: carers and local communities

### Current issues

Carers already play an essential role in the county's care and support system, which has mechanisms in place to support carers (who are better placed to care for longer when supported). Of the estimated 65,000 people in Oxfordshire who provide informal care to a relative or friend, however, only 15,000 (23 per cent) are known to the county's care and support system. This limits the system's understanding of carers in the county and its ability to provide timely support.

### Priority issues

As demand for care rises (linked to population growth and ageing), the role of carers, volunteers and local communities in preventing, delaying and reducing the need for formal care and support can only become more important. It is anticipated that carers, volunteers and local communities will increasingly work in partnership with the formal care system and that carers may also find themselves acting as employers and care managers. In addition to the changing relationships this implies, the increasing use of assistive technology will also make demands on carers, volunteers and local communities. Partly in recognition of this,

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technologies independently to manage their own care.' See http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Research/Digital-capabilities-in-the-social-care-workforce.aspx

[91] Systems Leadership refers to leadership in contexts where issues require collaboration and partnership-working across organisational and service boundaries. Cf. Ghate, D., Lewis, J. and Welbourn, D. (2013), *Systems Leadership: Exceptional leadership for exceptional times*, *Synthesis Paper*. Nottingham: The Virtual Staff College.

[92] For more on core skills, see http://www.skillsforcare.org.uk/Skills/Core%20skills/Core-skills.aspx

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the Care Act (2014) formalises the right of carers to support from the care and support system. Significant questions arise, however, regarding exactly what support carers will require and how the system can best deliver it.

## 4.4 Risks to the care and support system in Oxfordshire

Insufficient capacity and/or capability pose a number of risks to the care and support system in Oxfordshire. These include:

- Risks to service availability, responsiveness and reliability: in addition to delaying the provision of care and support to individuals, lack of service availability delays discharges and increases hospital and care home admissions.;

- Risks to service quality: pressure on staffing acts to undermines service quality in a number of ways, including (but not limited to):
  o recruitment based on the availability, rather than suitability, of applicants
  o reduced ratio of staff to people needing care and support
  o reduced time available for staff training, with negative impact on skills
  o stressful working environments, with negative impact on values and behaviours, workplace learning cultures, communication, team-working
  o increased staff turnover, with negative impact on continuity of care as well as service quality; also additional costs to employers in the first place, but overall to the system as a whole.

- Risks to status of adult social care work and workers, reinforcing problems around capacity and capability.

# 5. Strategic vision and priorities

## Overview

The strategic vision for the adult social care workforce in Oxfordshire is to have

- A **skilled**, **empowered** and **dynamic workforce** that **works together** and is **proud** to support people to live the life they want to live.

The overarching workforce priorities for adult social care in Oxfordshire are to build capacity and increase capability.

Priority groups for capacity and capability development include:

- care workers in home support services
- care workers in care homes
- nurses in care homes
- managers and leaders of these groups
- earers, volunteers and local communities.

To build capacity the sector will need to:

- attract and retain more workers
- maximise productivity
- partner and support carers, volunteers and local communities.

To increase capability the sector will need to:

- recruit and retain staff with the values and behaviours needed to provide high-quality care and support
- support staff to develop the skills and expertise needed to provide high-quality care and support
- incentivise and support staff to apply those values, behaviours, skills and expertise
- support carers, volunteers and local communities to develop their expertise.

Key strategic enablers will include:

- strategic leadership and partnership working
- data and intelligence
- commissioning and contracting.

## 5.1 Strategic vision

The strategic vision for the adult social care workforce in Oxfordshire is to have

- A **skilled**, **empowered** and **dynamic workforce** that **works together** and is **proud** to support people to live the life they want to live.

## 5.2 Priority groups

Home support services and care homes employ the majority of the paid workforce. They experience significant challenges around recruitment, retention and capability. In relation to capacity and capability development of the paid workforce, staff in these settings are the priority, including:

- care workers in home support services
- care workers in care homes
- nurses in care homes
- managers and leaders of these groups
- carers, volunteers and local communities.

