

# Individual Decisions

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The attached reports will be taken as an  
Individual Portfolio Member Decisions on:

23<sup>rd</sup> June 2006

<b>Ref:</b>	<b>Title</b>	<b>Portfolio Member</b>	<b>Page No.</b>
ID1148	Community Services Directorate Service Plan	Joe Mooney	1

## Individual Decision

<b>Title of Report:</b>	<b>Community Services Directorate Service Plan</b>		
<b>Report to be considered by:</b>	<b>Cllr Joe Mooney</b>	<b>on:</b>	<b>23 June 2006</b>
<b>Forward Plan Ref:</b>	<b>ID1148</b>		

**Purpose of Report:** To seek approval for the Community Services Directorate Plan.

**Recommended Action:**

- (1) To approve the Directorate Plan
- (2) That the Corporate Director (Community Services) in consultation with the Portfolio Member, be delegated to make minor changes to the Directorate Plan in the light of future national guidance, and to reflect any changes that are required to the Council's Budget and Policy Framework.

**Reason for decision to be taken:**

- To set out the key objectives and work programme for the Directorate for 2006/07

**List of other options considered:** N/a

**Key background documentation:**

- West Berkshire Community Plan 2003-08
- West Berkshire Corporate Plan 2003-08

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## **Supporting Information**

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### **1. Background**

- 1.1 Service planning plays a vital part in assisting with corporate planning, and service performance management and monitoring across Council services.

## **Appendices**

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Appendix 1 – The Community Services Directorate Plan 2005-08

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## **Consultation Responses**

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### **Members:**

**Leader of Council:** Graham Jones

**Overview and Scrutiny** Jeff Brooks

**Commission Chairman:**

**Portfolio Member** Marcus Franks

**Housing & Cultural Services:**

**Ward Members:** Not applicable

**Opposition Spokesperson:** Roger Hunneman, Phil Barnett

**Policy Development** Quentin Webb, Barbara Alexander  
**Commission Chairman**

**Local Stakeholders:** \*\*\*\*

**Officers Consulted:** \*\*\*\*\*

**Trade Union:** Not applicable

# **Community Services Directorate Management Plan**

## **Introduction**

West Berkshire's vision is to promote health and wellbeing through the commissioning of a wide range of locally based services that ensure everyone within the District can lead active and engaged lives. Personal care and access to social, leisure, educational, work and housing opportunities are provided in conjunction with a wide range of partners and accessed, wherever possible, through a single point of entry. The creation of the new Community Services Directorate has been deliberately designed to facilitate this broader concept of wellbeing.

The Council continued to make social care delivery a key priority in 2005/06 and once again invested additional resources. This allowed for continued planned improvements to take place in supporting people at home, resulting in an increase in people provided with care support enabling them to remain in their own homes. A number of corporate strategies are designed to meet the needs of the most vulnerable, including social inclusion and, with our local partners in the West Berkshire Partnership, the development of the Health & Wellbeing Partnership.

The Council, together with its Health partners and neighbouring local authorities, continued to manage the health and social care economy as one system, thereby maximising capacity and resource usage and eliminating duplication as well as focussing strategically on shared priorities.

## **Overview of the Directorate**

The Community Services Directorate currently (June 2006) brings together the Council's adult social care services, and its Housing services functions. Later in 2006/07, Cultural Services, including Libraries, Leisure and Recreation, Arts and Museums will become part of the Directorate, enabling a more coherent approach to the management and direction of adult community services.

Within adult social care, specialist care management teams serve older people, adults with learning disabilities, adults with mental health problems, and adults with physical disabilities. In addition, the Council is a major commissioner of services from external providers, as well as directly providing residential services for older people, residential and non-residential intermediate care services, day services for older people, adults with learning disabilities and physical disabilities, and Home Care services.

The work of the directorate encompasses key strategic partnerships and an integrated approach, ranging from a single point of access for referrals and assessment, through joint care management teams with Health, to established contractual relationships with local and national service providers from both the voluntary and private sector.

Despite transferring its housing stock to Sovereign Housing Association in 1989, the Council retains a statutory housing responsibility for dealing with homelessness and housing advice. In addition to these responsibilities, the Council provides "enabling" services, ensuring that the mechanisms are in place for housing providers to meet the needs of the local population. It also

manages the 'Supporting People' programme, commissioning supported housing services for vulnerable people across the district. Success is dependent upon the Council's ability to form partnerships with other organisations in order to develop and implement new services.

## **Key Issues to Address Over the Next Three Years**

Adult social care services had already anticipated many of the priorities covered in the recent Government White Paper "Our Health, Our Care, Our Say: a new direction for community services", which was launched by the Department of Health in January 2006. This document clearly gives the direction of travel, and key priorities for the directorate in the next three years. These can be summarised as:

- Providing better prevention services with earlier intervention
- Giving people who need services more choice and a louder voice
- Doing more to tackle inequalities and improving access to community services
- Providing more support for people with long term needs

This White Paper brought together earlier government documents, such as the White Paper "Choosing Health: Making healthy choices easier", focusing on improving the health of the community; and the Green Paper "Independence, Well-being and Choice: our vision for the future of social care for adults in England".

In addition to the legislative background, a key driver continues to be the formal regulatory structure around social care services, centring on the Commission for Social Care Inspection's annual performance rating of social care services, based on evidence submitted through routine monitoring meetings, service inspections, submission of performance information within the Performance Assessment Framework, and the annual Delivery and Improvement Statement.

As well as directly feeding an excellent rating into the broader Council's Comprehensive Performance Assessment, the focus on performance management within adult social care has enabled the directorate to contribute to corporate agendas on efficiency, performance management, and quality assurance.

Through the Health and Well Being Partnership, the directorate has had a major role in forging multi-agency collaboration in a strategic approach which responds to the national legislative direction and also identifies and analyses the levels of community needs. This approach, within the broad framework of the Local Strategic Partnership, has shaped the future priorities, and has already contributed a series of objectives within the Local Area Agreement (see Priorities and Targets, below).

The "Sustainable Communities: Homes For All" plan (February 2005) sets out the government's strategy to improve people's homes, neighbourhoods and quality of life. The five-year programme can be summarised as follows:

- Make sure that there are enough high quality homes across the whole spectrum of housing - owner occupied, social rented and private rented
- Help more people to own their home
- Make sure that all social tenants, and seven out of ten vulnerable people in the private sector, have a decent home
- Create sustainable, mixed communities in both rural and urban areas, with the jobs, services and infrastructure they need to thrive
- Provide for those who need more support to meet their housing needs and aspirations, including halving numbers in temporary accommodation
- Provide for those who choose alternative types of accommodation, such as Gypsies and Travellers, but crack down on unauthorised development
- Protect and enhance the environment, our historic towns and cities and the countryside.

The Housing Service work is further informed by the "South East Regional Housing Strategy 2006 onwards" which focuses on the need to deliver more affordable housing, bring decent housing within reach of people on lower incomes and the need to improve the quality of new and existing stock. The Council's own Housing Strategy, and Supporting People Strategy, reflects these national and regional drivers and sets an ambitious 5-year action plan to meet the identified requirements.

The Housing Act 2004 introduced a range of new powers and responsibilities for the Council, including a focus on houses in multiple occupation (HMO's) and meeting the accommodation needs of gypsies and travellers. Many of these requirements have come into force in 2006. The Government is also focusing on the need to halve the use of temporary accommodation by 2010, building on the success of previous Homelessness Strategies.

The move into a broader Community Services Directorate during 2006/07 will be instrumental in facilitating more inclusive services and in promoting community wellbeing.

### **Achievements in 2005/06**

West Berkshire Council's Social Care performance rating improved from two stars in 2004 to three stars in 2005. This was the second year that the rating had improved, and brings West Berkshire's service into the highest star rating category. West Berkshire is one of only two councils in the country whose rating for social care has improved from one star to three stars in the past two years. The assessment for adult social care, that we are serving most people well, with excellent capacity for improvement, is as good as any in the South East region.

The directorate is setting the standard for the Council as a whole and is recognised as leading an innovative and inclusive service which is reducing disadvantage and promoting community and individual well-being.

The Public Service Agreement (PSA) targets within Older People's Services, and Learning Disability services concluded in March 2006, with both services having shown considerable improvement in areas such as reduced delays in transfers from hospital, more people receiving intensive home care, more people with learning disabilities maintaining their own tenancy, and supported to take up employment opportunities.

Key achievements within specific services include:

#### *Older People's Service*

- Increased number of older people supported to live in their own home
- Increased number of older people receiving intensive home care
- Increased number of older people opting for a Direct Payment
- Reduction in the number of delayed transfers out of hospital
- Continued increase in the maximisation of benefits income for older people

#### *Learning Disability Service*

- Increased number of adults with learning disabilities supported to live in their own home
- Increased number of adults with learning disabilities who are living independently with their own tenancy arrangements
- Increased number of adults with learning disabilities who are participating in some form of employment

#### *Mental Health Services*

- Increased number of adults with mental health problems supported live in their own home
- Inspection of Mental Health Services by Commission for Social Care Inspection concluded that the service was "serving most people well, with excellent capacity for improvement".

#### *Physical Disabilities*

- Increased number of adults with physical disabilities supported to live in their own home
- Increased number of adults with physical disabilities opting for a Direct Payment

#### *Housing*

- 'Fit for Purpose' status achieved for the new Housing Strategy 2005-2010
- Completion of 170 new affordable homes, exceeding our target of 130
- Introduction of new Vulnerable Persons Protocol
- Appointment of a Rural Housing Enabler to assist in the delivery of new rural affordable homes by working with Parish Councils

- Increased number of people with physical disabilities receiving Disabled Facilities Grant to fund aids and adaptations to enable them to remain living independently in their own home.
- Increased number of vulnerable older and disabled people receiving Home Repair Assistance grant to assist with minor repairs and/or home security works.
- Review of Housing Operations team to establish a Housing Options team focused on prevention of homelessness
- A lot of progress in developing a new specialist mental health supported housing scheme, including a successful £1.32 million bid to the Housing Corporation
- Reduced 'silting up' of short-term supported housing schemes. Overall throughput has almost doubled since April 2004. Of these, the proportion of move-ons achieved in a planned way has remained stable.
- Major reconfiguration of our biggest sheltered housing service (Sovereign Housing), making savings and introducing greater choice through variable service levels.
- Completion of reviews of all Supporting People services and accreditation of all provider organisations, within the national deadline.

## **Cross Cutting Themes**

### **Sustainability**

Through supporting people whenever possible in their own home, social care is contributing to the sustainability of communities. The need for paid carers local to all parts of the district acts as an economic boost, whilst at the same time minimising the energy and transport used in delivery of services. The focus on taking services out to where people live is clearly contributing to the sustainability of rural communities, linking with the Vibrant Villages proposals. By supporting more people with employment opportunities, and also by ensuring people maximise their benefit entitlements, social care is also encouraging growth in the local economy.

The new opportunities the inclusion of Cultural Services into Community Services offers to reach people in all parts of the district will be maximised as the directorates understanding of these develop over the coming year.

### **Social Inclusion/ Equalities**

Community Services play a key role in supporting people who are at risk of social exclusion. Social care services are focused through eligibility criteria towards those people who have the highest level of needs, following assessment. In particular, by offering support to people who themselves are acting as informal, unpaid carers, social care supports people to retain and maintain their independence, and their links with friends and family structures. By offering choices such as Direct Payments, and encouraging service users to participate actively in the planning and design of care which works for them, adult social care creates opportunities for people to become more involved in decision-making, and feel less marginalised, dependent or isolated.

