

South West Dementia Partnership



**Caring, compassionate, skilled - transforming the
dementia workforce**

A checklist for commissioners

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Analyse

Service redesign

Do the strategic plans take account of current and future needs for dementia services and consider the implication for service redesign and commissioning?

- **Dementia UK (2007) Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society**
http://alzheimers.org.uk/site/scripts/download_info.php?fileID=2
- **National Audit Office (2007) Improving services and support for people with dementia**
http://www.nao.org.uk/publications/0607/support_for_people_with_dementia.aspx
- **Skills for Care (2011) Capable, Confident, Skilled – A workforce development strategy for people working, supporting and caring in adult social care**
<http://www.skillsforcare.org.uk/nmsruntime/saveasdialog.aspx?IID=8900&IID=1030>
- **Joint Strategic Needs Assessment (JSNA)**
A Joint Strategic Needs Assessment is a process that will identify the current and future health and wellbeing needs of a local population and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities. Taking a multi-stakeholder approach with community engagement will lead to stronger partnerships between communities, local government, and the NHS, providing a firm foundation for commissioning that improves health and social care provision and reduces inequalities. With a projected rise in the incidence of dementia to over one million by 2025 a JSNA offers a process to identify gaps in service provision. The information gained from the JSNA will allow an assessment of current skills, competencies and experience within the current workforce and those required for the future.
- **NHS Confederation. (2011) 'The joint strategic needs assessment' briefing paper**

<http://www.nhsconfed.org/Publications/briefings/Pages/joint-strategic-needs-assessment.aspx>

- **The Dementia Commissioning Pack**

This pack provides practical resources for health and social care commissioners to work together to improve the quality of both specialist dementia services and general health and care services for people with dementia and their carers.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_127381

- **Joint Commissioning Framework for Dementia**

The National Dementia Strategy joint commissioning framework provides best practice guidance for commissioning dementia services. It includes a Joint Strategic Needs Assessment template, summary of NICE and SCIE evidence for dementia services, commissioning levers against each of the strategy's objectives and a summary of South East Coastal SHA dementia metrics.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100835

- **Six Steps Methodology**

Effective workforce planning ensures you will have a workforce of the right size, with the right skills and organised in the right way. The main aim of the Six Steps Methodology is to set out in a practical framework those elements that should be in any workforce plan. Use of this methodology across any organisation will help ensure that decisions made on workforce design and the recruitment of new staff and teams are sustainable and realistic; and that they fully support the delivery of high quality patient care, productivity and efficiency.

For further information:

<http://www.skillsforhealth.org.uk/planning-your-workforce-strategy/six-steps-workforce-planning-methodology/>

- **Integrated local area workforce strategy (INLAWS)**

InLAWS is a Skills for Care and ADASS project established in 2009 with support from the Department of Health (DH) and other delivery partners. The InLAWS project aims to develop effective ways to support Directors (DASS) and their teams with their workforce commissioning role across the local area, and to understand changing priorities in adult social care including the government's agenda on the 'Big Society' and neighbourhood working. It is providing a common methodology and practical tools designed to help DASS

and their teams develop a skilled, capable and competent workforce. For further information:

http://www.skillsforcare.org/workforce_strategy/InLAWS/InLAWS.aspx

- **National Minimum Data Set**

The Department of Health, NHS Information Centre for health and social care and Skills for Care are announcing that the National Minimum Data Set for Social Care (NMDS-SC) is to be introduced as the adult workforce data return from local authorities. For further information: <http://www.nmds-sc-online.org.uk/Default.aspx>

- **South West Observatory**

South West Observatory is the regional information gateway, with access to a network of analysts and information across a broad range of demographic, environmental and economic services

<http://www.swo.org.uk/>

Stakeholder engagement

Have you a clear vision around dementia services that has been developed through a fully inclusive and systematic engagement with people with dementia, carers, practitioners, providers and other stakeholders and enables them to consider needs and the actions, knowledge and skills to meet these needs?

- **Strengthening the involvement of people with Dementia**

http://www.dhcarenetworks.org.uk/_library/Resources/Dementia/CSIPComment/strengthening-the-involvement-of-people-with-dementia.pdf

- **South West Dementia Partnership Involvement information**

<http://www.southwestdementiapartnership.org.uk/resources/strengthening-involvement/>

- **Hussein S (2010) The dementia social care workforce in England: secondary analysis of a national workforce data set.**

Summary

<http://www.kcl.ac.uk/sspp/kpi/scwru/pubs/2011/husseinmanthorpe23jun11.pdf>

Full report

<http://www.kcl.ac.uk/sspp/kpi/scwru/pubs/periodical/issues/scwp9.pdf>

Service mapping

Have you mapped and reviewed local dementia services across agencies and completed a gap analysis around opportunities for improvement or change in provider market such as potential skill shortages, wasted resources?

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<http://www.nmds-sc-online.org.uk/Default.aspx>

- **NHS SW Workforce Intelligence unit**

The Workforce Intelligence Unit supports the NHS South West by either sign posting users to relevant information sources or by analysing and providing: Workforce data from all health providers and commissioners where available;

Relevant population demographic data for the South West; Higher Education Commissioning data

http://workforce.southwest.nhs.uk/workforce_development/home/workforce_intelligence_unit

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- **The Dementia Commissioning Pack**

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Full report

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- **All-Party Parliamentary Group on Dementia (2009) Prepared to care. Challenging the dementia skills gap**

The All-Party Parliamentary Group on Dementia (APPG) published its inquiry into the dementia care skills of care home staff and staff supporting people with dementia in their own homes (16 June 2009).

http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=829

- **New types of worker programme**

Skills for Care's New Types of Worker programme explores how people's care and support needs change and how the workforce has to adapt to meet the challenges that change can present.

http://www.skillsforcare.org.uk/workforce_strategy/new_types_of_worker/new_types_of_worker_introduction.aspx

Funding resources

What resources and funding are available?