## 5.3 Capacity

To build capacity the sector will need to:

- attract and retain more workers
- maximise productivity
- partner and support carers, volunteers and local communities.

### Attracting more workers

The workforce must grow in size to keep pace with the growing demand for care and support associated with population growth, population ageing and advances in healthcare.

To attract more workers, the sector will need to:

- improve the status of adult social care work and workers
- offer jobs that are attractive to people with the right values and behaviours needed to provide high-quality care and support
- promote career opportunities to diverse groups.[93]

### Retaining more workers

To retain more workers, the sector will need to:

- recruit people with the right values and behaviours
- enable staff to develop and apply the skills, expertise, values and behaviours that their jobs require
- ensure workers feel supported, valued and adequately rewarded
- offer well-defined career pathways
- support people management practices that build employee engagement.[94]

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[93] Cf. Skills for Care (2011), *Adult social care workforce recruitment and retention strategy*. Leeds: Skills for Care; p6. 'Improvements can be made to selling a career in care by: improving public awareness, better explaining social care, selling how worthwhile and rewarding a career in social care is, selling the longevity of a career in care, promoting the career opportunities available in social care, affirming the professionalism of careers in social care.'

[94] Cf. MacLeod, D. and Clarke, N. (2009), *Engaging for success: enhancing performance through employee engagement, A report to Government.* London: Department for Business, Innovation and Skills; p7 §5-7. 'Business and organisations function best when they make their employees' commitment, potential, creativity and capability central to their operation. Clearly, having enough cash, and a sensible strategy, are vital. But how people behave at work can make the crucial difference between business and operational success or failure. Employee engagement strategies enable people

**Maximising productivity**

Capacity can be further increased through enhanced productivity: effective management (in particular, people management) is key to this.

To maximise productivity, the sector will need to:

- ensure effective leadership and management, including partnership working, efficient resource management, effective workforce planning
- apply high performance working practices[95] as widely as possible.

**Partnering with and supporting carers, volunteers and local communities**

The majority of care and support is already delivered informally by carers and local volunteers.[96] As services move closer to people's homes, effective partnership working between service providers and carers, volunteers and local communities will be essential (as well as desirable). Oxfordshire's communities, peopled as they are with skilled and resourceful individuals, represent a significant resource in and of themselves.[97]

To partner and support carers, volunteers and local communities, the sector will need to:

- reach out to carers, volunteers and local communities
- ensure carers and volunteers receive the support they need to care
- support service providers and their staff to form effective partnerships with carers, volunteers and local communities.

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to be the best they can at work, recognising that this can only happen if they feel respected, involved, heard, well led and valued by those they work for and with. As a representative of the home insulation company KHI put it: *"employee engagement is when the business values the employee and the employee values the business"* (submitted via the review's online call for evidence). Engaged employees have a sense of personal attachment to their work and organisation; they are motivated and able to give of their best to help it succeed – and from that flows a series of tangible benefits for organisation and individual alike.'

[95] Cf. Belt, V. and Giles, L. (2009), *High Performance Working: A Synthesis of Key Literature.* London: UK Commission for Employment and Skills; p3. '…we define HPW as a general approach to managing organisations that aims to stimulate more effective employee involvement and commitment to achieve high levels of performance. The precise form this takes within an organisation will vary depending on context, but will include activities in the areas of: human resource management (e.g. pay and incentives, appraisal, workforce development), work organisation (e.g. team working and job design), employment relations, management and leadership (including strategic management and business development as well as line management), and organisational development. Importantly, the HPW approach is specifically designed to enhance the discretionary effort employees put into their work, and to fully utilise and further develop the skills that they possess.'

[96] Cf. section 3.2 above: there are an estimated 65,000 carers in Oxfordshire, including 11,700 who provide over 50 hours of care per week.

