Adult Social Care and Inclusion

Workforce Development

**Report of the Workforce Development Team**

**To Vulnerable Adults Executive Board**

**13th December, 2012**

**Reablement Project**

**May 2011- November 2012**

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**Introduction**

This report sets out the main learning and development interventions/opportunities and other actions undertaken in support of realising the Reablement and Maximising Independence Training Suite, in so far as the current Adult Social Care and Inclusion Workforce Development Team’s involvement and awareness. Also included in the report is some sample level one evaluation.

**Reablement Awareness Workshop**

Reablement Awareness Workshop - Phases 1 and 2 were delivered by the Reablement Awareness facilitators network during May, June and July of 2011. Phase 3 Workshop design commenced in June 2011 and delivery, supported by the Workforce Development Team in HR and afterwards by the Directorate Workforce Development Team, in December 2011. Data included in this report is accurate as at September 2012. Before focussing on Phase 3 it is useful to reflect on how well Phases 1 and 2 were received.

**Reablement Awareness Workshop Phases**

|  |  |  |
| --- | --- | --- |
| **Phase** | **Audience** | **Date** |
| 1 | Homecare, Out of Hours, NCOs, Access Response Centre staff | May, 2011 |
| 2 | OT, Physio, Sensory, Social Work personnel | June 2011 |
| 3 | Assessment and Care Management | August 2011 to date |
| 4 | Mental Health | September/October 2012 |
| 5 | Private, Voluntary and Independent Sector | October/November/December 2012 |
| 6 | Childrens Services\* | January, 2013 |
| 7 | Health\*  | January, 2013 |
| 8 | Other directorates\* | February, 2013 |

 \*subject to negotiation with these cohorts

Total numbers accessing the training to September 2012:

|  |  |  |  |
| --- | --- | --- | --- |
| Phase 1 | Phase 2 | Phase 3 | Total |
|  133 |  87 |  146 |  366 |

**Outline Evaluation – Phase 1 and 2**

The following provides a flavour of the feedback received from delegates.

**Phase 1** - May 2011(6 half day sessions delivered)

Audience: Homecare, Out of Hours, NCO, ARC

Number of delegates = 133

**Phase 2** – June/July 2011(6 half day sessions delivered)

Audience: OT, Physio, Sensory and Social Work personnel

Number of delegates = 87

Phase 1 feedback sampled from 133 delegates

100% of delegates thought the course fully met their objectives.

3 individuals ticked both yes and no boxes. 91% of people said no, they didn’t require any additional input in order to aid their understanding. 12 people said yes. Their comments included:

* How my service fits into the process and at what point
* More information in general
* How it relates to my job specifically
* More in-depth information regarding the reablement process from a managers point of view

97% of people evaluated the training as good. No further narrative was provided.

**Phase 3 Access, Assessment And Care Management**

This full day course was designed to include the internal referral process to the in-house Reablement Service. This phase 3 rolling programme continues.

Record of attendance by month:

|  |  |
| --- | --- |
| **Month** | **Total delegates** |
| December 2011 | 12 |
| January 2012 | 30 |
| February 2012 | 10 |
| March 2012 | 15 |
| April 2012 | 12 |
| May 2012 | 12 |
| June 2012 | 44 |
| September 2012 | 11 |
| **Total to date** | **146** |

By Service area:

|  |  |
| --- | --- |
| **Service Area** | **Total delegates to date** |
| Access, Assessment and Care Management | 85 |
| Health PCT | 5 |
| **Housing** | **1** |
|  |  |
| JCU | 1 |
| Provider Services | 5 |
|  |  |
| Quality Assurance Team | 3 |
| Residential Care Homes | 4 |
| Safeguarding | 1 |
| Strategic Development | 41 |

A formal review of attendees is currently underway to determine whether all Phase 3 audience has now completed the Workshop.

**Outline Evaluation – Phase 3 to date**

Training commenced on 6th December, evaluation forms have been completed by the majority of delegates (approx. 95%).