- **Skills for Care**

Skills for Care understands that employers and their staff need help to access funding for training and they offer support and guidance to employers around accessing funding to train their staff.

Funding 2011/12

Skills for Care has had confirmation that there will be funding to support learning and development 2011 – 2012, this will be launched with the workforce development strategy anticipated around April / May. The funding will be focused on vocational qualifications to support the ongoing professional development of adult social care workers with the National Minimum Data Set for Social Care (NMDS-SC) remaining a key criteria. For further information:

<http://www.skillsforcare.org.uk/tsi/>

- **A guide to resources and funding**

Skills for Care has compiled a guide to resources and funding to signpost employers and learners in the adult social care sector to a diverse range of resources and funding freely available to support individual, organisational and workforce development. For further information: [a](#)

[http://www.skillsforcare.org.uk/funding/other_funding_sources/other_funding_souraes.aspxguide to funding and resources](http://www.skillsforcare.org.uk/funding/other_funding_sources/other_funding_souraes.aspxguide_to_funding_and_resources)

Policy & legal drivers

Have you considered all policy and legal drivers?

- **National Dementia Strategy**

The Department of Health strategy 'Living Well with dementia A National Dementia Strategy' (2009) has a range of objectives.

<http://www.dh.gov.uk/en/SocialCare/NationalDementiaStrategy/index.htm>

Objective 13 states for 'An informed and effective workforce for people with dementia'.

Following this strategy the Department of Health set out within the document 'Quality outcomes for people with dementia: building on the work of the National Dementia Strategy' (2010) 4 priority objectives for securing improvements in dementia care. These are: Good quality early diagnosis and

intervention for all; Improved quality of care in general hospitals; Living well with dementia in care homes; Reduced use of anti-psychotic medication
This will need to be achieved by effective basic training and continuous professional and vocational development in dementia. All care staff should have effective knowledge and skills appropriate with their roles in caring for those with dementia and this includes registered and non-registered staff and managers.

- **Other key dementia documents**

- <http://www.dh.gov.uk/en/SocialCare/NationalDementiaStrategy/index.htm>

- **Department of Health (2008) End of Life Care Strategy**

- http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277

- **Department of Health (2008) Carers at the heart of 21st century families and communities – a caring system on your side, a life of your own.**

- http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

- **National Institute for Health and Clinical Excellence (2007) Dementia: the NICE- SCIE Guideline on supporting people with dementia and their carers in health and social care, National Clinical Practice Guideline number 42.**

- <http://www.scie.org.uk/publications/misc/dementia/index.asp>

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- http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_127381

- **Care Quality Commission information**

- <http://www.cqc.org.uk/guidanceforprofessionals.cfm>

- **NICE Dementia quality standards**

- Quality Statement 1 – People with dementia receive care from staff appropriately trained in dementia care

- Service providers** ensure that all health and social care workers are appropriately trained in dementia care according to their roles and responsibilities.

- Health and social care professionals** who work with people with dementia ensure they receive training in dementia care consistent with their roles and responsibilities.

Commissioners ensure service providers have arrangements for training health and social care professionals in dementia care.

People with dementia can expect that the health and social care professionals who care for them will have dementia care training.

<http://www.nice.org.uk/aboutnice/qualitystandards/dementia/?domedia=1&mid=7EF3AFC7-19B9-E0B5-D4504471A4FD758E>

Local data collection. Contained within [NICE CG42 audit support](#), criterion 9. Acute Trusts can collect data on dementia awareness training using the [National Audit of Dementia](#) organisational checklist, section 7.

Sharing resources

Have you considered the local workforce market and where it may be possible to share workforce resources or work more collaboratively to reduce costs?

- Labour Market Information and Intelligence Guide for NHS Planners
http://www.healthcareworkforce.nhs.uk/resources/latest_resources/labour_market_information_and_intelligence_guide_for_nhs_planners.html
- **Workforce issues in shared services**
<http://www.idea.gov.uk/idk/core/page.do?pageId=6328944>
- **New types of worker programme**
Skills for Care's New Types of Worker programme explores how people's care and support needs change and how the workforce has to adapt to meet the challenges that change can present.
http://www.skillsforcare.org.uk/workforce_strategy/new_types_of_worker/new_types_of_worker_introduction.aspx

Plan

Partnership working

Are you working in partnership across sectors and are there arrangements for joint commissioning and integrated approaches? What are the workforce implications emerging from these approaches?

- **Integrated and partnership approaches**
The best arrangements will be made when health and social care organisations work together to develop their workforce and there is co-

ordination across local systems.

Health and wellbeing boards are due to be established from 2013 and running in shadow form from 2012. The main purpose of the board will be to join up commissioning across the NHS, public health, social care and other services. The joint strategic needs assessment (JSNA) will be an integral part of the health and wellbeing boards.

Strategic workforce planning needs to be underpinned by meaningful clinical engagement and include appropriate voluntary sector organisations and the views of people living with dementia and carers.