[97] Cf. OCC (Oxfordshire County Council) (2014), *A Thriving Oxfordshire Corporate Plan 2014/15-2017/18.* Oxford: OCC; p6. 'Oxfordshire is a diverse and dynamic county, home to 654,000 people and over 30,000 businesses.' Cf. also Skills for Care (2011), *Capable, Confident, Skilled, A workforce development strategy for people working, supporting and caring in adult social care.* Leeds: Skills for Care; p7. 'Development of partnerships that bring together providers, the workforce, people who use services, families and their support networks with the resources of their neighbourhood will ensure that people can benefit from all community assets—the skills and knowledge of residents, the businesses and trades, voluntary, community and faith groups as well as the diversity of services, whether public or independent. 'Bottom-up' skills such as those of community workers and neighbourhood coordinators are vital. People have both a right and a responsibility to make a positive contribution to their own community. To support them in doing this requires the social care workforce to develop new skills, including community organising skills and the ability to work across service boundaries.'

## 5.4 Capability

To increase capability the sector will need to:

- recruit and retain staff with the values and behaviours needed to provide high-quality care and support
- support staff to develop the skills and expertise needed to provide high quality care and support
- incentivise and support staff to apply those values, behaviours, skills and expertise
- support carers, volunteers and local communities to develop skills and expertise.

### Recruiting and retaining staff with the right values and behaviours

Increasing capability begins with recruitment and retention of people with the right aptitude for adult social care work; in other words, the right values and behaviours.[98] Section 5.3 sets out strategic priorities for the sector on recruitment and retention.

### Supporting staff to develop skills and expertise

To support staff to develop the skills and expertise needed to provide high-quality care and support, the sector will need to:

- ensure staff (including personal assistants) have access to formal learning and qualifications[99]
- offer well-defined career pathways
- support employers (including individual employers) to develop workplace learning cultures that maximise and optimise non-formal and informal learning (particularly important for core skills development).[100]

### Incentivising and supporting staff to apply values, behaviours, skills and expertise

Incentivising and supporting staff to apply values, behaviours, skills and expertise is clearly key to increasing capability and links strongly to people management practices associated

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[98] Cf. Skills for Care (2011), *Adult social care workforce recruitment and retention strategy*. Leeds: Skills for Care; p6. 'In order to meet the challenges of the future, we will need to attract a diverse workforce. Traditional patterns of recruitment, structures and working practices will all have to change. The citizen requires bespoke services and the system must deliver flexible responses. This will lead to an incredibly diverse workforce that may well have portfolio careers that cross the continuum between health, social care, mutuality and support. Within the context of this diverse workforce, there will be a need to ensure consistency in terms of the quality of the workforce, the core values that underpin social care work and the skills and competencies that staff will need to acquire. These skills and competencies will not be the old process-driven and service focused offering. The skills required by care workers will move towards enablement, empowerment and facilitation. The role will be about supporting people to be active citizens and to help them lead a life, not just delivering a service.'

[99] Cf. Skills for Care (2014), *Guide to qualifications and standards in Adult Social Care, 2014-15.* Leeds: Skills for Care.

[100] Cf Skills for Care (2014), *Core Skills, a strategy to support functional and employability skills in the adult social care workforce in England*. Leeds: Skills for Care; p10. 'An employer-led workplace learning approach to core skills has a number of advantages. It has the flexibility to fit around the operational constraints that restrict participation in formal learning. It enables the skills to be refreshed and developed on a continuous basis – and allows for individuals to go on learning for as long as necessary. It ensures that learning focuses on relevant content at the level needed. It allows for team learning as well as individual learning and, by connecting the learning directly to day-to-day care work, it greatly increases the likelihood that the learning will benefit people who need care and support services. It has the potential, in other words, to be both effective and affordable.'

with high performance working and employee engagement, as well as workplace learning cultures and at the most fundamental levels, job design, pay and conditions.

To incentivise and support staff to apply those values, behaviours, skills and expertise, the sector will need to:

- support people and quality management practices that facilitate high performance working, employee engagement and workplace learning cultures
- ensure job design and pay and conditions that incentivise and support staff to apply values, behaviours, skills and expertise consistent with high-quality care and support.

**Supporting carers, volunteers and local communities to develop their expertise**

Carers, volunteers and local communities are often highly motivated care-givers. With support, they can become expert as well, both by experience and by facilitated learning.