This sample evaluation includes:

* Opinion of learning experience
* Impact of learning
* Future recommendations

**Evaluations sampled from workshop on 06/12/11**

*Level of understanding before and after the course*

**Evaluations sampled from 18/01/12**

*Level of understanding before and after the course*

**Evaluations sampled from 01/03/12**

*Opportunity for delegates to participate*

*Effectiveness of the facilitator/trainer*

**Evaluations sampled from 13/06/2012**

*Duration of course*

*Standard of materials and delivery meeting the principles of equality*

Listed below are common trends in feedback extracted from evaluations December 2011 to date:

* Length of session just right
* Very informative and thorough
* Enthusiastically delivered
* Good standard of delivery
* Enjoyable session
* Opportunities to discuss examples through case studies
* Good for signposting service users
* Pitched appropriately
* Real life examples and videos used
* Increased confidence in delivering a good service
* Skills and knowledge have been fully gained

Delegates used the following words to describe the overall learning experience:

* Interesting
* Valuable
* Thought provoking
* Practical
* Useful
* Clear

Small majority of delegates commented:

* Can handouts be available electronically?
* Event length too long
* Some confusion still remains on the process chart
* Feel there is a lack of communication around service change and general expectations

**Current and future developments to include:**

* Course material on WD website
* On occasions shorter sessions for those not directly involved ie back office staff and other directorates
* Review process chart to simplify
* Include and review process charts for Mental Health personnel
* Review generic course to meet the needs of wider audiences i.e. Private, Voluntary and Independent Sectors and other Directorates - Childrens, Neighbourhoods
* Identify the impact of the learning – higher level of evaluation including financial savings achieved, increased use of telecare
* Document real outcomes for individuals
* Identify regional and national achievement awards
* Explore benchmarking and good practice with other Local Authorities and providers of Reablement Services

**Analysis of expenditure against Reablement and Maximising Independence Training Suite**

Expenditure prior to April, 2012 and prior to Workforce Development Team having full oversight of a full year’s budget allocation is difficult to quantify. Headline expenditure for Phases 1 and 2 is as follows:

 **Reablement Awareness Workshops May - July 2011 and Dec 2011 - July 2012**

|  |  |  |
| --- | --- | --- |
| **Spend** | **Phase 1** | **Phase 2** |
| Room hire | £370.00 | £296.00 |
| Refreshments | £195.00 | £144.00 |
| \*Resources | Nil | Nil |
| **Total** | £565.00 | £440.00 |

**Analysis of expenditure against Reablement and Maximising Independence Training Suite – 1.4.12 – to present**

**Budget allocation is £85,000**

|  |  |
| --- | --- |
| **Detail** | **Spend** |
| Right to Work article promoting employment of people with a disability | **£800.00** |
| Communications skills training for Reablement Apprentices | **£577.00** |
| Learning log folders for Apprentices | **£49.90** |
| Room hire for Apprentice Development session  | **£90.00** |
| Food hygiene training for Apprentices | **£132.00** |
| Refreshments for Apprentice Workshops | **£239.40** |
| Dementia Training for 3 key staff | **£225.00** |
| Mentoring | **£200.00** |
| Refreshments for Reablement Training | **£39.00** |
| Room hire for Reablement Training | **£70.00** |
| Innovation Centre block booking\* | **£10,000** |
| Autism Training  | **£800.00** |
| Refreshments for Autism Training | **£147.00** |
| Room hire for Reablement, Autism and DLA training | **£691.95** |
| Room hire for Reablement, Autism and DLA training | **£2,820.00** |
| Refreshments for Reablement, Autism and DLA training | **£485.00** |
| Room hire Employment Event | **£525.00** |
| Catering for Employment Event | **£528.00** |
| Training resources for telecare training | **£559.99** |
| Room hire for telecare additional training session | **£38.50** |
| Refreshments for telecare additional training session | **£26.00** |
|  |  |
| **Total to date** | **£19,043.74** |
| Committed expenditure to end of March, 2013 includes: c£30,000 for Dementia Awareness and Dementia Friendly Communities Training. It is anticipated the full allocation will be spent as at 31.3.13.  |  |

\*Commencing July 2012 – The Council entered into a block contract with Alumwell School - Innovation Business Centre via a formal procurement process, for provision of training facilities at a purpose built Health and Social Care for education/learning facility. The block contract is used for reablement, telecare, apprentice training in the main.