- **NHS Confederation. (2011) 'The joint strategic needs assessment' briefing paper**

<http://www.nhsconfed.org/Publications/briefings/Pages/joint-strategic-needs-assessment.aspx>

- **Joint Commissioning Framework for Dementia**

The National Dementia Strategy joint commissioning framework provides best practice guidance for commissioning dementia services. It includes a Joint Strategic Needs Assessment template, summary of NICE and SCIE evidence for dementia services, commissioning levers against each of the strategy's objectives and a summary of South East Coastal SHA dementia metrics.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100835

- **National Institute for Health and Clinical Excellence – Dementia Quality Standard**

The quality standard for dementia requires that dementia services should be commissioned from and coordinated across all relevant agencies encompassing the whole dementia care pathway. An integrated approach to provision of services is fundamental to the delivery of high quality care to people with dementia.

<http://www.nice.org.uk/media/7EF/3F/DementiaQualityStandard.pdf>

Outcomes

Are you taking an outcomes based approach to commissioning dementia services?

Possible outcomes of a dementia workforce strategy could be:

- To develop a confident and competent workforce to meet both current and future demand for the needs of people with dementia

- To deliver a systematic and consistent multi-agency pathway
- To achieve core workforce knowledge and competencies
- To ensure learning is embedded into practice across all sectors to improve the quality of person centred dementia care

Dementia standards

Within the South West region dementia standards have been set around improving care for people with dementia while in hospital and also a quality mark for care homes has been developed. Both could help inform workforce strategic planning and commissioning.

Dementia Quality Mark for Care Homes – discussion paper

http://www.southwestdementiapartnership.org.uk/wp-content/uploads/dementia_quality_mark.pdf

The home should apply monitoring and dependency tools to ensure that there are sufficient staff available to meet the psychological and social needs as well physical care needs.

All staff, including non-care staff must receive dementia awareness training. In particular they must be able to understand the importance of appreciating the perspective of the person with dementia.

The home must have a written dementia training plan to enable care staff must have training and development opportunities in line with the qualifications and credits framework. (In the longer term care homes should ensure that 50% care staff on duty achieve level 2, dementia care).

The care home should identify and establish a trained dementia LINK worker who can provide a resource to other staff.

Alzheimers Society Home from home – A report highlighting opportunities for improving standards of dementia care in care homes

http://alzheimers.org.uk/site/scripts/download_info.php?fileID=270

Improving care for people with dementia or mild cognitive impairment while in hospital

The 8 Hospital Standards

1. People with dementia are assured respect, dignity and appropriate care
2. Agreed assessment, admission and discharge processes are in place, with care plans specific to meet the individual needs of people with dementia and their carer/s.
3. People with dementia or suspected cognitive impairment who are admitted to

hospital, and their carers/families have access to a specialist mental health liaison service.

4. The hospital and ward environment is dementia-friendly, minimising the number of ward and unit moves within the hospital setting and between hospitals.

5. The nutrition and hydration needs of people with dementia are well met.

6. The hospital and wards promote the contribution of volunteers to the well-being of people with dementia in hospital

7. The hospital and wards ensure quality of care at the end of life.

8. Appropriate training and workforce development are in place to promote and enhance the care of people with dementia in general and community hospitals, and their carers/families.

<http://www.southwestdementiapartnership.org.uk/wp-content/uploads/hospital-standards-v020.doc>

Common core principles for supporting people with dementia: a guide to training the social care and health workforce

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127442

Care settings

Are you clear around what is needed in terms of necessary actions to meet the defined outcomes across dementia care pathways within different settings?

- **Identification of workforce (including informal carers)**

Many people will help people with dementia within the communities usually beginning with the family, friends and carers and they need support and information. With approximately 750,000 people with dementia currently, the number involved in caring for and supporting people with dementia is likely to be between around 1 million 2.

Within the health and social care sector many workers will assist people with dementia to varying degrees. Examples include:

- Primary and community care – GPs, Practice nurses, social workers, care co-ordinators, allied health professions.
- Personal assistants
- Domiciliary Care
- General and community hospitals – clinical and ancillary staff including those providing clinical support eg nursing assistants, health care assistants, clinical administration, clerical staff, porters etc

- Mental health hospitals – Older People’s Mental Health Liaison teams
- Intermediate Care
- Reablement services
- Care Homes
- Palliative Care – Admiral Nurses, Marie Curie Nurses, Community Mental Health staff, Commissioners – commissioning staff in health and social care and related services (housing etc)
- **Considering the different functions within different settings**

The South West Dementia Partnership website has examples of new ways of working in dementia across a range of different settings with information on different functions by the workforce and what has been achieved.

<http://www.southwestdementiapartnership.org.uk/workforce-development/innovation/>
- **Healthcare for London – Dementia Services Guide**

This guide includes an integrated care pathway, a general hospital care pathway and information on developing memory services with actions needed to be taken across the pathway and the competencies needed to support this.

<http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/Dementia-Services-Guide.pdf>
- **Counting the cost: caring for people with dementia on hospital wards**

http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=1199
- **All-Party Parliamentary Group on Dementia (2009) Prepared to care. Challenging the dementia skills gap**

The All-Party Parliamentary Group on Dementia (APPG) published its inquiry into the dementia care skills of care home staff and staff supporting people with dementia in their own homes

http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=829
- **Alzheimers Society Home from home – A report highlighting opportunities for improving standards of dementia care in care homes**

http://alzheimers.org.uk/site/scripts/download_info.php?fileID=270

Training

Do your service contracts specify the minimum competencies and educational training and development requirements in dementia care?