To help develop their expertise, the sector will need to:

- ensure information and advice is widely available to carers, volunteers and local communities
- ensure accessible learning opportunities are widely available to carers, volunteers and local communities, including formal learning and non-formal peer and community learning
- facilitate partnership working between service providers and carers, volunteers and local communities.

# 5.5 Strategic enablers

A number of factors are key to achieving the priorities identified above. These factors include:

- strategic leadership and partnership working
- data and intelligence
- commissioning and contracting.

**Strategic leadership and partnership working**

The priorities described in this section are priorities for Oxfordshire's adult social care system as a whole. To achieve the priorities, the organisations and individuals who together make up the sector must work in partnership. Partners include:

- statutory authorities in Oxfordshire
- commissioners of health and adult social care services
- adult social care providers
- care associations
- people who use care and support
- carers, volunteers and local communities
- voluntary sector organisations
- learning providers

- national agencies that support and develop the adult social care workforce
- the regulator for adult social care.

To co-ordinate and drive this partnership-working, strategic leadership will be required. This is the responsibility of the statutory authority responsible for adult social care in the county, Oxfordshire County Council, which is now required under the terms of the Care Act (2014) to facilitate markets that 'offer continuously improving, high-quality, innovative and appropriate services, including fostering a workforce which underpins the market.'[101] The care and support system in Oxfordshire runs across organisational boundaries, including those that define health and social care. To address workforce priorities will require leadership that extends across those boundaries. Communications and engagement are clearly central to effective partnership-working. They will be particularly important in relation to this strategy, given the size and diversity of the adult social care sector in Oxfordshire.

**Commissioning and contracting**

All but a small fraction of adult social care services in Oxfordshire are delivered by independent sector organisations, including commissioned services worth over £300 million annually.[102] Contracting arrangements for these commissioned services offer a significant opportunity to support the sector's workforce priorities.

**Data and intelligence**

Sound data and intelligence underpin effective planning and decision-making. It has already been noted that data and intelligence on the adult social care workforce in Oxfordshire is limited in many respects. Improving the quality of this data and intelligence greatly enhance the sector's ability to build capacity and increase capability.

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[101] DH (Department of Health) (2014), *Care and Support Statutory Guidance*. London: DH; p44.
[102] OCC (Oxfordshire County Council) (2014), *Oxfordshire County Council, Social and Community Services, Adult Social Care Business Strategy 2014/15 to 2017/18.* Oxford: OCC.

# 6. Strategic approach

## Overview

The strategy aims to enable the adult social care sector in Oxfordshire to build capacity and increase capability. Underpinning principles include:

- inclusive partnership working
- close alignment with local and national policy and priorities
- evidence-based prioritisation
- utilisation of resources already within the system
- realistic ambition.

Regarding the **paid workforce**, the sector will need to take action to:

- attract, screen and filter suitable candidates
- offer candidates with potential pre-employment training and work experience
- recruit and match suitable, job-ready candidates to appropriate vacancies
- induct new staff so they are equipped and motivated to perform in their new role
- develop and retain staff through people and quality management practices that encourage high-performance working and employee engagement, support learning and enable career progression.

Other areas where action will be required include:

- strategic leadership and development of partnership working
- collection and use of workforce data and intelligence
- commissioning and contracting as a workforce development tool
- leadership and management support for employers
- development of workplace learning cultures, career pathways and the provision of accessible learning and development opportunities
- improving the status of adult social care work and workers.

To address capacity and capability in the **unpaid workforce**, the sector will need to:

- develop partnership working with and
- support learning opportunities for carers, volunteers and local communities.

Broad outcomes and benefits of the strategy will include:

- frameworks, structures and systems for the sector to address issues of workforce capacity and capability over the coming years
- improved workforce data and intelligence enabling better planning and investment
- enhanced reputation and status for adult social care work and workers
- a workforce with the capacity and capability required to meet the care and support needs of the people of Oxfordshire
- mobilised and focused support for objectives around service integration, quality improvement with potential cost reduction and savings (including significant savings around reduced hospital and care home admissions) for commissioners

- significant support for recruitment and retention, leadership and management and staff development for employers
- job enrichment, learning and career development opportunities for adult social care workers
- partnership, support and learning opportunities for carers, volunteers and local communities
- support for high-quality, person-centred care and support close to home.