The principles of equity of access to services and equality of provision of services are fundamental to Community Services. Service users have been instrumental in steering improvements to services, through initiatives such as self-assessment and re-provision of day services, to



contributing to surveys and service inspections. In particular, we have focused on ensuring that our services are accessible to people from black and ethnic minority backgrounds, through working in partnership with the Council for Race Equality to better understand user needs and perceptions of services. There is work currently underway with the Healthier Communities & Older People's Policy Development Commission to inform the Council's new leisure contract to ensure that our centres are more inclusive of potentially marginalised groups within West Berkshire.

### **Community Safety**

Within adult social care, the focus on providing support to those individuals who are most at risk, vulnerable or isolated by their care needs has the effect of decreasing the likelihood that these individuals will become victims of crime. We also take the lead in co-ordinating a multi-agency approach to supporting and protecting vulnerable adults. The directorate also has an important role in ensuring that providers of care are accredited and continue to operate to a standard which does not exploit those who receive services.

### **Use of Resources/ Value for Money**

The directorate has accepted the national drive towards delivering care in a way which enables people to maintain their independence, not only as care delivered in this way is more effective, but also as this is a more effective use of resources. Consequently, the numbers of older people requiring support to move into residential care is stable or slightly decreasing, in the context of a greater number of people supported to live in their own homes. The directorate has contributed to the Council's Gershon efficiency targets, not only through this move to support more people in their own homes, but also by increasing the volume of service delivered by a greater degree than the increase in resources required, thus lowering unit costs.

Partnership working with other Berkshire Unitaries and PCTs has resulted in favourable rates negotiated on block contracts realising cashable savings for the council.

The successful implementation of rehabilitative services, helping people to regain independence following discharge from hospital, together with future plans to develop preventative services demonstrate an on-going commitment to the long term cost effectiveness of services.

Through service reviews, we have made a total of £249,000 savings on Supporting People contracts during 2005/6, without reducing the levels of service to clients.

### **Directorate Risks**

In a buoyant economy, particularly one with a large rural element, it is often difficult to recruit and maintain a workforce to deliver care, particularly care in the home. There is a risk that the workers required to deliver high quality, increasingly intensive personal care services in people's home may not be available, or that costs will rise to reflect this scarcity.

There are great benefits to be achieved from closer partnership working, particularly with Health, but there is a risk that partners may need to address other major issues, such as re-organisation,

and financial deficit, which will restrict the resources and energy with which they are able to work to improve shared social care agendas.

The new legislative framework gives a clear direction for the future development of services. However, some of the regulation and performance management from government has yet to keep pace with this change. There is a risk that in pursuing the development of more preventative services, our performance is still judged by measures which do not recognise this approach, and the flexibility required to deliver excellent locally responsive services is limited by the need to fit into an out-dated national performance assessment framework.

There is a particular financial risk for the Supporting People programme, where the proposed national funding distribution formula threatens massive further cuts to our Supporting People Grant. We await further news on this in the summer of 2006.

### **Priorities and Targets for 2006/07 - 2008/09**

Priorities for taking forward the new approach to Community Services will be developed during 2006/07 as the new Directorate comes together.

The following are our key priorities for adult social care for the next three years:

- Promoting independence and caring for vulnerable older people, through increasing the numbers supported to live in their own home
- Increasing the provision of homes that are affordable for those on low incomes, through an updated Housing Strategy and Action Plan
- Promoting independence and providing appropriate support for people with a learning disability, through increasing opportunities for independent living and day support services
- Promoting independence and providing support for people with a physical disability, through supporting people to live in their own home, and increasing the take up of Direct Payments
- Promoting independence and providing support for people with mental health needs, by ensuring people receive appropriate and timely response to their needs.

The above priorities are reflected in the Local Area Agreement, which has the following key outcomes within the Healthier Communities and Older People's block:

Through the development of preventative services, including outreach, telecare, and self-assessment, we will:

- Increase Access to Services - To improve the health and well-being of the community by making services accessible to a greater number of people
- Increase Income - To improve the health and well-being of the community by increasing the income of targeted "at-risk" individuals.

Working in partnership with colleagues in the PCT, focusing on Community Health, we will:

- Improve the health of two specific communities identified as high in deprivation by reducing obesity and by increasing the number of people who successfully stop smoking.

- Improve the health of targeted at-risk groups through increasing the attendance at Activity for Health sessions.

Through the Local Area Agreement, we are also committed to:

- Improve the flexibility of local authority day services, to offer a greater range of opportunities for people, and to support more people by extending evening and weekend sessions.
- Support the work of the Long Term Conditions Collaborative, working with GP's to help identify and support individual living in the community with specific diagnosed medical conditions.
- Support the development of mental well-being by offering places at Council-run Stress in the Workplace training sessions to local employers.

Major priorities for Supporting People include:

- Completion of the development of the new Mental Health supported housing.
- The YMCA Foyer is our main supported housing for young people aged 16+. We need to replace its poor quality accommodation, with the aim of new purpose built accommodation being completed in 2008. We also need to develop family-based 'supported lodgings' for particularly vulnerable young people.
- Dependent on government decisions on our future budgets, we aim to extend the availability of flexible, low-level support to older people, to prevent the need for more intensive care and support later.

## **Resources and Priorities**

Within adult social care, we continue to take a holistic view of commissioning, both with our local funding partners and in terms of local market management. Providers regard our well-established pricing strategy positively and active quality assurance of local provision benefits all vulnerable people requiring care, whether or not they are Council funded. Early dialogue with providers has ensured that newly emerging needs, especially for dementia care, can be met appropriately.

The Council's Medium Term Financial Strategy (MTFS) aims to ensure that financial resources are made available to support delivery of Strategic Priorities and Development Themes. For Community Services this has included investment in domiciliary support, housing related support and employment support. We have also entered into partnerships with Primary Care Trusts (PCTs) to create seamless service delivery and with Registered Social Landlords (RSLs) to expand special needs housing, nursing care provision and a single housing register.

The Council has sought to provide more affordable housing by seeking to maximise funding opportunities through the Capital Strategy and Programme, the planning system and through working in partnership with Housing Associations in the area.

Community Services have also been supported by Capital Programme investment in two major capital projects; the Phoenix Centre, a resource centre for people with a learning disability, replacing an existing building which was in a state of disrepair; the RAISE client system replacing

an old IT system which was no longer fit for purpose; and a programme of refurbishment for the Council's Temporary Accommodation stock.

## **Direction of Travel Overview**

The continuous improvement in performance, particularly in relation to the volumes of users of service, and to the efficiency of reduced unit costs, is set to be maintained. It is important to recognise the resource implications of this, and to retain the ability to plan for change in the shape and structure of services as they move to meet different demands and expectations.

The work to embed performance management at all levels within the directorate has now extended to an overall approach to quality assurance which is already proving of great benefit to the wider council. Fundamental to this is increasing the level and scope of user control over services, and user participation in the design and monitoring of those services. This directorate puts the user of services firmly at the centre, and is responsive to their identified needs, working in partnership to deliver a complete and integrated service. As such it is a model of good practice for colleagues and partners alike.

## **The planning structures**

This Directorate Plan should be read in the context of the wider West Berkshire Council Corporate Plan, and, in itself, brings together the high level strategic context for the individual service plans from Older People's Services, Learning Disability, Physical Disability (and Sensory Impairment), Mental Health, Quality, Performance & Partnerships, and Cultural Services. Each of these Service Plans will inform specific Team plans, and individual workplans which are confirmed through a formal process of appraisal.

In addition, each Service Plan needs to reflect the requirements for joint strategic commissioning of services with key partners, particularly within the Health economy, and Government expectations on the nature of formal partnership in the delivery of social care services. So the individual Service Plans will also double as the strategic planning strategies required by these arrangements, and, as such, will need approval by joint planning partnership boards, and relate not solely to the work of West Berkshire Council employees, but put this within the context of the wider agreed strategies and joint working arrangements.

## **Appendices**

Appendix A - Structure Charts

Appendix B - Revenue Budget 2006/07

Appendix C- Capital programme 2006/07- 2008/09

Appendix D - Service Targets and Performance Indicators

Appendix E - Service Risks

Appendix F - Training Plan

Appendix G - Matching Resources to Priorities

+ Appendix H – Draft Health and Well Being Partnership Strategy

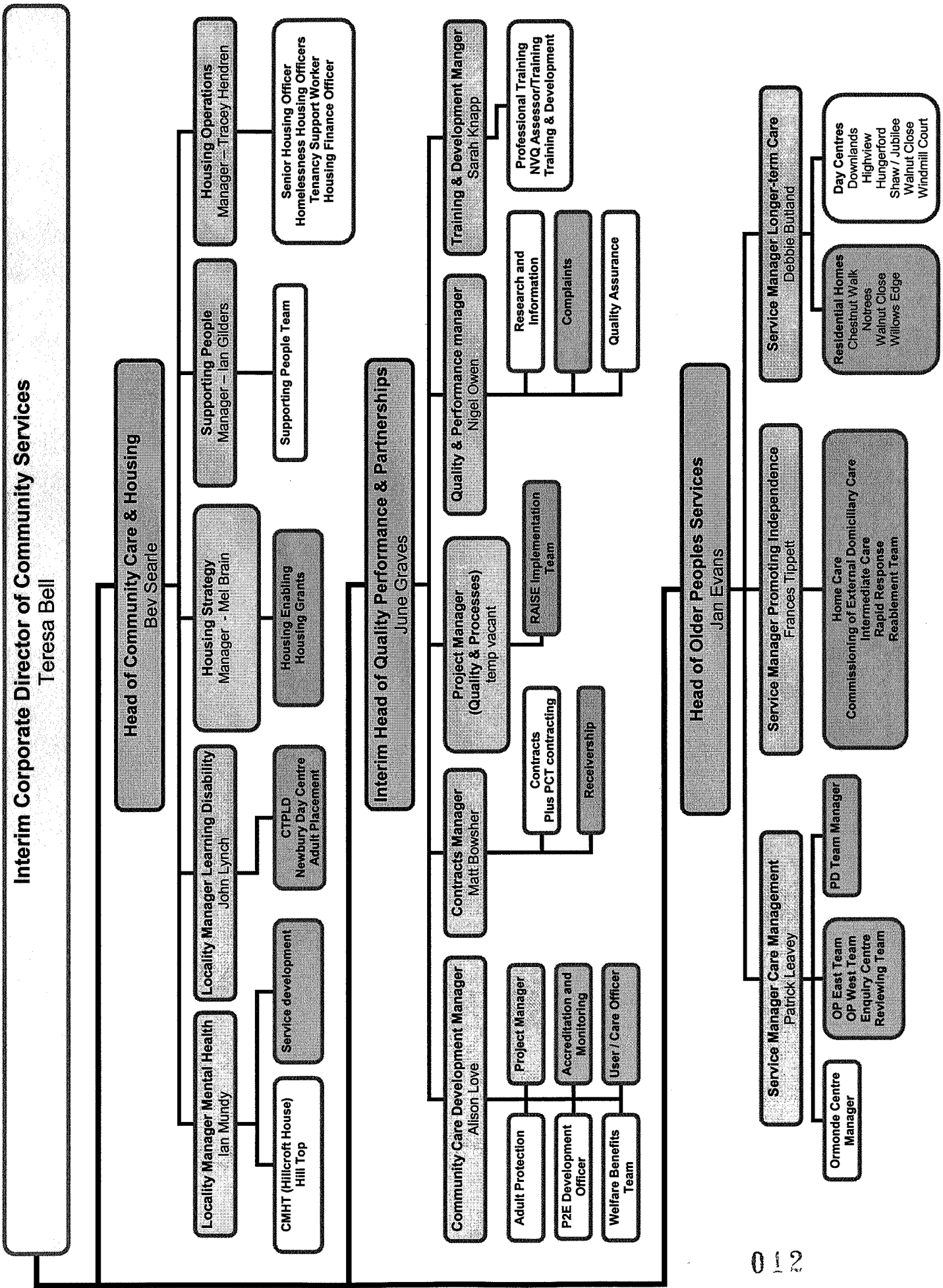
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# Training & Development

Report for 01.04.05 to 31.03.06

and

Forward Plan for 01.04.06 to 31.03.07

**This document covers:**

- **Community Care & Housing**
- **Children's Social Care Services**
- **Private, Voluntary and Independent Social Care Sector**

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## **1. Introduction**

The purpose of this document is to report on last year's achievements and to set out priorities for the coming year. It will be approved by Senior Management and copied to WBC's Corporate Organisational Development function and the finance dept with receive a copy of the financial plan. Consultation and discussion about the contents has and will take place with Service and Team managers and also representatives from the private, voluntary and independent sector.