The above does not include any spend on salaries, either within Workforce Development, in-house trainers or Reablement Apprentices.

It should be noted that spend on Safeguarding Vulnerable Adults, End of Life Awareness, Mental Health and some clinical skills training costs is being met from WD main budget. In addition WD were awarded SHA Locality Board funding to progress some personalisation related/cross over projects in 2011 - 13. Total funding was as follows:

|  |  |
| --- | --- |
| **Detail** | **Spend** |
| Dementia Awareness Training x 5 | £3,098 |
| Personalisation Training DWMHT | £4,800 |
| Personalisation Training for ACM (3 day sessions for whole workforce) | £3,000 |
| Autism/epilepsy Training (BCP NHS FTrust) | £7,500  |
| Autism Event | £3,000 |

**Reablement Awareness Workshop Facilitators Network and Strategic Project Leads from 2010 to present.**

|  |  |  |  |
| --- | --- | --- | --- |
| StrategicProject Leads | Maureen GoodinDonna SmithKirsten Moon | TrainersPhases 1&2 | Ruth MitchellHelen Paddock |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facilitators Network | Ruth MitchellOccupational TherapistFrom May 2011 to date | Helen PaddockTeam ManagerFrom May 2011 to Oct. 2012 | Angela MeashamAdvanced Practitioner/Social Worker From August 2011 to date | Vivek KrishanSensory Support & Sensory Support team From August 2011 to Spring, 2012 |
|   |  Phases 1,2 & 3 |  Phases 1,2 & 3 |  Phase 3 | Phase 3 |

The Workforce Development Team have now largely replaced the Strategic Leads are continuing to build capacity within the training pool as some key people have now left Walsall/stepped down.

Guidance, supervision and mentoring has already taken place with the current Reablement Awareness Workshop facilitators and train the trainer sessions have been developed for service users, carers and in-house personnel to roll out other aspects of the Training Suite including Autism Awareness.

A train the trainer support programme is currently being designed to build further capacity of an in-house Trainers Network which will increase the number of learning and development opportunities on offer, offer good value for money, credibility and offer career progression/development whilst acknowledging our workforce’s contribution to increasing knowledge, skills and competencies both within and outside of the organisation.

**Areas currently identified for this programme of development**

Anti-racism – ‘Undoing Racism’, Mental Health Awareness, Autism Awareness, Telecare/Assisted Technology Awareness, O T Trusted Assessor, Disability Awareness, Signposting and Carers Awareness.

**What other learning and development opportunities have been provided to meet the requirements of the Training Suite?**

In addition to the Reablement Awareness Workshops, Workforce Development supported the development and delivery of a series of 3 day learning and development sessions for Assessment and Care Management staff during October/November 2011.

**ACCESS, ASSESSMENT AND CARE MANAGEMENT PROGRMME**

**3 day Learning and Development Programme**

**Overall aim:**

To enable and motivate teams towards a new direction for future service delivery.

**Day One objectives**:

By the end of the day participants will:-

* Understand the internal and external drivers for change
* Be able to link corporate and social care values to plans for future service delivery
* Acknowledge the need for effective team and cross team working in future service delivery
* Review through case studies the range of challenges and needs that face our service users

**Day Two objectives**:

Through effective information gathering and sharing participants will:-

* Display an understanding of how the service has to change in order to provide service users with a holistic approach to meeting their needs.
* Be able to promote the specific features and benefits of each aspect of the service.
* Discuss the implications to them as service providers

**Day Three objectives:**

By the end of the day participants will consider:-

* The role of effective individual, team and cross team communication within a fast paced, modern social care service.
* Personal, future development needs in line with organisation and customer expectations.
* Team, and cross team development to support service delivery.