- **South West Dementia Partnership Dementia Competency framework**
The dementia competency framework supports staff to gain the necessary knowledge and skills to provide high quality dementia care.
<http://www.southwestdementiapartnership.org.uk/dementia-competency-framework/>
- **Common core principles for supporting people with dementia: a guide to training the social care and health workforce**
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127442
- **Common core competences and principles for health and social care workers working with adults at the end of life**
http://www.skillsforcare.org.uk/publications/publications_c.aspx
- **Common core principles to support self care**
http://www.skillsforcare.org.uk/publications/publications_c.aspx
- **The Dementia Commissioning Pack**
This pack provides practical resources for health and social care commissioners to work together to improve the quality of both specialist dementia services and general health and care services for people with dementia and their carers.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_127381
- **Dementia workforce mapping and education**
Skills for Health, working with Skills for Care, has undertaken a piece of work to:
 - Scope the education and training needs of the workforce
 - Identify current provision
 - Develop an action plan for education and training that supports the national (England) dementia strategy.
 - For the two workforce mapping reports
<http://www.skillsforhealth.org.uk/service-area/dementia/>

Direct payments

For those individuals and families directly purchasing care (privately, using direct payments or personal budgets), is there information, advice and support arrangements in place to inform them about the competencies they should expect to meet particular needs in different settings?

- **Promoting self-directed support for people living with dementia: overcoming the challenges.**

This article considers the use of self-directed supported in West Sussex for older people with dementia. It is examined in the context of empowerment to have greater control over the support that people need. The views presented are derived from interviews with social care staff and people living with dementia. A number of challenges were highlighted in making self-directed support a reality for those with dementia.

<http://www.scie-socialcareonline.org.uk/profile.asp?guid=31138279-87e6-4950-984d-8408c42079f8>

- **Common core principles to support self care**

The 'Common Core Principles to Support Self Care' are intended to be a resource for reflection, challenge and practice change. Their purpose is to enable organisations and all those who work in health and social care, whether as commissioners, service providers or educators, to make personalised services, enablement and early intervention to promote independence a reality.

http://www.skillsforcare.org.uk/publications/publications_c.aspx

- **Commissioning for personalisation – from the fringes to mainstream (2010)**

http://www.cipfa.org.uk/pmpa/publications/download/Commissioning_for_personalization_-_from_the_fringes_to_the_mainstream.pdf

- **A new model for care and support: sharing lives and taking charge.**

This paper aims to look at lesser-known approaches to working with older people suggesting that they lie on a continuum of support services, which stretches from traditional, paid-by-the-hour, professional/client transactions at one end, to unboundaried, unpaid family care at the other. The paper looks at Shared Lives, ASA Lincolnshire's At Home Day Resource for people with dementia, Homeshare, KeyRing and micro-enterprises. Through combining the value of real relationships with more formal support approaches, better outcomes can be achieved at lower costs.

<http://www.scie-socialcareonline.org.uk/profile.asp?guid=d526345a-d585-4c9d-acbe-5992be57d1c7>

Innovation

Have you considered new roles and ways of working within dementia services which may improve outcomes?

- **New ways of working in dementia**

The South West Dementia Partnership has information on a range of examples of new ways of working in dementia and innovative approaches.

<http://www.southwestdementiapartnership.org.uk/workforce-development/innovation/>

- **Apprenticeships**

Apprenticeships and Advanced Apprenticeships are vocational qualifications taken after the age of 16 by those wishing to work in Health and Social Care. These industry-recognised qualifications allow young people and adults to become qualified workers in Health and Social Care. Apprentices are employed and, on average, spend 4 days learning on the job and 1 day off the job.

<http://www.apprenticeships.org.uk/Types-of-Apprenticeships/Health-Public-Services-and-Care/Health-and-Social-Care.aspx>

The new generation of National Apprenticeships programmes have been in place since 1995 and have been regularly updated to take into account the changing skills needs of employers. They have been used by businesses to attract people from a wide talent pool into jobs and to train and retain them. Until now, they followed a Blueprint to make sure that all frameworks in England and Wales were designed to the same consistent specification. From the 6th April 2011, all frameworks must meet the new Specifications for Apprenticeships for England (SASE) and for Wales (SASW) which replaces the Blueprint.

- **SASE framework and funding**

http://www.skillsforcare.org.uk/qualifications_and_training/apprenticeships/16+providerinfo.aspx

- **Apprenticeship Frameworks Online** is the repository for Apprenticeship frameworks that meet the national standards for England and Wales. The Health and Social Care framework is the sole apprenticeship framework for people employed in delivering adult social care in England. This framework is also suitable for some workers in the health sector.

In social care this framework provides a suitable way to meet the development and qualification needs of a variety of roles and job titles, including care workers, community, support and outreach workers, personal assistance, domiciliary care workers, supervisors and senior care workers. The apprenticeship framework is inclusive of emerging roles in adult social care. As well as being suitable for existing staff, this framework gives apprentices extensive opportunities to gain employment in the social care

sector as well as in some health care roles. In the health sector, this framework is suitable for healthcare assistants or clinical support workers.

<http://www.apprenticeshipframeworksonline.semta.org.uk/>

- **A new model for care and support: sharing lives and taking charge.**

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Sustainability

How can you be assured that there is sustainable capacity and capability in the workforce of the dementia care providers you commission to deliver the required outcomes, and assure quality and safety and in future?