This document has been written by Sarah Knapp, Training & Development Manager for Social Care Training and is significantly contributed to by members of the Social Care Training team and in particular, Pam Jobson and Andy Cordell.

### **1.1 Description of Supporting Reports**

**Appendix 1 Qualification Achievement Report** - This report details all of the qualifications achieved during the last year.

**Appendix 2 Achievement vs National Qualification Targets** - This report is a snapshot as at 31<sup>st</sup> March 2006 detailing each team, their target, how they are doing, what qualifications are needed to achieve or maintain national targets and the associated costs.

**Appendix 3 Attendee and Ethnicity Report** - This report identifies the number of people we have trained and the breakdown of their ethnicity and sector which has been analysed and summarized.

**Appendix 4 Community Care & Housing Training Needs** - This report summarises training needs identified by team managers during last year and for the coming year. It shows how needs were met last year and starts to explore how needs will be met this year. It also reports on Personal Development Plans received.

**Appendix 5 Children's Services Training Needs** - This is the same report as described in 4. above for Children's Social Care Services.

**Appendix 6 Financial Plan** - This document sets out budgeted funds and estimated income and how we plan to spend this money.

**Appendix 7 Social Care Training Program** - Sets out core activities planned for 2006/7. The Program is continually being added to throughout the year to address emerging needs and demand for training. Several major elements are still being set up eg Health Workshops, courses to support training needs in Children's Services and the Foster Carer Program.



## 1.2 Current context

The medium to long-term development agenda continues to involve many changes for social care. Services have continued to align much closer to health with more joint posts, multidisciplinary teams and partnership working. A partnership approach to training delivery continues to increase in response to this. The award of three stars recognizes the achievement at WBC to which training and development has considerably contributed.

CC&H have embraced the challenges and outcomes of Independence, Wellbeing and choice and has been commended by CSCI for their response. Implementation of the new Common Induction Standards is being prioritised to ensure the September 06 deadline is met. Management development, IT skills and systems also remain as priorities.

The formation of West Berkshire Children's Trust and integration of services for Children and Young People remain a priority for Children's Services. The formation of Children's Workforce Development Council has commenced work on the Children's Workforce Strategy and has introduced new induction and competencies for people working with children. Local implementation will be a priority for 2006/7.

Changing the alignment of services continues to have implications for the way that we work and in particular an increase multi-disciplinary working. The Social Care Training Team remain flexible and inclusive towards people who require training ensuring the best interests of staff and clients are provided for.

## **2. 2005-6 Achievements**

Achievements are summarized below and are under a sub heading where they are specific to a particular group.

A detailed breakdown of qualification achievements can be found in Appendix 1 and details of team achievement against national targets can be found in Appendix 2.

### **2.1 General Achievements**

- Introduction of Social Care Training website providing wider access to information about the services we offer
- Staff development portfolio and induction manual has proven very successful despite the challenge of keeping information up to date
- Inhouse flexible management development program set up with courses to support Skills for Care Leadership and Management Development Competency Framework with core skills for WBC identified and competencies mapped to available resources and courses to support competency achievement.
- Inhouse First Line Managers course has been developed and commenced in partnership with PCT and external social care organizations
- Inhouse Institute of Leadership & Management Qualification has been developed and commenced in partnership with PCT, external social care organizations and a management consultancy to deliver a management qualification as well as health and social care modules in response to the Skills for Care Leadership and Management Development Strategy.
- Staff and managers have continued to gain a much better understanding of Employee Performance Management with most staff and managers regularly reviewing Personal Development Plans and providing meaningful training needs analysis.
- Social Care Training listened to its customers and has created a recognizable brand to help our customers to see where we are involved.
- The training budget was successfully managed and appropriately allocated to ensure targets and priorities were met.
- Successful TOPSS Training Strategy Implementation funding bid again brought in a further £20k to the training budget with another bid expected to bring in similar funding for 06/07.
- Training Quality Assurance Standards established and an action plan is established to implement improvements.
- Quality Assurance Toolkit designed with some areas integrated into our work and a continued plan to roll out the remainder of the Toolkit throughout 2006.
- Evaluation forms indicated over 95% training course attendees feel the course met it's learning objectives, was valuable, useful to their work and that our

trainers (both staff and external) are delivering effectively with at least 90% of feedback in either "good" or "excellent" categories.

- Tracking system put in place to address any negative responses relating to training.
- Social Care Training Team have successfully implemented their team plan, achieved their objectives and revised the team plan for 2006/7.
- PQ Reward Strategy was implemented and this is being promoted to encourage staff to enroll onto PQ awards
- Practice Learning Strategy was also implemented and Practice Teachers are now being rewarded for their work. This has encouraged more staff to enroll on the Practice Teachers Award & 5 staff have trained this year, as opposed to 1 person in 2004/5.
- Managed 20 social work qualifications, both at Diploma in SW and degree level. Increased numbers on the SW degree from 1 (04/05) to 3 (05/06). Applications for 2006/7 have increased with 4 new learners due to start in September 2006. We continue to work with learners to prepare them for the new SW Degree eg to gain GCSE or Key Skills in Maths and English and also the necessary study skills.
- Inhouse Practice Teacher delivered 5 successful study workshops for students on placement
- Successfully ran the PQ1 program with 9 qualifying and 6 working towards
- 51 staff achieved NVQs and 59 staff working towards
- 9 staff achieved management qualifications and 20 are working towards
- 8 staff working towards European Computer Driving License
- 3 staff have gained a NVQ in Admin and 1 person is working towards Customer Care
- In total, 112 staff have gained qualifications, 166 working towards with 86% due to complete by end March 2007. This is a slight increase from last year.
- Supported staff with specific learning difficulties to enhance their learning, enabling 2 staff to achieve qualifications.
- 5744 people attended short courses
- Social Care Training represented social work and social care work at Learning at Work Day holding a stand and providing advice and guidance to staff

## 2.2 Community Care & Housing Achievements

- The overall qualification target for the service has been met with most of the teams having met individual targets or have staff undertaking qualifications to enable them to be met in the near future with specific focus on Walnut Close Day Centre, Housing Operations and Willows Edge.
- There is still a steady flow of PQ applicants and many are inquiring about the new PQ framework.
- Increased the number of Adult Services staff applying and working towards SW diplomas and degrees.

- 7 staff have now achieved Registered Managers Award and 1 person is working towards.
- There has been an increase in staff in undertaking NVQ's in Management, Introduction to Management & the Diploma in Management.
- Learning Disability Award Framework (LDAF) programme continues and 15 staff already achieved LDAF Induction & Foundation and 1 member of staff is working towards LDAF Foundation and 3 are due to start the Induction.
- 3133 staff attended training delivered through our in-house programme and 72 staff attended external short courses or conferences
- In the Older Persons, PD, Brokerage and Contact Centre teams a total of 115 people have been trained to use the new care management IT system RAISE. Of these 22 have been trained as 'champions', meaning they have been trained more intensively thereby gaining a higher level of skill to be used to support their peers during the early days. All system training has been delivered by a dedicated trainer working as part of the implementation project team. As part of the preparation for system training for these teams 48 people have had basic IT skills training.

### 2.3 Children's Services Achievements

- Overall qualification targets have been met with each individual Children's Services team either meeting targets or have staff undertaking qualifications to enable targets to be met in the near future. Additional qualifications will need to be achieved in Adolescent Team, Castlegate and Family Placement.
- 2 staff have now achieved Children's Registered Managers Award.
- Management development programmes have taken place for team managers and ATMs with the involvement of the Head of Children's Services. Training continues to work with teams to increase the number of managers with a management qualification.
- Multi Agency Child Protection training program was successfully commissioned and delivered across the West of Berkshire in partnership with the ACPC/Local Safeguarding Children Board
- Safeguarding Children Conference was successfully organized by Social Care Training on behalf of the West of Berkshire partnership
- Continue to qualify Social Workers in the PQ1 and encourage staff to undertake PQCCA in support of the DIS target.
- 5 staff achieved YOT Certificate in Practice and 3 are working towards.
- Increase the number of staff working towards Practice Teachers award from 1 last year to 2 this year. This has helped with DIS figures for placements.
- 534 staff attended training delivered through our inhouse programme and 44 staff attended external short courses or conferences.
- In addition, a considerable amount of training activity has also taken place in Children's Services delivered direct by practitioners.

## 2.4 Private, Voluntary & Independent Achievements

- New partnership established with local care provider, High Impact Care, to jointly run training and conferences for PVI sector
- TOPSS / Skills for Care Training Strategy Implementation partnership funding bid was successful and the partnership has continued to provide a forum for consultation with the sector in all aspects of training, inspection and workforce development issues.
- Trained 1277 PVI staff plus a further 800 were funded for training, totaling 2077
- Inhouse trainer dedicated to delivering training to PVI Sector is in high demand with excellent feedback from the sector about the trainer's competence
- Skills to Care workforce development planning project through joint work with Learning Skills Council and Sector Skills Council Skills for Care has proven successful with WBC responding directly to providers with solutions for identified training needs. Skills to Care continually praises WBC for its provision of training and approach to working with providers.
- Improved links with the accreditation and monitoring team so that providers and linked into our training program and direct training and support is provided as requested
- Improved links with Community Voluntary Services including a questionnaire sent to voluntary organisations requesting training needs information and courses commissioned to meet these needs
- Sponsored qualifications, conferences and external training for PVI staff
- 50% of NTSG and HRD Grants spent as per Government recommendation
- Wrote "Protection of Vulnerable Adults Level 1 - Train the Trainer" training course and pack for the West of Berkshire Adult Protection Training Sub Committee and put training into our program which is being delivered to external organizations by an inhouse trainer and the Adult Protection Coordinator to address CSCI concerns about standard of training provided by private, voluntary and independent sector.
- Supported the formation of Berkshire Care Association (BCA) as a body representing PVI sector. Two newsletters have been sponsored and sent to members containing significant contributions from WBC staff.
- Attended BCA conference and exhibition to engage with PVI sector. Margaret Goldie, Corporate Director for CC&H was a keynote speaker alongside CSCI and Sarah Knapp, Training & Development Manager led a discussion workshop on Childrens Workforce Development Council.