The sessions were held on the following dates, with a total of 180 delegates attending in total.

|  |  |
| --- | --- |
| **Event** | **Total delegates** |
| Oct 11-13 | 34 each day |
| Oct 18 - 20 | 55 each day |
| Nov 8 -10 |  48 each day |
| Nov 15 -17 | 43 each day |
|  |  |
| **Total**  | **180**  |

There was full commitment from the leadership team in supporting the learning.

|  |  |
| --- | --- |
| Speakers  |  |
| Paul Davies | Executive Director |
| Sean Cook | Head of Service |
| Lisa Koc | Service Manager WD |
| Martin Routledge/Ken Stapleton | Consultants - In Control |
| Mike Jones | Service Manager |
|  |  |
|  |  |
| Sheila Wood | Service Manager |
|  |  |
|  |  |
| Ralph Broad  | Consultant in Local Area Co-ordination |
|  |  |
|  |  |
|  |  |
|  |  |
| **Subject Experts** Chris McWilliams | Support Planning |
| Wendy Atkinson | Autism |
| Ambrey Associates – Jenny Pitts - Consultant | Reablement |
| Emma Palmer | Service user support |
| Julie Bride/Kirsten Moon | Telecare/Telehealth |
| Maureen Goodin | Reablement |
| Stacey Senior & Guests (service users) | Community Social Work |
| Michael Hurt  | Dementia |
| Angela Copestick, Nigel Uttley, Jonathan Houghton | Safeguarding |
| John Farmer | Mental Capacity/Best Interests |
| Ann Page | Think Family |
| Hazel Wilkes/Tracey Everitt | Continuing Health Care |
| Ken Stapleton | FACS/transition |
| Rachel Jones | Transition |

The events provided many opportunities for delegates to explore the issues. Below is a sample of their discussions/feedback.

**Issues that will make life easier**

**Processes**

* 80% time in front of computer- recommend reducing forms & amount of length – duplication – require admin support.
* Get team together to look at the paperwork for both health and social care.
* Too much paperwork needed for a simple referral – why can’t I just speak to someone? i.e. ASU, reablement team etc.
* Processes – ASU – too many people involved needs to be simplified.
* Safeguarding: missing information on Paris.
* Quality work is compromised by processes and targets.

**Systems**

* Better IT system/self populating.
* Admin scanning issues/ emails repeated from different people – Shared Drives for information- emails for personal information only.
* ASU referral – once sent cannot be added to.
* Better links with health staff and their IT system.
* Can CAS be on PARIS (have access to it).
* Computer software compatibility.
* Unnecessary duplication of information due to incompatible systems i.e. PARIS.

**Communication/Knowledge/Building Working Relationships**

* Better understanding of other/teams roles.
* Consultant to stop prescribing discharge destination i.e. care home.
* Access problems for HI/Deaf clients, need quiet areas speaking to HI people.
* At the end of the assessment the BBC people choose not to have a service – it is then a waste of time.
* Booking and cancelling of interpreters.
* Clarity of role for sensory staff & OT’s within other teams – clarity of management responsibility.
* Communication needs improving generally.

**Resources**

* Lack of admin support- management of admin barriers – recommend recruit apprentices to support business, so admin can be done by people that know what’s required.
* Allen’s main room can be very noisy – can be difficult to make a phone call – have time out.
* Better seating at Allen’s.
* Confidence eroded, devalued compared with other Authorities i.e. Coventry.

The delegates also looked at what good supervision looks like and this feedback was used to develop a new supervision policy/supervision skills training (feedback not presented in this document).

**Learning Needs+ sample fedback**

* A central IT resource.
* A link into a skilled workforce specialist/resource.
* Allocated time for professional development for social workers.
* Awareness of who the specialists are within teams.
* Basic child protection training.
* Clear a – z for AACM in relation to policies and procedures.
* Direct Payments – basics and the process.
* Group support and case discussions.
* Learning disabilities and forensic, mapping of services for LD.
* Mapping services, updated resource directory.
* Mentoring opportunities.
* More set down spaces especially in the town centre.
* Need to buddy up to gain advice, undertake some joint visits – more important, issue of lone working.
* Ongoing training – PARIS and new procedures.