Workforce size and growth

It is estimated that the total size of the health and social care workforce working with people with dementia is in the order of 2.75 million staff.³ However it is worth noting that whilst statistics relating to the Hospital and Community Health Services are well established, those for social care have been established for a relatively shorter time and rely on voluntary returns.

Diversity of the workforce

One of the key challenges to consider is the diversity of the workforce and the wide range of differing needs in terms of skills development, ranging from dementia awareness through to detailed specialist knowledge.

Dementia crosses traditional sector boundaries with individuals passing between health care and social care service provision. Each sector has very different structures, professions, cultures, languages and service funding arrangements which can bring challenges for workforce and skills development.

According to Sector Skills Council changes to the makeup of the population and workforce, especially in terms of age, will probably pose challenges for many organisations. Furthermore the NHS has one of the oldest age profiles, with few employees under 25 and a relatively high proportion over 50. Within the social care workforce there is a relatively high turnover, particularly within the domiciliary care area of around 22%.⁴

In terms of growth, the Skills for Care workforce simulation model projects a paid social care workforce required by 2025 of between 2 – 2.5 million workers⁵.

- **NHS SW Workforce Intelligence unit**

The Workforce Intelligence Unit supports the NHS South West by either signposting users to relevant information sources or by analysing and providing:

- Workforce data from all health providers and commissioners where available;
- Relevant population demographic data for the South West;
- Higher Education Commissioning data

http://workforce.southwest.nhs.uk/workforce_development/home/workforce_intelligence_unit

- **NHS SW Workforce Planning Capacity and Capability Programme**

http://workforce.southwest.nhs.uk/workforce_development/home/workforce_planning_capacity_and_capability_programme

- **Centre for Workforce Intelligence**

The Centre for Workforce Intelligence is the national authority on workforce planning and development, providing advice and information to the NHS and social care system. They provide an easily accessible route to NHS and social care planners, clinicians and commissioners seeking workforce planning and development expertise to improve NHS and social care services.

<http://www.cfwl.org.uk/>

- **Dept of Health (2007) Capacity and capability – building the workforce**

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5041028

- **Workforce mapping exercise – final scoping report (2010)**

Mapping Existing Accredited Education/Training and Gap Analysis Report (2010)

<http://www.skillsforhealth.org.uk/service-area/dementia/>

The national review of workforce development in dementia care (reports above) identified:

- There is a wide range of training available, much of which has no accreditation
- There are gaps in training at some levels
- There is duplication of effort and a lack of means to share and spread good practice
- There is a lack of agreed standards
- There are concerns around the costs of accredited training

Incentives

What incentives are you using to encourage improvements to the dementia workforce and higher quality services?

- **Commissioning for Quality and Innovation (CQUIN) payment framework**
The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. Since the first year of the CQUIN framework (2009/10), many CQUIN schemes have been developed and agreed.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443
- **Examples of CQUIN Schemes in South West**
 - **Devon Partnership Trust**
Awareness and assessment training to Primary Care – measuring increased attendance by practice staff
 - **Avon and Wiltshire Partnership NHS Trust**
Early identification and treatment of dementia: training of non-mental health NHS and LA professionals – measuring number of training sessions completed.
Further information
http://www.institute.nhs.uk/commissioning/pct_portal/2010%1011_cquin_schemes_in_south_west.html#3
- **Quality Accounts**
Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare

organisations to assess quality across all of the healthcare services they offer. It allows leaders, clinicians, governors and staff to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public.

Quality Accounts should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.

<http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/Makingqualityhappen/qualityaccounts/index.htm>

Quality Accounts Toolkit (2010/11) is available at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122540.pdf

- **Dept of Health (2010) Equity and excellence: Liberating the NHS Followed by Liberating the NHS: Legislative framework and next steps (2011)**http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

Risk

Is there a realistic timescale planned with a risk analysis to establish risks to delivery related to capacity and capability in workforce, and mitigation of these risks?

- **NHS SW Workforce Intelligence unit**
The Workforce Intelligence Unit supports the NHS South West by either sign posting users to relevant information sources or by analysing and providing:
 - Workforce data from all health providers and commissioners where available;
 - Relevant population demographic data for the South West;
 - Higher Education Commissioning datahttp://workforce.southwest.nhs.uk/workforce_development/home/workforce_intelligence_unit
- **NHS SW Workforce Planning Capacity and Capability Programme**
http://workforce.southwest.nhs.uk/workforce_development/home/workforce_planning_capacity_and_capability_programme
- **Centre for Workforce Intelligence**
The Centre for Workforce Intelligence is the national authority on workforce planning and development, providing advice and information to the NHS and social care system.

They provide an easily accessible route to NHS and social care planners, clinicians and commissioners seeking workforce planning and development expertise to improve NHS and social care services.

<http://www.cfw.org.uk/>

Do

Education and learning

How do your dementia service providers improve their workforce through dementia education and learning approaches?

Ensuring a skilled workforce

Five main questions need to be considered to ensure the workforce has the necessary skills and ability to provide the best quality dementia care in the different settings:

- What specific competencies (skills and knowledge and required to achieve the functions necessary to meet the needs of people with dementia) are needed?
- What are the personal attributes needed to provide the best care for people with dementia in each specific setting?
- At what level are these competencies required?
- What exists in terms of provision that meets the requirements?
- How can gaps in provision be filled most effectively?