### **3. 2006-7 Priorities**

The top five training priorities for each team together with copies of Personal Development Plans were requested by end January 2006. The information is being analysed and training designed or commissioned to meet these needs, subject to available funding and resources. Analysis is also taking place of 05/06 training needs to check these have been satisfied. Our working document summarizing the position (as at 31<sup>st</sup> March 2006) can be found in appendices 4 for CC&H and 5 for Children.

Funding will be prioritised for training and development activities that support the achievement of Directorate and Service Plans. In addition to identified team priorities, training related activities will be prioritised by management teams as they arise during the year. Good communication links are now in place and greater emphasis on working individually with teams on a one to one basis is also increasing.

#### **3.1 General Priorities**

- Improve our IT systems and the data held and further encourage response to requests for data
- Workforce development planning and related projects including data analysis
- Strengthen management development and leadership
- Continue rolling out and measuring effectiveness of Quality Assurance Standards and Toolkit
- Training and qualifications to meet and retain National Minimum Standards that CSCI apply to regulate care services
- Continue to provide a trainee social work scheme
- Implementation of new Induction Standards
- Training on medical conditions and illnesses
- Training on social inclusion, equal opportunities & diversity
- IT skills (both general and in relation to specific systems)
- Support the implementation of new ITC systems
- Personal development plans and training needs analysis
- Inter-agency and multi-disciplinary training
- Developing Practice Learning Strategy to support staff and meet targets
- Continue to work towards Investors In People Standards
- Support Continuous Professional Development for all staff
- Continue providing training and support to PVI sector
- Support health and wellbeing of the local community

### **3.2 Community Care & Housing Priorities**

- Support Directorate Plan 2004-07 and service priority reviews
- Implement Common Induction Standards
- Support response to the White Paper
- Promoting Independence and Protection of Vulnerable Adults
- Develop staff skills and competencies to manage change and improve performance
- Support user / carer participation in designing and delivering training
- Implement Direct Payments awareness training
- Support evidence based practice

### **3.3 Children's Services Priorities**

- Support the set up of the local Children's Trust
- Support Workforce Development Strategy and related projects
- Providing a comprehensive multi-agency Child Protection / Safeguarding Children and Young People Training Program
- Strengthening families through a Solution Focused approach
- Supporting an outcome focused service to meet the needs of children, young people and families
- Restorative Practice
- Social Worker Shadowing Program

### **3.4 Private, Voluntary & Independent Priorities**

- Increase engagement with social care providers and voluntary sector
- Ensure 50% of Grant funding is meaningfully spent on PVI activities
- Manage SLA with High Impact Care who are managing marketing and training for PVI
- Increase opportunities for partnership working
- Support Berkshire Care Association and it's members
- Increase training provision for Carers working with User / Carer Development Officer
- Improve management information and knowledge about the sector

## 4. Finances

Department of Health recommendations remain that WBC should be spending equivalent to 3% of salary budget on training and this information is collected in the DIS. WBC plans to meet or exceed this target.

DoH Grants: National Training Strategy and Human Resource Development Strategy are the main source of funding and despite not being ring fenced, are still allocated to Social Care Training. 50% of these two Grants will be spent on the PVI Sector. DoH Grant funding is £8k less than last year, however, overall funding is expected to be about the same with contributions from CC&H and other income. WBC will continue to allocate Grants proportionate to staff numbers between Adults and Childrens social care.

Steps taken over the last two years to increase capacity of inhouse delivery, reduce training costs, partnership working and make better use of available resources enables us to deliver a comprehensive programme and WBC remains highly committed to developing it's staff.

The Financial Plan can be found in appendix 6. The plan is estimated because of the uncertainties around additional grants and income that is received throughout the year but gives a picture of our intentions.

The core Social Care Training Program has been set up for the coming year. A copy of the Program is available in Appendix 7. The Program is continually being added to through the year and we still have several major elements to be set up.

### **4.1 National Training Strategy Grant - £204k**

This Grant is provided to contribute to WBC's costs to ensure appropriate levels of training and qualifications are achieved and maintained in the whole of the social care workforce.

50% will be allocated to provision for private, voluntary and independent sector.

Some funding or funded activities may be accessed via Learning Resource Centre Networks who are allocated centrally managed money to support training.



## **4.2 Human Resources Development Strategy Grant - £94k**

This Grant is provided to support the development of the social care workforce and the achievement of the outcomes identified in the White Paper and the Children's Workforce Development Strategy.

50% will be allocated to provision for private, voluntary and independent sector.

Some funding or funded activities are accessed through Skills for Care.

## **4.3 Skills for Care Training Strategy Implementation Fund**

Last years and this year's bids for funding were successful on behalf of the PVI partnership. WBC has and can again claim £20-£25k. Partnership working is a condition of the bid and our partnership is highly successful and will continue with new members.

## **4.4 Salaries & Infrastructure**

Salaries are funded mainly by the DoH Grants. Staff include:

Sarah Knapp, Training and Development Manager, responsible for managing the activities of the team, the budget and taking forward workforce development.

Pam Jobson, Learning and Development Coordinator, responsible for qualifications, continuous professional development and learner support.

Janis Smith, NVQ Assessor & Trainer, responsible for NVQ assessment and verification as well as delivering mandatory training and leading on moving and handling training.

Neil Dewdney, Social Care Trainer, responsible for delivering social care related training to WBC staff and PVI.

Andy Cordell, Training & Development Coordinator, responsible for organizing and commissioning the short course program and managing training administration.

Vera Wells and part time vacancy, Training Administrators, responsible for taking bookings and organizing training course attendance.

#### **4.5 GSCC Practice Placement Funding**

GSCC daily placement payment covers some of the costs relating to placements. WBC also supports voluntary and independent sector organizations from these funds which contributes towards DIS figures. The training budget has previously subsidized these costs and aims to continue this from the qualification allocation. Receipt of funding can be many months following a placement and it is difficult to anticipate when funds will be received. Sometimes these are not received well into the next financial year.

#### **4.6 Other sources of funding**

We are involved in funded national and regional projects primarily through the Sector Skills Council and Learning Resource Centre Networks. We also continue to benefit from Workforce Confederation funding for Occupational Therapists and Free 2 Learn and it's replacement scheme funding.

It is also important to note that teams are increasingly considering different approaches to learning and development other than attendance at a traditional training course and this is widely encouraged. A considerable amount of other training and development activities take place within the Directorates and activities are not always organized or recorded by the training function. Information sharing for the purpose of recording training is encouraged but many development eg. team training by staff or other professionals, cascade training following external events, lunch time seminars, invited speakers or activities paid for directly by the team to support their specific service needs.

We also link in to some of the other Grants that are provided and seek a partnership approach to training provision with the appropriate Grant holders.

#### **4.7 Income and Charging**

Anyone can attend our inhouse training programme, subject to our charging policy which was approved at a WBC Committee early in March 2006. A copy is available on our website and provided within the Training Program. We have increased our daily rate to non WBC social care staff from £45 to £60 per day to ensure funding is appropriately used, particularly when our training program attracts various different professionals.

Private, voluntary and independent sector organisations contracted or accredited to provide social care services by WBC will continue to receive 50% discount on all of our pricing and also fully funded training and development opportunities to

ensure funding is appropriately shared with these organisations. We are including carers of Direct Payments service users at the 50% discounted rate.

Courses organised on behalf of multi-agency working groups and within partnership agreements continue to have their own charging arrangements to maintain consistency, however, greater emphasis is now being placed on charging at cost where course costs are significantly higher than agreed charges, again, to reflect the varying professions that these courses attract.

#### **4.8 Cancellation Policy**

The Policy was successful last year, therefore, no changes have been made. Details are on our website and in the Training Program.

## QUALIFICATION REPORT MARCH 2006

<p style="text-align: center;"><u>2004/5 Total numbers sponsored</u></p> <p>108 PEOPLE HAVE GAINED QUALIFICATIONS IN 2004/5 135 ARE WORKING TOWARDS AN AWARD 66% DUE TO COMPLETE BY 2005/6 12 HAVE LEFT THE COUNCIL BEFORE FINISHING THEIR AWARD</p>	<p style="text-align: center;"><u>2005/6 Total numbers sponsored</u></p> <p>112 PEOPLE HAVE GAINED QUALIFICATIONS IN 2005/6 166 ARE WORKING TOWARDS AN AWARD 85% DUE TO COMPLETE BY 2006/7 11 HAVE LEFT THE COUNCIL BEFORE FINISHING THEIR AWARD 7 ARE KNOWN TO HAVE LEFT THE COUNCIL AFTER COMPLETING THEIR AWARD</p>
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### Qualifications Sponsored and funded in 2005/6:

Qualification	Student	Service	Team	Start Date	Completion Date	Comment
<b>Diploma in Social Work</b>	Madeline Wilkins	Adults	Intermediate Care	Sep-02	Jun-05	16 employees were sponsored on the Dip SW this year 4 CC&H, 11 Children's Services & 1 Voluntary Sector 12 of these qualified in June/Sept and 9 moved into Social Work posts within the council. 2 left the council.
	Ron Dobson	Adults	Home Care	Sep-03	Jun-05	
	Julie Flanagan	Children's	Family Resource	Sep-03	Jun-05	
	Stacey Clay	Children's	Under 12s	Sep-03	Jun-05	
	Denise Parker	Children's	Adolescent	Sep-03	June-05 since left	
	Rebecca Cuppled	Children's	Castlegate	Sep-03	June-05 since left	
	Christine Breese	Children's	Castlegate	Sep-03	Jun-05	
	Keith Langley	Children's	Castlegate	Sep-03	Jun-05	
	Belinda van Zyl	Children's	Castlegate	Sep-03	Jun-05	
	Melody Arnold	Children's	Adolescent	Sep-03	Jun-05	
	Mandy Senior	Children's	Family Placement	Sep-04	Jun-05	
	Susan Straugh	Children's	R&A	Sep-02	Sep-06	
	Charlie Kelly	Children's	Family Resource	Sep-03	Left WBC	
Victoria Hayes	Adults	Intermediate Care	Feb-04	Jun-06	Out of the 4 remaining students 1 is due to finish this year 2 to finish next year and 1 has recently left WBC	
Gravin Saynor	Adults	Adult Placement	Feb-04	Jun-07		
Kirsty Brown	Adults	Vol./Ind.	Feb-04	Jun-07		
<b>Qualification</b>	<b>Student</b>	<b>Service</b>	<b>Team</b>	<b>Start Date</b>	<b>End Date</b>	<b>Comment</b>
<b>BA in Social Work</b>	Michelle Gooding	Children's	R & A	Sep-04	Jun-07	Enrolments for the BA have started to increase and this year WBC enrolled 2 candidates opposed to 1 last year. 3 candidates were sponsored in total. SCT are just taking applicants for this year and we should have another 3 candidates starting in Sept 06. We could not fund any more than 4 due to the increased level of fees from Sept 06.
	Kelly Axon	Children's	YOT	Sep-06	Jun-08	
	Langhorn Cherry Inch	Adults	EPDT -East	Oct-06	2008/9	