There are strategic roles and responsibilities for the local authority, social care employers, Oxfordshire Association of Care Providers (OACP), learning providers, NHS partners, carer and community support organisations.

## 6.1 Strategic aims

This strategy aims to enable the adult social care sector in Oxfordshire to build capacity and increase capability by:

- attracting and retaining more workers with the values and behaviours needed to provide high-quality care and support
- applying people and quality management practices that maximise productivity
- supporting staff to develop the skills and expertise needed to provide high-quality care and support
- incentivising and supporting staff to apply the values, behaviours, skills and expertise needed to provide high-quality care and support
- partnering with and supporting carers, volunteers and local communities to develop their expertise.

## 6.2 Underpinning principles

The principles that underpin this strategy include:

- inclusive partnership working, based on consultation and consensus
- close alignment with local and national policy and priorities
- prioritisation based on what evidence says works
- utilisation of resources already within the system
- realistic ambition

**Realistic ambition**

The adult social care sector in Oxfordshire and across the UK is under considerable pressure: demand is growing and expectations are rising at a time when public resources are being reduced. This strategy is a response to those pressures. Its approach is based on a commitment to high-quality care and support that recognises and respects the constraints operating within the system. Its ambitions are consistent with available resources and achievable through partnership working.

## 6.3 Areas for action

To address capacity and capability in the paid workforce, the sector will need to:

- **attract** suitable candidates
- **screen and filter** suitable, job-ready candidates to vacancies and other suitable, but not job-ready, candidates to advice, guidance and/or pre-employment training
- **recruit and match** suitable, job-ready candidates to vacancies appropriate to the candidate
- **induct** new staff so they are equipped and motivated to perform in their new role
- **develop and retain** staff through people and quality management practices that encourage high-performance working and employee engagement, support learning and enable career progression.

A range of actions will be required from the sector in each of these areas.

Other areas where action will be required include:

- strategic leadership and development of partnership working
- collection and use of workforce data and intelligence
- commissioning and contracting as a workforce development tool
- leadership and management support for employers
- development of workplace learning cultures, career pathways and the provision of accessible learning and development opportunities
- improving the status of adult social care work and workers.

To address capacity and capability in the unpaid workforce, the sector will need to:

- develop partnership working with and
- support learning opportunities for carers, volunteers and local communities.

## 6.4 Outcomes and benefits

This strategy will help to ensure that a workforce with the capacity and capability required is available to meet the care and support needs of the people of Oxfordshire.

Broad outcomes and benefits of this strategy will include:

For the **sector** as a whole
- support to increase workforce capacity and capability, including
  - frameworks, structures and systems for the sector to address issues of workforce capacity and capability over the coming years
  - improved workforce data and intelligence enabling better planning and investment
  - enhanced reputation and status for adult social care work and workers

For commissioners

- mobilised and focused support for social and health care service integration, quality improvement with potential cost reduction and savings (including significant savings around reduced hospital and care home admissions)

For care providers and employers

- significant support for recruitment and retention
- for leadership and management development and
- for staff development (with business benefits including cost reductions and reputational gains)

For adult social care workers

- job enrichment, learning and career development opportunities

For carers, volunteers and local communities

- partnership, support and learning opportunities

For people who use services

- support for high-quality, person-centred care and support close to home

## 6.5 Strategic roles and responsibilities

Workforce capacity and capability are issues of broad concern within and beyond adult social care. They impact significantly and directly on healthcare, but also on many other sectors, albeit less visibly. For individuals, families and communities in Oxfordshire their importance is hard to overstate: the availability of high-quality care and support depends ultimately on workforce capacity and capability.

The factors that determine workforce capacity and capability are many and varied and well beyond the control of any one organisation or individual within the adult social care sector. There is, however, a great deal that those organisations and individuals can do collectively, in partnership. Roles and responsibilities within this strategy are based on that.