Learning and education material

- **South West Dementia Partnership**
The South West Dementia Partnership website offer a range of free accessible dementia learning material.
www.southwestdementiapartnership.org.uk/workforce-development/learning-pathway/
- **Learn4Health**
A new learning platform within the South West offers learning on various care pathways including dementia.
http://workforce.southwest.nhs.uk/nonmedical_education/home/multiprofe

[ssional education and training mpet funding streams/continuing professional development](#)

- **Social Care Institute for Excellence**

Offers a range of useful dementia E learning resources

<http://www.scie.org.uk/publications/dementia/elearning.asp>

The role of accreditation

Evidence from national reports and anecdotal evidence from the South West Dementia Workforce network suggests much of the dementia education and learning is not accredited. There appears to be no consensus of whether all training courses should be accredited for introductory courses due to the cost and time necessary.

However without developing quality measures and assessing learner's outcomes it is difficult to standardise the provision of dementia education.

Qualification frameworks

- **The Qualifications and Credit Framework (QCF)**

The Qualifications and Credit Framework is a regulated and credit-based qualifications system for England, Wales and Northern Ireland. It provides a simple and rational organising framework that presents learner achievement and qualifications in a way that is easy to understand, measure and compare. It gives individuals the opportunity to learn in a more flexible way and enables a wider range of organisations, including employers, to have their training recognised.

- **QCF and Dementia**

Skills for Health, jointly with Skills for Care, has developed a range of units and qualifications (linked to existing National Occupational Standards) that specifically support workforce development for dementia services.

http://www.skillsforcare.org.uk/qualifications_and_training/qualificationsandcreditframeworkQCF/dementia_qualifications.aspx

- **The Framework for Higher Education Qualifications (FHEQ)**

The Framework for Higher Education Qualifications in England, Wales and Northern Ireland (FHEQ) applies to degrees, diplomas, certificates and other academic awards (other than honorary degrees and higher doctorates) granted by a higher education provider in the exercise of its degree-awarding powers

www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI08/FHEQ08.pdf

Learning approaches

There has been a considerable growth over the past decade with new use of technology to support and enhance learning and teaching.

The E learning picture is fast growing and there is a range of different e-learning, e-publishing, e-learning tools and devices and resources that are emerging within the market. This has led to moving away from classroom based teaching towards automating the training process by the use of online courses, delivered and tracked through learning management systems.

E-learning has both advantages and disadvantages:

- Advantages – flexible learning, reducing need for travel, work at own pace, economy of scale, reach wide audience
- Disadvantages – need for computer provision, equity of access, lack of face to face contact, need for computer literacy, academic honesty, not experiential, no opportunities for shared discussions

Learning transfer within the workplace

Research suggests that the role of teacher is still fundamental although as highlighted the mode of operation has altered 8. New models such as the Dementia Link Worker model (link to SWDP NWOW) and the '5 minute teach' (see below) highlight innovative examples of sharing learning around dementia within the workplace.

Importantly the on-going learning is sustained through collaboration and teaching by someone with the formal knowledge and skills around dementia care and this can be enhanced by enabling this worker to access a teaching qualification. In busy workplaces offering a mixture of both formal and informal learning opportunities can help fulfil the variety of individual learning styles and offer greater flexibility to meet learner's needs.

Plymouth 10 minute teach

Plymouth memory service assisted by Dr San Sreenath has developed a core knowledge set about dementia for the workforce. Topics covered include: neurological examination, bloods, the geography of the brain, scans and terminology.

The topics are introduced during the end of weekly team meetings using a slide set. The aim is that everybody should be able to teach the slides. This enables teaching

‘dementia for profession by profession’ starting with core base knowledge. Slides are randomly allocated to staff through a ‘tombola’ to make it fun. This has created a safe space for people to ask questions and learn about new approaches and evidence based practice.

Contact: Kate Anderson, Clinical Psychologist, NHS Plymouth,
kate.anderson@plymouth.nhs.uk

Involvement

How do your dementia service providers ensure the voice of people with dementia and carers are included in education and learning?

- **Strengthening the involvement of people with Dementia**
http://www.dhcarenetworks.org.uk/_library/Resources/Dementia/CSIPComment/strengthening-the-involvement-of-people-with-dementia.pdf
- **South West Dementia Partnership Involvement information**
<http://www.southwestdementiapartnership.org.uk/resources/strengthening-involvement/>

Monitoring providers

Have you a method of collecting evidence from your providers to ensure they are meeting minimum dementia competencies

As a commissioner or provider of health or social care services you need to be confident that people living with dementia and their carers are supported and cared for by a trained workforce, with the right knowledge, skills and understanding of dementia to offer the best quality care and support.

Core competencies need to be developed for people whom are not professionally qualified or registered. It is important to consider which specific competencies (skills and knowledge) are required for each role in specific settings and at what level are these competencies required.

- **Dementia Competency Framework**
The dementia competency framework supports staff to gain the necessary knowledge and skills to provide high quality dementia care.