Qualification	Student	Service	Team	Start Date	End Date	Comment
Practice Teachers	Rachel Palin	Children's	Castlegate	Sep-05	Sep-06	Numbers have increased for this award, increasing placement opportunities. This also means we gain the placement days for the DIS. WBC will continue to sponsor this award in Sept 06. In Sept 07 it will be integrated into the new PQ Higher Specialist Award
	Liz Allison	Children's	YOT	Sep-05	Sep-06	
	Jo Ratcliffe	Children's	FGC	Sep-05	Sep-06	
	Cedric Pollard	Adult	Intermediate	Sep-05	Sep-06	
	Pauline Hartley	Children's	Family Resource	Sep-04	Sep-06	
Qualification	Student	Service	Team	Start Date	End Date	Comment
Post Qualifying Award PQ 1	Passed					
	Nicola Robertson	Children's	Referral & Ass	Jan-04	May-05	The PQ1 is still considered to be a good progression for SW and this will credit towards the consolidation module in the new PQ Specialist Award. 9 students have achieved this year - 1 of whom has since left WBC. 2 were incomplete and deferred and 6 are due to complete in May 06 WBC will be running the last PQ1 in July 05 and hope to recruit another 10 candidates. This is still one of our DIS and therefore it is important that managers encourage staff to enroll.
	Hilary Cannel	Children's	YOT	Jan-04	May-05	
	Carol Carter	Children's	Family Placement	Jul-06	May-06	
	Fiona Crute	Children's	Family Placement	Jul-04	May-05	
	June Kemp	Children's	Family Placement	Jul-04	May-05	
	Marion Pringle	Adult	Intermediate	Jul-04	May-05	
	Rachel Francis	Adult	CMHT	Mar-04	Jul-05	
	Julie Swan	Adult	Intermediate	Jul-05	Dec-06	
	Sarah Giles	Adult	EPDT - West	Jul-05	Dec-06	
	Incomplete Deferred					
	Jerry Dunlop	Children's	Adolescent	Jul-04	in complete	
	Andrew Meleod	Children's	Adolescent	Jul-04	in complete	
Working Towards	Zena Taylor	Adult	CMHT	Jul-04	Entering May 06	
	Louise Chandler	Children's	York House	05-Jul	Entering May 06	
	Clare Minchen	Children's	Disabled Children	05-Jul	Entering May 06	
	Kiz Rowley	Children's	Family Placement	05-Jul	LEFT	
	Simon Peck	Adult	CMHT	05-Jul	Entering May 06	
	Tracey Holloway	Adult	CMHT	05-Jul	Entering May 06	
Qualification	Student	Service	Team	Start Date	End Date	Comment
Advanced Social Work 2 to 5	Jacob Macbeth	Adult	CMHT	Oct-04	Apr-06	1 person was sponsored on the ASW course and passed. We had no other candidates come forward this year. SCT are expecting to fund another place in Oct 06. In Oct 07 this becomes the PQ Specialist Award for Mental Health.
	Mandy James	Adult	CMHT	Apr-05	Apr-06	2 are working towards.
Advanced Social Work PQ 6	Jacob Macbeth	Adult	CMHT	Apr-05	Apr-06	
		Adult	CMHT	Apr-05	Apr-06	

Qualification	Student	Service	Team	Start Date	End Date	Comment
PQCCA PQ 2 to 5	<u>Passed</u> Theresa Makumbé Carolyn Waterhouse	Children's Children's	R&A	Jan-04 Jan-05	Sep-05 Mar-06	3 have passed and 1 is extending studies.  People appear to be finding it increasingly difficult to fit study around work. This course is a big undertaking and study time is essential.
	<u>Working Towards</u> Elizabeth Keane	Children's	Family Resource Disabled Children	Jan-05	Mar-06	Only 1 person came forward this year for the award. This is disappointing as this is in the DJS. In future more consideration needs to be given to the career structure around the new PQ awards.
	<u>Working Towards</u> Owen Moate Jenny Jeffery Pauline Hartley	Children's Children's Children's	Adolescent Team R&A Family Resource	Jan-05 Jan-04 06-Jan	Extension Deferred 07-Mar	This is the last year of the PQCCA before the move to the new PQ Specialist Award in Childcare. There will be a gap of 8 months in the provision unless we look to another provider. SMT considering this at present.  1 extended & 1 working towards
Degree in Occupational Therapy	Shirley Bampton Greg Tull	Adult Adult	EPDT -East EPDT -East	Sep-02 Sep-03	Jul-06 Jul-06	

#### NVQ Qualifications

Qualification	Progress	Comment
NVQ L2 Care	21 people have achieved their NVQ 2 this year. Another 23 are due to finish towards the end of July 06 7 will complete in March 06.	Still prioritizing NVQ's to meet and maintain qualification targets. The shortage of assessors is challenging, but we have recruited 2 new Trainee Assessors. From April 2005 new Health and Social Care NVQ's came into place. There are now only 6 units, however as yet we have not seen a reduction in the completion time - 12 mths on average. Committed staff can complete in 6 months with management support. There also have been at least 4 candidates on long term sickness. We hope to enroll a new in-house cohort for NVQ2 in May 06. SCT also hope to access Free2learn money in Aug 06. NVQ2 Free2learn now includes a basic skills assessment & funding is also available to improve candidates literacy skills via additional support. However candidates will require managers to provide the necessary study time.
Other Level 2 Awards	1 has achieved Early Years NVQ  Catering, cleaning/housekeeping & admin are still an option, but this year SCT have not had any applicants come forward.	The access of free2learn money has again enabled us to fund more staff in qualifications. However SCT has spent time trying to ensure the quality level 2 as we have had to use specified LSC centres. This forthcoming year SCT will involve Managers. This will be via a mid end review process. This hopefully should improve standards of NVQ's in Care.
Qualification	Progress	Comment
NVQ L3 C&YP	3 people have achieved their NVQ 3 in C & YP this year. 2 still continue to drag their heels and should have completed 3 others should complete in Sept 06	There appears to have been a lot of long term sickness causing a delay in the completion of the Children's NVQ. This means we have not been able to enroll as many candidates as soon as we would have liked. There is also a shortage of in-house Childcare Assessors so we have contracted the work out to a provider. This has increased the costs, but we need to ensure we meet the 80% target for Children's Services.

Qualification	Progress	Comment
NVQ L3 Foster Care	3 Foster Careers have achieved their NVQ in C&YP this year. Another 2 are due to finish towards the end Sept 05	Unfortunately we lost our Foster Care Assessor this year, however this is a good move as she has progressed to a degree associated to care. Due to this factor we have had to contract out for any new work. We are also hoping to pilot a distance learning qualification in Foster Care.
NVQ L3 Promote Ind.	3 people have achieved NVQ 3 PI this year. 3 are due to complete in Jan 07	Progress has been slow on this award, due to a change of assessor and sickness, but only 4 now need complete. They must complete by Jan 07 as this is the cut off date for these two old awards. The new Health & Social Care Award replaces CYP, Care & PL.
NVQ L3 Care	6 people have achieved their NVQ 3 in Care this year. 1 to complete by Jan 07	For some candidates we have started to use the new Health & Social Care Award. This gives a wider choice of units. People can both specialize in the field of work and specified areas.
NVQ L3 Health & SC	6 people are working onwards this award. 3 should complete by March 07 and 3 by July 07	We hope to enroll a new cohort for NVQ3 in May 06. The NVQ 3 meets the target for CCO's Senior Care Assistants and RCO's.
NVQ 3 Admin	3 have completed this award.	Now the Admin staff have moved under the social care teams WBC are mapping their qualifications and needs.
NVQ 3 Customer Care	1 member of staff has just embarked on this course and is due to complete in Jan 07.	The Admin NVQ3 appears to meeting the needs of SSA and 3 qualified this year. Another option is the Customer Care NVQ. This is more appropriate for those who deal with phone enquiries and setting up services. Those accessing computers may also benefit from ECDL. SSO's may also benefit from team leader or supervisory management course.
NVQ L3 Learning & Dev	1 has completed the L3 Lng & Dev and 1 a should complete shortly.	These are relative new awards and therefore have been slow to get up & running. Candidates have took longer than expected to complete, but now the centre has seen the full awards through it is hoped completion will take less time in the future.
NVQ L4 Learning & Dev	1 has L4 Lng & Dev and 1 is due to complete by March 07.	
A1 Assessors Award	2 have completed the A1 award. 1 is working towards completing in May 06 4 should complete in March 07.	This year we have recruited more trainee assessors, but there is still a shortage of in-house assessors. Progress on the award has been slow, due to pressures of work and the lack of assessor workshops. This forthcoming year SCT are going to introduce some formal workshops and look at increasing the workload relief.

Qualification	Progress	Comment
NVQ L4 Care	<p>1 has achieved their NVQ 4 in Care. 5 are working towards and will complete by July 06 1 has just started on the new award and is due to complete March 08.</p>	<p>Both the NVQ 4 in Care &amp; K100 continue to be a stepping stone to the new BA Social Work Degree. They also are the target award for Senior CCO's, Team Leaders and Co-ordinators. The NVQ is competence based learning, where as the K100 is assignment &amp; exam based (studied via distance learning).</p> <p>The NVQ 4 in Care is required to move onto the Registered Managers Award.</p>
K100	<p>2 are working towards and due to complete Oct 06. 1 has deferred for the time being</p>	<p>Again we have a shortage of Assessors for NVQ 4 and need to recruit more trainee assessors. SCT hopes to enroll a new cohort of NVQ4 candidates &amp; assessors in May / June &amp; cohort for K100 in August 06.</p>
Registered Managers Award - Adults	<p>1 person has achieved the Registered Managers Award. 1 person is working towards.</p>	<p>By the end of this year all Homes will have at least one or two Registered Managers, also Dom Care. We are also working towards this status for Day Centres and Adult Placement.</p>
Registered Managers Award - Children's	<p>2 people have achieved Registered Managers Award for Children's Services.</p>	<p>This is a relatively new award and the Manager and Assistant Manager at Castlegate have now gained the award. We now need to consider who else needs the award within Children's Services.</p>
NVQ 3 Management	<p>One Person has completed and 2 are working towards NVQ 3 in Management. One person left before completion.</p>	<p>Progress has been very slow on these awards and Managers/Coordinators are finding it very difficult to take the study time they need. Due to this factor several have needed their completion date extended.</p>
NVQ L4 Management	<p>2 have achieved their NVQ 4 in Management. 5 are working towards NVQ 4 in Management.</p>	<p>We hope to enroll a new cohort of NVQ candidates May/June. This continues to be targeted at Team Leaders.</p>
Intro to Mang	<p>A new in-house cohort of 9 candidates are due to start April 06</p>	<p>SCT are now running a new in-house management programme for Intro to Mang &amp; Dip in Mang, but SCT will still need to enroll on NVQ3 &amp; NVQ4 in Management to meet targets.</p>
CIMS & DIMS	<p>2 has achieved CIMS. 1 has achieved DIMS and 2 are due to finish Summer 06. A new cohort for the in-house Dip in Manag started in Jan with 4 from WB</p>	