**What could we champion or lead**

* Community social work team – knowledge of reablement, older people, assessment skills, multi disciplinary team working, mental capacity, direct payments, cultural awareness, sensory support, sign language, universal services, signposting, assertive reviews, patience, mediation, complaints handling and problem solving.
* Frontline initial intake team – we are flexible, responsive, deal with simple to complex cases, duty team, first impression of the service. We have a broad knowledge of all services, what is available, where, who, how, who to refer onto, signpost to.
* OT service – cradle to the crave service, from simple to complex, we are used to reablement and having positive outcomes. We can offer training in reablement, manual handling, we have links with housing and other professionals. The CIL, all occupations, task analysis, maximising opportunities, increasing independence, preventative work.
* Other offers to champion/support – end of life, signposting, neurological conditions/ABI, dementia care, children’s, sensory, benefits and welfare, first contact, housing and Extra Care.

 “**What do you plan to do with the Knowledge and skills gained?”**

**Reviewing Team** “Share and use information/make referrals in-house”

 “ It has been an informative session with valuable material”

**Complex Team** “Good Awareness obtained as to what reablement can assist with,

 to establish level of support needed and to reduce packages

 as and where appropriate”

**Reviewing Team**  “To implement reablement in my daily duties. Use it at the front

 line. Enjoyable day sharing experiences with colleagues”

**Reviewing Team** “I have gained further information about the reablement service and

 the impact it may have on my role and service users “

**Community Social Work Team / Sensory Support Team**

 “ Can share this knowledge with other colleagues – Good session with variety of

 subjects, group was from different professions, varied tasks, including video, power

 point and case studies was all good “

“ Think reablement first and always even seemingly tiny steps can make a massive

 difference to someone’s life”

“To apply to screening/validation of support plans, signing off of assessments/reviews, keep

 on supervision agendas.”

“Transfer into practice and support colleagues with learning – A very interesting and thought

 provoking course, a good step on the change in culture road! “

 **NEGATIVITY IS OPTIONAL – POSITIVITY CHANGES LIVES!!**

 “Put it into practice – it has encouraged me to put reablement first in my mind”

 “To think and discuss with service user about how reablement can be beneficial”

“Focus more on promoting reablement/enablement opportunities in my practice for my

 service users”

“To provide better services for service users and to encourage/support them to access

 reablement services”

 **Joint work**

“It could have been helpful to have done reablement training jointly with front-line

 providers/NCO’s”

 “Group sessions and feedback were particularly helpful.“

“Beneficial : Very informative, sometimes repetitive but I understand why”

 “How is reablement going to work with transition cases/forensic cases?”

 “Use with Service Users to provide a person centred approach”

“Training was very appropriate with good delivery, very informative -will put this into practice

 within my work role”

 “ To be aware of reablement potential throughout involvement with SU”

In addition to this Workforce Development supported the development and delivery of a 2 day learning and development programme for all Provider Services employees in June/July 2012.

**Overall Programme aim:**

To ensure provider services staff understand the new reablement philosophy and new ways in which we can work to improve the lives of our citizens.

**DAY 1**

* Understand roles and responsibilities within Provider Services and the roles and responsibilities of colleagues.
* Be able to link Corporate and Social Care Values to plan for future service delivery.
* Review through examples the range of challenges and needs that face our service users.

**DAY 2**

Through effective information gathering and sharing participants will:-

* Understand the support planning process.
* Understand their role in the development of a support package.
* Further understand the nature of Customer & Citizen, Service and Support.

* Explore the role of effective individual, team and cross team communication within a fast paced, modern Social Care Service.
* Consider personal, future development needs in line with organisational and customer expectations.
* Develop team, cross team development to support service delivery

**Cohorts 1-6**

|  |  |  |
| --- | --- | --- |
| **Cohorts** | **Total delegates** | **Dates** |
| Cohort 1 | 24 | 13/14th June |
| Cohort 2 | 35 | 19/20th June |
| Cohort 3 | 32 | 27/28th June |
| Cohort 4 | 43 | 3rd/4th July |
| Cohort 5 | 24 | 5/6th July |
| Cohort 6 | 31 | 10/11th July |
|  |  |  |
| **Total to date** | **189** |  |

**Providers Learning & Development Programme June/July 2012**

Total 189 delegates:

**210** in total with presenters and guests

|  |  |
| --- | --- |
| **Provider Service Area** | **Total delegates**  |
| Holly Bank/ Community Reablement ServicesFallings HealthNCO | **29****18****29** |
| **Day Opportunities:**MoxleyPheaseySt John’s PleckBlakenhallElectrium PointRushallGoscoteWillenhall/Stan Ball | **20****3****7****4****3****1****31****2** |
| Links to WorkOpportunities and EmploymentQA TeamNot assigned | **30****3****5****4** |