### Local authority

Oxfordshire County Council has strategic responsibility for adult social care, including market facilitation and fostering of the workforce. It is also the principal commissioner of adult social care, working with NHS partners through the Joint Health and Wellbeing Strategy Board, shared management groups and pooled budget arrangements. The county council develops market position statements, service specifications, contracts and tender evaluations. It monitors service quality, including workforce capacity and quality.

The county council is well-placed to provide strategic leadership in the area of workforce planning and development.

### Social care employers

Social care employers are responsible for the quality of the services they provide, including the values, behaviours, skills and expertise of their staff. Employers are directly responsible for the recruitment and selection, induction, supervision and development of staff. Through these processes and together with how they design jobs, organise work and manage staff, employers shape the culture of their workplace. For staff (and for the families and friends of their staff), as much as for the people who use their services, the employer *is* the adult social care sector.

Employers are well-placed to implement – and benefit significantly from – the strategy in their own organisations. By adopting values-based recruitment and people management practices associated with high performance working, employee engagement and workplace learning cultures, employers can transform the experience of staff and the people they provide services to, helping simultaneously to raise the status of adult social care work and workers.

## Oxfordshire Association of Care Providers (OACP)

OACP is a membership organisation that brings together providers of adult social care services in Oxfordshire. OACP:

- acts as a representative body for all its members
- is a single point of contact for commissioners and providers from all sectors
- is helping develop the social care market
- is working to develop a strong workforce and skillset
- offers advice about business opportunities and market conditions.

OACP is well placed to facilitate the communication and engagement with care providers that is central to the partnership working the strategy requires.

## Learning providers

Learning providers bring crucial practical understanding to how individuals develop skills and also to how organisations develop high performance working, employee engagement and workplace learning cultures.

Learning providers are well placed to support the strategy by developing a wide range of learning opportunities, from pre-employment training, training to develop the essential skills and capabilities needed and identified in this strategy, to leadership and management development.

## NHS partners

NHS partners already work closely with the local authority through the Joint Health and Wellbeing Strategy Board, shared management groups and pooled budget arrangements.

NHS partners are well placed to support systems leadership and ensure that joint commissioning strategies, policies and plans align with and are supportive of this strategy.

They are also well placed to provide practical support and leadership for the development of the social care workforce through the delivery of training, advice and guidance, and by promoting a culture of collaboration between health and adult social care workers around the needs of people who use services and their carers.

## People who use services, carers and community support organisations

Service user, carer and community support organisations exist across Oxfordshire. Some are part of larger national organisations. Others are very local, small, community-based groups. All are closely in touch with people who need care and support and their local communities.

They are well placed to facilitate, consult, advise and support the strategy's aims around work with carers, volunteers and local communities.

# 7. Implementation

Implementation of this strategy will take place in the first instance through a three year programme.

A full implementation plan, detailing actions and describing arrangements for monitoring and review will follow this strategy.

A comprehensive plan to monitor and evaluate the impacts of the strategy will be developed as part of the implementation plan. To measure progress towards the achievement of outcomes and benefits, the plan will utilise a range of indicators, including rates of staff turnover, attraction of candidates from other sectors, and the total number of people employed in the sector.

# 8. Governance

Delivery of the Workforce Strategy will be managed and overseen by a Workforce Programme Board, comprising representatives of the following organisations and interests:

- Oxfordshire County Council (Joint Commissioning)
- Oxfordshire Association of Care Providers
- Oxfordshire Clinical Commissioning Group
- Oxfordshire Local Economic Partnership
- Representatives of service users and carers

This board will in turn report into wider system governance structures including the Whole System Transformation Board and Joint Management Groups.

The workforce challenges that the county is facing are structural and long term. No single organisation - including any of the 230+ social care providers in the county - is in a position to solve these challenges on its own. A partnership approach is therefore essential.

A Workforce Engagement Forum will be established to help engage partners in the delivery of the Workforce Strategy, with six-monthly learning and networking events modelled on an approach to engaging a diverse community of stakeholders used by Health Education Thames Valley.

# 9. Appendices

These are available in a separate document.