Qualification	Progress	Comment
LDAF	<p>14 have achieved their LDAF Induction &amp; Foundation. 2 are working towards and are due to complete April 06. 8 also achieved their Mentoring Certificate for LDAF</p>	<p>LDAF is a stepping stone to the NVQ 2 &amp; 3 for unqualified staff in learning disability services. It meets national standards and gives an introduction to learning disability. The mentor course provides senior staff with the skills to help candidates through the LDAF Induction &amp; Foundation. We will continue to enroll staff and hope to sponsor 6 to 8 learners this forthcoming year.</p>
YOT Cert in Pract	<p>3 people have achieved YOT Certificate in Practice. 3 people are working towards and are due to complete Jan 06.</p>	<p>SCT hopes to continue to support with some work load relief.</p>
MH Cert	<p>1 person achieved 2 modules in the OU course in Mental Health due to complete July 05.</p>	<p>This a OU course as is a equivalent to the second stage of a degree and therefore the 2 modules completed would be equivalent to the Mental Health Certificate.</p>
Housing Certificate	<p>1 person in Welfare Benefits is working towards the award and is due to complete shortly</p>	<p>This award is changing next year and at this stage we are unsure what will be offered in its place.</p>
NVQ3 in Housing & MCH	<p>This year SCT has part sponsored someone on this award and they are due to finish in Sep</p>	<p>This is a stepping stone for the MCH and is useful to enable housing staff to move back into learning before moving onto the MCH which is at degree level. SCT will be sponsoring 3 staff on the MCH next year.</p>
BCDL	<p>8 people are working towards the European Computer Driving License and should complete this year.</p>	<p>This is an international certificate and is now needed for most degree courses. Progress has been slow due to the level of support provided by the College. The problem has now been addressed and all candidates report the course has improved. We will continue to sponsor this as long as LSC funds are available.</p>
OCR Learner Support Cert	<p>1 person achieved</p>	<p>This qualification was sponsored to enable SCT to better support learners with specialist learning needs such as dyslexia. The skills gained have been used to aid at least 3 people at NVQ2 and 3 level.</p>
Level 2 Key Skills in Math's	<p>4 people working towards due to complete in the Summer</p>	<p>In most cases staff are undertaking this award to prepare them for a degree in Social Work. This equivalent to a GCSE in Maths It may also be useful for those who eventually have to manage budgets and want to brush up their maths. It is a 2 hour per week course in College.</p>
Level 2 Key Skills in Communication -English	<p>1 person is working towards this award</p>	<p>In most cases staff are undertaking this award to prepare them for a degree in Social Work. This equivalent to a GCSE in English. It may also be useful for those who may want to brush up their English for report writing. It is a 2 hour per week course in College.</p>

Qualification	Progress	Comment
<p>ASSET Distance Learning Courses in: Dementia Care Health &amp; Safety Team Leading Infection Control Medication Control</p>	<p>We are still enrolling for these courses and hope to sponsor at least 40 learners.</p>	<p>In the past staff have worked towards these courses. This year they became accredited and now are considered a stepping stone for those who have completed a NVQ in Health &amp; Social Care. Although they are considered level 2 courses they are very specific to the subject area and have extended the skills of staff.</p>

**Voluntary & Private Sector Qualifications Sponsored - April 06**

<b>All Continuing commitments from 05/06 or promised in 05/06</b>	
SW qualification fees	1900
SW Practice Placement costs	1800
WLR for SW	4800
AKAMAS for Foster Carers (L3 Quals)	3200
NVQ's The Dingles	3250
NVQ's Support Partners due to Pathfinders liquidation	3758
<b>TOTAL</b>	<u>18708</u>

# Achievement vs. Qualification Targets Children's Services - April 06

Senior Managers	Government Target - It is suggested Managers should hold professional/management qualification in Childcare										Key to shading:		Unmet standards		Almost met		Met standards	
	Manager & ATM's		Seniors, Project Mang, Support Workers & Officers		Social Workers /OT's/ Other Professionals		Admin		High Priority	Cost	High Priority	Cost	Medium Priority	Cost	Medium Priority	Cost		
Still awaiting info estimated overall qualified at 50%	Status	Needs	Status	Needs	Status	Needs	Status	Needs	I Mang	3000	I Mang	In House						
	4 Senior Managers	2 x Strat. Manag					2 PAs unsure of quals, say 50% qualified	1 Admin										
	2 with both profess & mang.							1 Admin	Train to Gain									
Reviewing & Family Group Conferencing	Government Target - It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent. All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying.																	
Still awaiting info estimated overall qualified at 80%	Status	Needs	Status	Needs	Social Workers (SW) & Other Professionals (OP)		Admin	High Priority	Cost									
	1 Manager				3 SW & 3 OP	1 K100	1 Admin	1 Pract teach	1400	1 K100	525							
	100% qualified				88% qualified to SW/Profess level but 2 need PQ	1 x P-T		1 Admin	Train to Gain									
Adolescent Team	Government Target - It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent. All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying.																	
Still awaiting info estimated overall qualified at 50%	Manager & ATM's		Seniors, Project Mang, Support Workers & Officers		Social Workers		Admin	High Priority	Cost									
	Status	Needs	Status	Needs	Status	Needs	Status	Needs	1 Pract teach	1400	1 Mang	In House						
	1 Manager & 1 ATM	2 x L4 Management of PQ in Mang	2 staff	1 NVQ3	8 Social Workers 100% qualified to SW level	7 x PQ1	2 admin	1 Admin	2 PQ 1	900	1 Mang	In House						
	1 Vacancy 50% qualified		50% qualified		1 working towards PQ & 2 others need to team	1 PT to maintain SW placements	100% qualified		1 NVQ 3	paid for								
	Both with professional qualifications only							1 Admin	1 Admin	Train to Gain								

NB This is an estimate based on information held in training. HR data is not always provided.

		Key to shading:		Unmet standards		Met standards		Unsure	
Casistegate Outreach & Respite	Government Target – All Managers should hold professional registered management qualification. 80% of those that started before 2002 should be qualified to level 3 in Child Health & Social Care Award or equivalent. All new unqualified staff need enroll on LDAF Induction/Foundation on starting and move onto NVQ's in 6 months.								
	Manager & ATM's	Seniors, Project Mang, Support Workers & Officers	Social Workers (SW) and Other Professionals (OP)	Admin					
	Status	Needs	Status	Status	Needs	Cost	Priority	Cost	
Overall Qualified 68%	4 Managers 50% qualified	2 need Mang 15 staff 5 x L3 Child's Health & SC 40% qualified Another 4 1 Assess working towards 2 x L1 NVQ	2 SW & 2 OP 100% qualified	8 Admin 100% qualified	CPD	500 paid for 2 NVQ 3 2 NVQ 4	2 NVQ 3	1500	
Connect	Government Target – It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent. All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying.								
Overall Qualified 83%	Manager & ATM's	Seniors, Project Mang, Support Workers & Officers	Social Workers (SW) and Other Professionals (OP)	Admin					
	Status	Needs	Status	Status	Needs	Cost	Priority	Cost	
	1 Manager 50% qualified & working towards		1 Professional 100% qualified	1 Admin 100% qualified	CPD				
Disabled Children's Team	Government Target – It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent. All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying.								
Still awaiting info estimated overall qualified at 75%	Manager & ATM's	Seniors, Project Mang, Support Workers & Officers	Social Workers (SW) and Other Professionals (OP)	Admin					
	Status	Needs	Status	Status	Needs	Cost	Priority	Cost	
	1 Manager & 1 ATM & 1 50% qualified, both hold professional quals	1 BA in SW 100% qualified	4 SW OT's 100% qualified to SW/Profess level, but 1 needs PQ	2 Admin Measure of quals	2 x PQ1	1200 £4,500	1 Mang BA in SW		
									450

Family Placement		Key to shading:										Unmet standards	Almost met	Met standards	Unsure
Still awaiting info estimated overall qualified at 75%	<p><b>Government Target – It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent. All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying.</b></p>														
	Manager & ATM's		Seniors, Project Mang, Support Workers & Officers			Social Workers /OT's			Admin		High Priority Cost	Medium Priority	Cost		
Status		Needs		Status	Needs	Status	Needs	Status	Needs	1 Mang					
1 Manager & 2 ATM's		2 x Mang		4 staff		2 level 3 quals		6 Social Workers		3x PQCCA		1 Admin			
66% qualified, Manager holds both awards Others profess quals only		50% qualified		100% qualified to SW level, but 6 need to achieve PQCCA		3 x PQJ		100% of quals SW 100% qualified		800	1 NVQ 3	800			
										450	1 PQ1	450			
<p><b>Government Target – It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent. All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying.</b></p>															
Referral & Assessment		Key to shading:										High Priority Cost	Medium Priority	Cost	
Manager & ATM's		Seniors, Project Mang, Support Workers & Officers			Social Workers /OT's			Admin		High Priority Cost	Medium Priority	Cost			
Status		Needs		Status	Needs	Status	Needs	Status	Needs	1 Prat Teach					
1 Manager & 1 ATM		1 x Management		1 staff		100% qualified		6 Social Workers 100% qualified to SW level, but 3 need to achieve PQ		3 PQ & 1 interested in PT		1 Admin 100% qualified			
50% qualified, 1 needs mang & other working towards										1400	1 PQ1	450			
75%											1 Mang	1200			

NB This is an estimate based on information held in training. HR data is not always provided.

The Edge		Key to shading:		Unmet standards	Almost met	Met standards	Future
<p><i>Government Target – It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent. All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying.</i></p>							
Overall Qualified 50%	Manager & ATM's		Seniors, Project Mang. & Officers		Social Workers /OT's		Admin
	Status	Needs	Status	Needs	Status	Needs	Status
1. Manager 50% qualified	1. x Management	3 staff unsure. Quals est. 33% but 2 Working towards awards			1 Admin 100% Qualified		
<p><i>Government Target – It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent. All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying.</i></p>							
Overall Qualified 80%	Manager & ATM's		Seniors, Project Mang. & Officers		Social Workers /OT's		Admin
	Status	Needs	Status	Needs	Status	Needs	Status
1. Manager & 2. ATM 50% qualified with 1 working towards Mang		3 staff 66% qualified with 1 working towards	7 Social Workers 100% qualified to SW level, but 4 need to achieve PQ	4 x PQI	2 Admin 100% Qualified		
<p><i>Government Target – It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent. All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying.</i></p>							
Overall Qualified 80%		Manager & ATM's		Seniors, Project Mang. & Officers		Social Workers /OT's	
		Status	Needs	Status	Needs	Status	Needs
		1. Manager & 2. ATM 50% qualified with 1 working towards Mang	3 staff 66% qualified with 1 working towards	7 Social Workers 100% qualified to SW level, but 4 need to achieve PQ	4 x PQI	2 Admin 100% Qualified	
		High Priority Cost		High Priority Cost		High Priority Cost	
		1 Mang In House		750 450 1 PQ 1		3000 1 NVQ 3	
		SW Degree		SW Degree		£800	

NB This is an estimate based on information held in training. HR data is not always provided.