**Again a big commitment to this training from :**

|  |
| --- |
| Contributors included: |
| Paul Davies, Executive Director |
| Peter Davis, Assistant Director |
| Gary Mack, Head of Service  |
| Michael Hicklin, Service Manager |
|  |
| Stuart Lackenby, Service ManagerHelen Paddock, Team ManagerNeil Farrington, Team Manager |
| Mark Pitcher, Service Manager (NHS link) |
|  |
|  |
| Quality Assurance Team:Brandon Scott-Omenka Julian MellorHelena Selby Yvonne RussonMaureen Goodin |
|  |
|  |
|  |
|  |
| Community Social Work Team including:Becky Thompson Stacey SeniorEmma Harper |
| Wendy Atkinson, Autism Lead |
| Ambrey Associates – Jenny Pitts  |
| Trevor Thompson (WDT) – Telecare/Assisted Technology |
| Guest – Elliot Garbett |
| Janet Lilley/Dave Parkin Facilitators (WDT) |

**Evaluation**

 **Provider Events - Cohort 2 19 & 20 June 2012**

**Sample feedback from table work**

**Medals & Missions**

“Give an example of an excellent Re-ablement Service”

* Keeping people independent in their own homes (gaining aids, benefits, appropriate accommodation).
* Services are more inclusive due to accessing mainstream services.
* Service user develops confidence, self esteem, and relationships.
* Person centred approach.
* Continuity of services in an emergency.
* Good rapport with service users’ develops overtime.
* Work efficiently within our resource budgets.
* Service user regains skills.
* Good quality staff training with regular reviews.
* Changes at Goscote Centre which has incorporated new activities.

“One which was not so successful”

* Need more access to correct up-to-date information to provide an efficient service.
* Better communication between all professionals to meet needs of service users (including carers).
* Need more accountability from those that are responsible for meeting identified outcomes.
* Need more efficient use of time/work management to avoid rushing to meet deadlines and making mistakes.
* More training to specific roles & responsibilities.
* Not enough opportunities for career development.
* Need to treat colleagues more professionally.

“How can we make a good service better?”

* Enable service users to recover and overcome obstacles to live independently with quality lifestyles with quality activities tailored to their individual needs.
* Reach out to isolated people to enrich their lives.
* Give hope and a sense of importance to people in the communities.
* To enable people to live at home with support designed to their needs.
* Have more understanding of what the service user needs.
* Take on board positive feedback from external sources.
* Put the training into practice.

“What does quality mean to you in the context of re-ablement & Personalisation”

* Quality to me is wanting to go back again to whatever environment made me feel good.
* Quality time, one to one.
* Person is happy being enabled to be independent, they have choice and rights.
* Quality is within the service you provide making service users happy and content.
* Everything going smoothly, is dealt with promptly and leads to improvement.
* Giving people time (quality).
* Person Centred Planning.
* Regular Advocacy group meetings.

“What systems do you have to assure quality in your service”

* Review trained staff, meetings and handovers, and staff training.
* Compliments and complaints procedures, feedback from customers.
* Team building.
* Mandatory checks, SDAQs, context sheets.
* Service user consultation, code of practice.
* Carers meeting and contact with outside agencies, communication session, training and surgeries.

“How can we share best practice and develop skills in re-ablement across the care sector”

* Share skills, skilled staff with best practice pathways and signposting.
* Share notable practice.
* Draw on wider skills, integrated working e.g. children, adult and learning disabilities.
* Training days, handovers, meetings leaflets, news and views.
* Intranet and websites.
* Working with outside agencies.

**Other learning and development opportunities available/under development in support of the Training Suite**

CUSTOMER CARE being jointly delivered by ASCI Workforce Development and HR.

TELECARE awareness training currently being delivered – telecare training strategy in place, 120 people through the training to date

SIGNPOSTING has been delivered and involved collaborative working with Communications Team & Strategic Project leads and is under review.