<http://www.southwestdementiapartnership.org.uk/dementia-competency-framework/>

- **Common core principles for supporting people with dementia: a guide to training the social care and health workforce**

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127442

- **National Occupational Standards**

The National Occupational Standards (competences) include a specific suite, which defines the knowledge, understanding and performance criteria for service commissioners and these could support current commissioners and newly emerging commissioners as a common building block, for role development, and subsequent education and training initiatives to support these roles.

www.skillsforhealth.org.uk/about-us/competences%10national-occupational-standards/

- **Knowledge and Skills Framework (KSF)**

The NHS Knowledge and Skills Framework (KSF) is a useful tool to:

- identify the knowledge and skills that individuals need to apply in their post
- help guide the development of individuals
- provide a fair and objective framework on which to base review and development for all staff
- provide the basis of pay progression in the service.
- <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/KSF/Simplified-KSF/Pages/SimplifiedKSF.aspx>

- **Common Induction Standards**

The Common Induction Standards (CIS) provide a structured start for employees in the first 12 weeks of employment. They are designed for people entering adult social care, and those changing roles or employers. The CIS are produced by Skills for Care. The CIS were launched in 2005. A revised set was issued in May 2010. Until May 2011 both the 2005 and 2010 standards are valid. After May 2011 the old CIS will no longer be in use. The Standards are mapped to the General Social Care Council (GSCC) code of practice and if carried out in depth can provide evidence of underpinning knowledge towards the Health and Social Care Diploma at level 2 or level 3 (they are mapped to the mandatory units of the new Diploma).

<http://www.skillsforcare.org.uk/publications/publications.aspx>

Demonstrating continuous improvement

Are you assured that the dementia care providers from which you commission are demonstrating continuous improvement within the workforce such as through the use of observational tools, supervision and appraisal, and continuing professional development?

Continuous learning environment

For students to be motivated to learn they need to be interested in their work and through feeling involved and empowered within their organisation and being offered a variety of learning activities can help create a positive learning culture and climate.

However it is important to consider a few basic questions to meet the needs of the individual learners:

- How do staff prefer to learn?
- Are staff able to travel?
- Timing?
- Workplace based or away or home?
- Do staff have access to IT in workplace
- Do staff have access to IT at home
- Is allocated time given for learning outside of role?

Motivation is also a key factor in learning and linked closely to attitude. Motivation is often seen as needs related 9. Other theorists 10 identified that it is essential to student motivation that the teacher identifies and communicates goals with students and generates expectations in them.

Leadership

Leadership is crucial within dementia workforce developments and commissioners need to have confidence that any provider organisation has a commitment to providing leadership at Board and senior clinician level. Furthermore there is the need within dementia care settings themselves to encourage leadership approaches through empowerment of staff and leading a culture of learning which is crucial to any transformation process 11

South West Dementia Partnership currently run a dementia leadership programme. Contact Steve Onyett 01278 432002 for further information.

Continuing Professional Development

- **Keeping Up the Good Work – a practical guide to implementing continuing professional development in the adult social care workforce**
Skills for Care (2010) has published a new easy to use guide to support continuing professional development (CPD) of more than 1.6 million workers in adult social care. *Keeping Up The Good Work* gives practical help to employers of all sizes, including people who directly employ their own care workers, on how to develop their staff's knowledge and skills to meet the challenges ahead for the sector.
http://www.skillsforcare.org.uk/developing_skills/CPD_and_careerpathways/cpd.aspx
- **Developing a portfolio of evidence**
NHS Connecting for Health have created a document below to assist clinical coders, coding supervisors and coding managers in giving evidence of professional study to support career and personal development. It's only offered as a suggested portfolio of evidence as these are personal documents.
<http://www.connectingforhealth.nhs.uk/systemsandservices/data/clinicalcoding/trainingaccred/cpd>
- **Quality Assurance tools**
These tools have been developed in response to requests from care homes. They are based on person centred theories 12 and the observational methodologies developed from them (Dementia Care Mapping, SOFI). They also reflect the importance of staff providing care being knowledgeable about the person they are caring for and the need for positive occupation. They are linked to the Person Centred Planning Tool and the Dementia Quality Mark which have been developed by the South West Dementia Partnership.
<http://www.southwestdementiapartnership.org.uk/wp-content/uploads/DQM-assurance-tools.doc>
- **Dementia Care Mapping**
<http://www.brad.ac.uk/health/dementia/DementiaCareMapping/LearningtoUseDementiaCareMappingBasicUserStatus/>
- **Using Person-centred thinking to implement dementia care mapping**
[http://www.helensandersonassociates.co.uk/media/38803/usingpctoimplementdementiacaremapping%20\(2\).pdf](http://www.helensandersonassociates.co.uk/media/38803/usingpctoimplementdementiacaremapping%20(2).pdf)
- **Short observational Framework for Inspection**
Commission for Social Care Inspection (2008) See me, Not Just the dementia -

understanding people's experiences of living in a care home

http://www.cqc.org.uk/_db/documents/Dementia%20Report-web.pdf

- **The Watching Brief**

<http://www.asist.co.uk/>

Review

Monitoring contracts and performance

Do you have robust methods in place for monitoring contracts and performance to ensure dementia service outcomes, and standards of quality and safety are met, linked to workforce capacity and capability?

Contract Monitoring and Evaluation

When commissioning any education and training it is important to ensure the right systems and processes are in place to monitor progress. Key performance indicators (KPIs) should be agreed at the start of a contract, and these can be used to measure the providers performance. These KPIs should be based on quality of provision, value for money and level of activity.