		Key to shading:		Unmet standards	Almost met	Met standards	Unmet				
<b>YOT</b>	<b>Overall Qualified 81%</b>	<p><i>Government Target – It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent (Youth Justice Cert in Effective Practice). All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying or relevant Youth Justice Award.</i></p>						<b>Cost</b>			
		<b>Manager &amp; ATM's</b>	<b>Seniors, Project Mang. &amp; Officers</b>	<b>Social Workers (SW) /OT's &amp; Other Professionals (OP)</b>	<b>Admin</b>						
		<b>Status</b> 1. Manager 2. Mang 1. Op Manager 1. ATM 50% qualified 2. Managers need mang award, but 1 W/T FT	<b>Status</b> 8 staff - all but 2 with quals but 3 may need EPC 2. Cert in Effective 3. Effective 75% qualified	<b>Status</b> 2 SW 1 Psych 2 Teachers 100% qualified to profess level but need 2 to achieve PQ	<b>Status</b> 2 Admin 1 Admin 50% qualified	<b>Needs</b> 2 PQ 2 CPD	<b>Needs</b> 1 Admin	<b>High Priority</b> WLR for Eff Pract 1 Mang 1 admin 1 PQ	<b>Cost</b> 1000 1200 Train to Gain 450	<b>Medium Priority</b>	<b>Cost</b>
<b>Family Resource Team York House</b>	<b>Overall Qualified 75%</b>	<p><i>Government Target – It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent. All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying.</i></p>						<b>Cost</b>			
		<b>Manager &amp; ATM's</b>	<b>Seniors, Project Mang. &amp; Officers</b>	<b>Social Workers (SW) /OT's &amp; Other Professionals (OP)</b>	<b>Admin</b>						
		<b>Status</b> 1. Manager & ATM's 66% qualified	<b>Status</b> 3 staff 100% qualified	<b>Status</b> 3 SW & 1 OP 100% qualified but 2 need PQ	<b>Status</b> 2 Admin Unsure of qual's say 50%	<b>Needs</b> 2 PQ 2 CPD	<b>Needs</b> 1 Admin	<b>High Priority</b> 1 PQ 1 PQCCA WLR for PQCCA 1 admin	<b>Cost</b> 450 1860 1125 Train to Gain	<b>Medium Priority</b>	<b>Cost</b>
<b>MATCH</b>	<b>Overall Qualified 83%</b>	<p><i>Government Target – It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent. All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying.</i></p>						<b>Cost</b>			
		<b>Manager &amp; ATM's</b>	<b>Seniors, Project Mang. &amp; Officers</b>	<b>Social Workers (SW) /OT's &amp; Other Professionals (OP)</b>	<b>Admin</b>						
		<b>Status</b> 1. Manager 100% qualified	<b>Status</b> 2 Social Workers 100% qualified to SW level but 1 need PQ	<b>Status</b> 1 PQ 1 CPD		<b>Needs</b> 1 PQ	<b>Needs</b> 1 Admin	<b>High Priority</b> IPQ	<b>Cost</b> 450	<b>Medium Priority</b>	<b>Cost</b>



NB This is an estimate based on information held in training. HR data is not always provided.										Key to shading:			
Crèche for Young Families Government Target - It is suggested Managers should hold professional/management qualification in Childcare. All other children's staff should be 80% qualified to level 3 in Childcare or equivalent. All new unqualified staff need to complete the Skills for Care Induction in the first 6 months of starting. All SW should hold a professional SW qualification and should work towards their PQCCA after 18mths of qualifying.										Unmet standards	Almost met	Met standards	Unsure
Manager & ATM's		Seniors, Project Mang, & Officers			Social Workers (SW) /OT's & Other Professionals (OP)			Admin		High Priority	Cost	Medium Priority	Cost
Status	Needs	Status	Needs	Status	Needs	Status	Needs	Status	Needs	1 First Line Mang	In House	High Priority	Cost
Overall Qualified 66%		2 staff 50% qualified, but 1 working towards award		1 Social Workers 100% qualified to SW level, but need to achieve Mang		1 First Line Mang				1 First Line Mang	In House	High Priority	Cost
Information Team & Raise Government Target - It is suggested all should hold professional/management qualification in													
Manager & ATM's		Seniors, Project Mang, & Officers			Social Workers (SW) /OT's & Other Professionals (OP)			Admin		High Priority	Cost	Medium Priority	Cost
Status	Needs	Status	Needs	Status	Needs	Status	Needs	Status	Needs	1 First Line Mang	In House	High Priority	Cost
Overall Qualified 100%		1 Senior 2 staff 100% qualified		1 First Line Mang						1 First Line Mang	In House	High Priority	Cost

TOTALS High Priority 28735 Medium Priority 7825

**ESTIMATED INCOME & COSTS**

<b>INCOME</b>					
1) GSCC	Placement	7200	Total Income	7200	
<b>COSTS</b>					
2) Qualification commitments continuing into this yr 2006/7				30265	
NVQ	NVQ Courses	7705			
Assessor	NVQ Courses	360			
Fees	SW Courses	2400			
Placements	SW Courses	5400			
WLR	SW Courses	14400			
3) High Priority Costs for this year to maintain 80% qualified				28735	
Qualification costs for NVQ's		28735			
, SW Degrees & PQ's					

**TOTAL COSTS** 51800 NB this figure does not include Medium Priority

# Achievement vs. Qualification Targets Community Care & Housing - April 06

		Key to shading:		Unmet standards	Almost met	Met standards	Unsure
<p>NB This is an estimate based on information held in training. HR data is not always provided.                      Government Target – It is suggested all Managers should hold professional/management qualification. The team overall should be 50% qualified.</p>							
Senior Management & Admin Overall Qualified 64%	Manager & ATM's		Social Workers, OT's & Other Professionals		Admin		Medium Priority
	Status	Needs	Status	Needs	Status	Needs	High Priority
	8 Managers 75% qualified 1 working towards Mang.	3 Mang Awards			6 Admin & PA's 50% Qualified	2 Team Leader	3000 1 Mang Train to gain 1 Admin Mang In House
<p>Government Target – It is suggested all Managers should hold professional/management qualification. All new unqualified staff need to complete Skills for Care Induction &amp; in the first 6 months of starting. The team overall should be 50% qualified.</p>							
Homecare Commissioning	Manager & ATM's		Social Workers, OT's & Other Professionals		Admin		Medium Priority
	Status	Needs	Status	Needs	Status	Needs	High Priority
	1 Manager 100% Qualified				7 Admin ensure of all quals estimate 100%		
<p>Government Target – It is suggested all Managers should hold professional/management qualification. All SW &amp; OT's should hold a professional qualification – PQ is not a necessity yet for Social workers, but desirable, but must update C-PD. All other staff should be 50% qualified and all unqualified staff must complete Skills for Care Induction. The team overall should be 50% qualified.</p>							
Physical Disability Team	Manager & ATM's		Social Workers, OT's & Other Professionals		Admin		Medium Priority
	Status	Needs	Status	Needs	Status	Needs	High Priority
	1 Manager ATM 75% qualified	1 Mang award			1 Admin 100% qualified	1 PQ1	450
<p>Government Target – All Managers should hold professional/management qualification and there should be at least one registered manager. 50% of care staff by 2008 should be qualified. All new unqualified staff need to complete the Skills for Care Induction in 6 months of starting. The team overall should be 50% qualified.</p>							
Ormonde Centre Overall Qualified 60%	Manager & ATM's		Social Workers, OT's & Other Professionals		Admin		Medium Priority
	Status	Needs	Status	Needs	Status	Needs	High Priority
	1 Manager holding all awards & ATM 1 ATM working Overall 50% qualified	2 1 Reg. mang / L4H & SC			1 Admin 50% Qualified	1 NVQ 3 Care 1 Reg. Mang top up 3 x NVQ 2 Care	800 500 Train to gain

		Key to shading:				Key to shading:						
		Unmet standards	Almost met	Met standards	Unsure							
<b>NB This is an estimate based on information held in training. HR data is not always provided. Key to shading:</b> <b>Government Target – It is suggested all Managers should hold professional/management qualification. All SW &amp; OT's should hold a professional qualification – PQ is not a necessity yet for Social workers, but desirable, but must update CPD. All other staff should be 50% qualified and all unqualified staff must complete Skills for Care Induction. The team overall should be 50% qualified.</b>												
<b>EPDT – East &amp; Enquiry Centre</b>  Still awaiting info, estimate <b>Overall Qualified 87%</b>	<b>Manager &amp; ATM's</b>		<b>Seniors, Officers &amp; Care Staff</b>		<b>Social Workers, OT's &amp; Other Professionals</b>		<b>Admin</b>		<b>Medium Priority</b>	<b>Cost</b>		
	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>High Priority</b>	<b>Cost</b>		
	1 Manager ATM 2 2 LA Mang	2 2 LA Mang	11 staff	1 NVQ 3/4	9 Social workers & OT's	6 x PQ1	1 Admin 2 NVQ Admin				900	
	Manager & ATM's qualified to professional level, but no management quals. 50% qualified However one Manager working towards		63% qualified. However 3 working towards		100% qualified. However 6 need PQ Awards in future		ensured of all quals, but estimate 50% qualified		1 Admin	Train to gain 1 Mang	In House	
<b>Government Target – It is suggested all Managers should hold professional/management qualification. All SW &amp; OT's should hold a professional qualification – PQ is not a necessity yet for Social workers, but desirable, but must update CPD. All other staff should be 50% qualified and all unqualified staff must complete Skills for Care Induction. The team overall should be 50% qualified.</b>												
<b>EPDT – West &amp; Reviewing Team</b>  Still awaiting info, estimate <b>Overall Qualified 75%</b>	<b>Manager &amp; ATM's</b>		<b>Seniors, Officers &amp; Care Staff</b>		<b>Social Workers, OT's &amp; Other Professionals</b>		<b>Admin</b>		<b>High Priority</b>	<b>Cost</b>		
	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>High Priority</b>	<b>Cost</b>		
	4 Managers 3 need management quals	3 LA Mang	Officers 37% qualified	8 5 NVQ/K100	11 Social workers & OT's 100% qualified. However 4 need PQ awards in future I would like to gain fill PQVA	4 x PQ1	4 Admin ensured of all quals, estimate 50% qualified		1 PQ1	450	450	
	62% qualified				I would like to gain fill PQVA				1 NVQ 3/4	1000	1200	
									1 SW Degree	3000	1 K100	525
									1 Admin	Train to gain	1 PQVA	2000

		Key to shading:		Unmet standards		Almost met standards		Met standards		Urgent		
NB This is an estimate based on information held in training. HR data is not always provided. Key to shading: Government Target – All Mangers should hold professional/management qualification and there should be at least one registered manager. 50% of care staff by 2008 should be qualified. 50% of staff employed before 2002 should be qualified. All new unqualified staff need to complete Skills for Care Induction on starting and move onto NVQ's in 6 month. The team overall should be 50% qualified.												
<b>Homecare Overall Qualified 56%</b>	<b>Manager &amp; ATM's</b>		<b>Seniors, Officers &amp; Care Staff</b>		<b>Social Workers, OT's &amp; Other Professionals</b>		<b>Admin</b>		<b>High Priority Cost</b>		<b>Medium Priority Cost</b>	
	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>High Priority</b>	<b>Medium Priority</b>	<b>High Priority</b>	<b>Medium Priority</b>
	7 Managers or Coordinators	12 x L2 H& SC for new staff 2 Team Leader/ Customer Care	114 Care Assistants 57% qualified However 23 working towards.	8 New Care Staff still to enroll on NVQ			4 Admin	2 Admin	1 Mang	1 Team Le	1200 Train to gain	800
	57% qualified However 1 working towards	2 x L4 Management				50% Qualified		6 NVQ 2 Care part funded		1740 2 Admin	Train to Gain	
<b>Rapid Response Homecare Overall qualified 66%</b>	<b>Manager &amp; ATM's</b>		<b>Seniors, Officers &amp; Care Staff</b>		<b>Social Workers, OT's &amp; Other Professionals</b>		<b>Admin</b>		<b>High Priority Cost</b>		<b>Medium Priority Cost</b>	
	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>High Priority</b>	<b>Medium Priority</b>	<b>High Priority</b>	<b>Medium Priority</b>
	1 Co-ordinator 100% Qualified		8 staff 62% Qualified However 2 working towards Intro to Mang	3 NVQ 3 Care					1 NVQ 3 part funded		290 1 NVQ3	800
<b>Homecare Out of Hours Overall Qualified 66%</b>	<b>Manager &amp; ATM's</b>		<b>Seniors, Officers &amp; Care Staff</b>		<b>Social Workers, OT's &amp; Other Professionals</b>		<b>Admin</b>		<b>High Priority Cost</b>		<b>Medium Priority Cost</b>	
	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>Status</b>	<b>Needs</b>	<b>High Priority</b>	<b>Medium Priority</b>	<b>High Priority</b>	<b>Medium Priority</b>
	2 Co-ordinator 50% qualified 1 needing mang qual.	1 Mang	1 Asst Coord 100% Qualified						1 Mang		In House	

NB This is an estimate based on information held in training. HR data is not always provided. Key to shading: Unmet standards, Almost met, standards, Met standards

Key to shading: Unmet standards, Almost met, standards, Met standards

Government Target – It is suggested all Managers should hold professional/management qualification. All SW & OT's should hold a professional qualification – PQ is not a necessity yet for Social workers, but desirable, but must update CPD. All other staff should be 50% qualified and all unqualified staff must complete Skills for Care Induction. The team overall should be 50% qualified.