AUTISM AWARENESS being delivered by ASCI Workforce Development with support from a Strategic Lead and a pool of service user/carer trainers – training strategy in place

SAFEGUARDING being delivered jointly by ASCI Workforce Development Team and an external trainer

LONE WORKING in development by ASCI Workforce Health and Safety Trainer.

OT TRUSTED ASS. Some work undertaken previously, Workforce Development to connect with Occupational Therapist Lead

END OF LIFE being delivered in partnership with Health

MENTAL HEALTH being delivered as part of the overarching Learning and Development Programme

DEMENTIA some delivery via SHA funded project, large scale project has just been commissioned – development of programme commencing shortly

TELEHEALTH training delivered by Strategic Lead prior to WD team being established.

**Considerations for the future:**

The Maximising Independence Suite illustrates relevant areas for development – it doesn’t specify at what level for particular roles and when the learning needs to take place.

Development of a Reablement workforce both Social Care and Health with the competences (accredited) within roles and responsibilities to provide an holistic reablement service.

Mandatory elements need to be identified - for example elements which need to be accessed within the first 3 months in role. Reablement Awareness to all personnel at all levels as part of the Induction Programme?

Other induction requirements? Telecare/Telehealth – Assisted Technology Awareness, Lone working, CQC responsibilites, Adult Safeguarding, Working Standards and Procedures, Emergency First Aid for example.

The whole framework needs to be aligned to National Occupational Standards, NHS Knowledge and Skills Framework and designed to provide a career progression pathway and an infrastructure to support and develop people with supervision, mentoring, coaching – workplace assessments and a performance management structure.

A programme of learning for both health and social care reablement workers which is designed around the role, the service and the individual.

NB This **addendum** has been added since the report was presented to the Vulnerable Adults Executive Board.

It covers the support provided by the Workforce Development Team to the understanding and development of Personalisation within the Dudley and Walsall Mental Health Partnership Trust, who provide our mental health services through multi-disciplinary community teams, as well as medical and in-patient support.

**Mental Health Sessions (DWMHPT)**

Initially there were sessions focussing on basic awareness – firstly a presentation to community team managers in Walsall, then a presentation by Ken Stapleton from In Control, focussing on the history, principles and legislative backing to the Personalisation agenda. These were delivered after the AACM 3 day events, acknowledging the demands of internal re-organisation at that time. This was first delivered to a joint Social Care Forum (with colleagues from Dudley) of 30 people in February, 2012. It was then promoted across the Trust and delivered 4 times in each Borough. This reached a further 58 staff in Walsall, from different professional backgrounds, in fact a majority not from social care.

The next stage was to deliver sessions looking at practical implementation and processes. Although subject to some delay regarding delivery, the development of these sessions was a factor in instigating a Personalisation Implementation Group with senior management leads to oversee delivery across both Boroughs. Sessions were then delivered from September to November, with a focus on selected community teams undertaking assessments, again covering all professional backgrounds.

Whole day sessions focussed on self-assessment (SDAQs), Support Planning, and practical recording and panel processes. These were attended by 75 staff in Walsall. Consequent ½ day sessions focussed on potential resources, with 70 attendees.

All these sessions, including replication with local variance in Dudley, were funded through a Localities Board bid to work across both Borough boundaries and professions.

Organisational commitment was underlined by the range of presenters and facilitators. Evaluations, particularly from the ‘Processes’ day included positives, but a lot of comment raised issues of ownership – outside of the social care workforce – and workload – with a perception of a major increase. These were able to be fed back into the Implementation Group, measures taken, and will be subject to review. One direct consequence of feedback was to increase the frequency of access to the Mental Health Panel process.

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| Event(s) | Facilitators | No’s |
| Awareness sessions | Ken Stapleton (In Control) | 58 + |
| Processes & practice | Ken Stapleton, Vicki Merrick, Emma Palmer (SDAQs)Chris McWilliams & above (Support Planning)Hassan Omar, Jo DWMHPT (Recording)  | 75 |
| Resources | Becky Robinson (Web & Signposting)Helen Allen (Micro providers)Stacey Senior et al (Community Social Work)Marcus Law / Mark Williams (Commissioning)Helen Paddock / Neil Farrington (Reablement team)  | 70 |