Training and education performance

The training and education provider's performance can be measured through key performance indicators but there are other methods that can be used to monitor the quality of the education and learning such as:

- Establishing mechanisms for monitoring quality within the workplace
- Quality assurance tools such as Dementia care mapping, SOFI
- Learner self assessment and organisational assessment of learners practice.
- Learning log diaries with evidence of improvements in practice
- Assessment of practical competencies by training organisation
- Peer review
- Feedback from people with dementia and their carers

Evaluation of learning

There are many theories around evaluation. Hamblin 13 in much quoted work identified five levels:

- Evaluating the training (as in a post-course questionnaire)

- Evaluating the learning, in terms of how the learner now behaves
- Evaluating changes in job performance
- Evaluating changes in organisational performance
- Evaluating changes in the wider contribution that the organisation now makes.

Care Quality Commission regulations

There is a new law about regulating health and adult social care in England. From 1 October 2010, every health and adult social care service in England is legally responsible for making sure it meets new essential standards of quality and safety.

The Care Quality Commission will register, and therefore license, care services if they meet essential standards and we will monitor them to make sure they continue to do so. We have a wide range of actions we can take if we find care services are not.

Outcomes include ensuring staff are properly qualified, well managed and have opportunity to develop and improve their skills

For further information

<http://www.cqc.org.uk/usingcareservices/essentialstandardsqualityandsafety.cfm>

NICE Dementia quality standards

Quality Statement 1 – People with dementia receive care from staff appropriately trained in dementia care

- **Service providers** ensure that all health and social care workers are appropriately trained in dementia care according to their roles and responsibilities.
- **Health and social care professionals** who work with people with dementia ensure they receive training in dementia care consistent with their roles and responsibilities.
- **Commissioners** ensure service providers have arrangements for training health and social care professionals in dementia care.
- **People with dementia** can expect that the health and social care professionals who care for them will have dementia care training.
- <http://www.nice.org.uk/aboutnice/qualitystandards/dementia/?domedia=1&mid=7EF3AFC7-19B9-E0B5-D4504471A4FD758E>
- Local data collection. Contained within [NICE CG42 audit support](#), criterion 9. Acute Trusts can collect data on dementia awareness training using the [National Audit of Dementia](#) organisational checklist, section 7.

Workforce information

Are you and the relevant workforce leads aware of useful workforce information offered by Higher Education for Dementia Network, Skills for Health, Skills for Care and support through the Regional Dementia Workforce Network?

- **South West Dementia Workforce Network**
A regional dementia workforce network has been established offering opportunities to share good practice and innovative ideas around dementia and workforce.
<http://www.southwestdementiapartnership.org.uk/workforce-development/>
- **NHS SW Workforce**
NHS South West currently supports NHS organisations in the delivery of effective workforce planning to support service delivery. This is achieved through understanding NHS organisations' workforce demand and using this to inform the education commissioning process. This is underpinned by the Workforce Intelligence Unit's analysis of the South West workforce and the development of workforce planning capacity and capability in local NHS Trusts.
http://workforce.southwest.nhs.uk/workforce_development/
- **Higher Education for Dementia network (HEDN)**
An open forum for those with an interest in, or are responsible for courses in dementia care, based within Universities in the UK (Higher Education Institutions). HEDN maintains a list of courses in dementia care for qualified health and social care professionals that are available at some UK universities. People involved are lecturers, senior lecturers or course leaders, staff from the statutory, independent and voluntary sectors with an interest in dementia care training at post registration level.
<http://www.dementiauk.org/what-we-do/networks/hedn/>
- **Skills for Health**
Skills for Health is the Sector Skills Council for health. They help the whole UK health sector develop a more skilled and flexible workforce.
<http://www.skillsforhealth.org.uk/>
- **Skills for Care**
Skills for Care is the employer led authority on the training standards and development needs of more than 1.6 million adult social care staff in England providing over £25 million in funding to support improved training and qualifications for managers and staff. They work with 40,600 establishments offering adult social care and training providers – both regionally and

nationally – to establish standards and qualifications that will equip social care workers with the skills and knowledge needed to deliver an improved standard of care.

http://www.skillsforcare.org.uk/about_us/about_us.aspx

- **South West Learning Network**

The South West Learning Network has a host of resources available such as the Workforce analysis and strategic planning tool (WASP).

<http://www.healthcareworkforce.nhs.uk/southwest/>

- **The Centre for Workforce Intelligence (CfWI)**

The Centre for Workforce Intelligence (CfWI) is the national authority on workforce planning and development providing advice and information to the NHS and social care system. They provide an easily accessible route to NHS and social care planners, clinicians and commissioners seeking workforce planning and development expertise to improve NHS and social care services.

<http://www.cfwi.org.uk/about>

- **National Institute of Adult Continuing Education**

National Institute of Adult Continuing Education (NIACE) exists to encourage adults to engage in learning of all kinds. NIACE works to support an increase in the total numbers of adults participating in formal and informal learning.

For further information: www.niace.org.uk

- **NHS Information Centre**

The NHS Information Centre is England's central, authoritative source of health and social care information for frontline decision makers. They can help you find the management information you need to get to grips with the Quality, Innovation, Productivity and Prevention (QIPP) challenge.

<http://www.ic.nhs.uk/about-us>

- **Skills Funding Agency**

This is an agency of the Department for Business, Innovation and Skills with the remit of funding and regulating adult further education and skills training in England. The agency works to an annual budget, targets and priorities set by the Department for Business, Innovation and Skills. They allocate funding to colleges and other skills and training organisations who have discretion over expenditure to meet the needs of local businesses and communities. The Skills Funding Agency also house the National Apprenticeship Service, with a field force located across the country, working to develop the relationship with business to drive forward the government's ambition for increasing apprenticeships.

For further information: <http://skillsfundingagency.bis.gov.uk/>