Intermediate Care	Manager & ATM's		Seniors, Officers & Care Staff		Social Workers, OT's & Other Professionals		Admin		High Priority Cost	Medium Priority	Cost
	Status	Needs	Status	Needs	Status	Needs	Status	Needs			
Still awaiting info. estimate Overall Qualified 63%	1 Manager 1 ATM 50% qualified However 1 working towards mang	1 Manag	5 staff 60% qualified	2x NVQ3/4 or K100	7 Social Workers 100% qualified to SW, but 3 will need to work towards PQ off CPD	3 x PQ1	Admin percentage of all staff estimate 50% qualified	1 PQ1	450	1 NVQ 3/4 or K100	In House 1000

WILC  
Government Target – All Managers should hold professional/management qualification and there should be at least one registered manager. 50% of care staff by 2008 should be qualified. All other staff should be 50% qualified and all unqualified staff must complete Skills for Care Induction. The team overall should be 50% qualified.

Overall Qualified 57%	Manager & ATM's		Seniors, Officers & Care Staff		Social Workers, OT's & Other Professionals		Admin		High Priority Cost	Medium Priority	Cost
	Status	Needs	Status	Needs	Status	Needs	Status	Needs			
100% qualified	1 Manager	6 staff	50% qualified another 1 working towards	3 x L2 H&SC					1 NVQ 2 part funded	290	2 NVQ 2 Train to Gain

		Key to shading:		Unmet standards		Almost met standards		Met standards		Ensure		
<p>NB This is an estimate based on information held in training. HR data is not always provided. Key to shading: Government Target – All Managers should hold professional/management qualification and there should be at least one registered manager. 50% of care staff by 2008 should be qualified. All new unqualified staff need enroll on Skills for Care Induction on starting. The team overall should be 50% qualified.</p>												
Residential Homes	Manager & ATM's		Social Workers, OT's & Other Professionals		Admin, Cooks & Domesticities		High Priority		Medium Priority		Cost	
Chestnut Walk	Status	Needs	Status	Needs	Status	Needs	1 NVQ 2 part funded	290				
Overall Qualified 50%	1 Manager 100% qualified & Reg Mang	50% qualified However 2 working towards	18 staff	6 x L2 H & SC 1 x L3 H & SC	1 Cook 1 Domestic 1 Admin 33% qualified	NVQ2 cater NVQ clean	Train to gain 2 NVQ 2 Care 1 NVQ 3 Care	Train to gain	NVQ2 cater NVQ clean		Train to gain	
Notrees	Manager & ATM's		Social Workers, OT's & Other Professionals		Admin, Cooks & Domesticities		High Priority		Medium Priority		Cost	
Overall Qualified 72%	Status	Needs	Status	Needs	Status	Needs	1 NVQ 2 part funded	290				
	1 Manager ATM 75% qualified Mang fully qualified & Reg Mang	18 staff 72% qualified.	5x NVQ 2 Care	2 Cook 2 Domestic 1 Admin 90% qualified	NVQ2 cater NVQ Ad	Train to gain 2 NVQ 2 Care 1 Admin	Train to gain	Train to gain	NVQ2 cater		Train to gain	
Walnut Close	Manager & ATM's		Social Workers, OT's & Other Professionals		Admin, Cooks & Domesticities		High Priority		Medium Priority		Cost	
Overall Qualified 75%	Status	Needs	Status	Needs	Status	Needs	1 NVQ 2	Train to gain				
	1 Manager 100% qualified & Reg. Mang	1x NVQ 3 Care However 2 are working towards	18 staff 68% qualified. However 2 are working towards	3 Cook/Ass 3 Domestic 1 Admin 66% qualified	NVQ2 cater NVQ Admin	800 NVQ 3 Care	Train to gain	Train to gain	NVQ2 Clea		Train to gain	
Willows Edge	Manager & ATM's		Social Workers, OT's & Other Professionals		Admin, Cooks & Domesticities		High Priority		Medium Priority		Cost	
Overall Qualified 43%	Status	Needs	Status	Needs	Status	Needs	High Priority	High Priority	High Priority	Medium Priority	Medium Priority	Cost
	1 Mang 1 ATM 50% qualified However 1 working towards	13 x NVQ 2 Care	32 staff 50% qualified However 3 working towards	1 Cook 6 Domestic 1 Admin 12% qualified	NVQ2 cater NVQ clean	2 NVQ 2 Care part funded 2 NVQ 2 Care	Train to gain Train to gain	Train to gain	NVQ Clean NVQ Cater NVQ2 Care		Train to gain Train to gain	

Key to shading:  
 Unmet standards  
 Almost met standards  
 Met standards

NB This is an estimate based on information held in training. HR data is not always provided. Key to shading: Government Target – All Mangers should hold professional/management qualification and there should be at least one registered manager. 50% of care staff by 2008 should be qualified. All new unqualified staff need enroll on Skills for Care Induction on starting. The team overall should be 50% qualified.

Older Peoples Day Centres	Manager & ATM's		Seniors, Officers & Care Staff		Social Workers, OT's & Other Professionals		Admin	High Priority	Cost	Medium Priority	Cost
	Status	Needs	Status	Needs	Status	Needs					
Overall Mang Downs/Shaw/Highview/Windmill	1 overall Manager & Reg. Mang 100% qualified										
Shaw			1 Senior & 2 other staff- 66% qualified		1 x NVQ 2 Care			1 NVQ 2 Care	Train to gain	1 Intro to Mang	In House
Downlands			1 Senior & 2 other staff- 100% qualified								
Highview			1 Senior & 2 other staff- 66% qualified. However other working towards					1 NVQ 2 Care	Train to gain		
Windmill			1 Senior & 2 other staff- 33% qualified. However working towards	1 x NVQ 2 Care				1 NVQ 2 Care part funded			290

**Overall Qualified across Downs/Shaw/Highview/ Windmill 69%**

Government Target – All Mangers should hold professional/management qualification and there should be at least one registered manager. 50% of care staff by 2008 should be qualified. All new unqualified staff need enroll on Skills for Care Induction on starting. The team overall should be 50% qualified.

Older Peoples Day Centres	Manager & ATM's		Seniors, Officers & Care Staff		Social Workers		Admin	High Priority	Cost	Priority	Cost
	Status	Needs	Status	Needs	Status	Needs					
Walnut Close	1 overall Day Centre Mang 50% qualified	1 Reg. Mang	6 staff 16% qualified. However 2 near retire	2 x L2 H & SC				1 Reg. Mang	1200		
								2 NVQ 2 Care part funded	580		

Overall Qualified across Walnut 27%





		KEY TO shading:		CMMET standards		A: lowest, met standards		B: just met standards		
<b>NB This is an estimate based on information held in training. HR data is not always provided Key to shading: Government Target – It is suggested all Managers should hold professional/management qualification and 50% of staff should be qualified. All new unqualified staff need to complete Skills for Care Induction &amp; in the first 6 months of starting. The team overall should be 50% qualified.</b>										
Hillcroft	Manager & ATM's		Seniors, Officers & Care Staff		Social Workers, OT's & Other Professionals		Admin & Cooks		Medium Priority	Cost
	Status	Needs	Status	Needs	Status	Needs	Status	Needs	High Priority	Cost
Overall Qualified 56%	1 Manager & 1 ATM. 75% qualified. ATM only partially qualified.	1x L4 Management	6 staff 33% qualified. However 2 working towards.	2x L3 Health & SC			1 Admin 100% qualified		1 NVQ 3 Care	800
<b>CMHT</b> <b>Government Target – It is suggested all Managers should hold professional/management qualification. All SW &amp; OT's should hold a professional qualification – PQ is not a necessity yet for Social workers, but desirable, but must update CPD. All other staff should be 50% qualified and all unqualified staff must complete Skills for Care Induction. The team overall should be 50% qualified.</b>										
Overall Qualified 86%	Manager & ATM's		Seniors, Officers & Care Staff		Social Workers, OT's & Other Professionals		Admin & Cooks		Medium Priority	Cost
	Status	Needs	Status	Needs	Status	Needs	Status	Needs	High Priority	Cost
	1 Manager & 1 ATM. 75% qualified.		7 staff 85% qualified. However 1 working towards.		12 Social Workers 100% qualified to SW level or ASW.	3 x PQ1 1 ASW	5 Admin 60% qualified. However 1 working towards.		ASW Place ASW	500 6000 1 PQ1 450
<b>Housing Strategy</b> <b>Government Target – All Managers should hold professional/management qualification. The team overall should be 50% qualified..</b>										
Awaiting info estimated Overall Qualified 71%	Manager & ATM's		Seniors, Officers & Care Staff		Social Workers, OT's & Other Professionals		Admin & Cooks		Medium Priority	Cost
	Status	Needs	Status	Needs	Status	Needs	Status	Needs	High Priority	Cost
	1 Manager 100% qualified		5 staff unsure of 2 to work all quals estimate towards CIOH 60% qual				1 Admin 100% qualified			1200
Supporting People	Manager & ATM's		Seniors, Officers & Care Staff		Social Workers, OT's & Other Professionals		Admin & Cooks		Medium Priority	Cost
	Status	Needs	Status	Needs	Status	Needs	Status	Needs	High Priority	Cost
	1 Manager 50% qualified	1x L4 Management	3 Staff 100% qualified				1 Admin 100% qualified		1 CICH	In House
Awaiting info estimated Overall Qualified 71%	Manager & ATM's		Seniors, Officers & Care Staff		Social Workers, OT's & Other Professionals		Admin & Cooks		Medium Priority	Cost
	Status	Needs	Status	Needs	Status	Needs	Status	Needs	High Priority	Cost
	1 Manager 50% qualified	1 part MCH	8 Staff 25% qualified with 1 working towards	1 NVO 4 Mang 5 MCH & 2 part MCH			1 Admin 100% qualified		3 MCH	3600
Housing Operations	Manager & ATM's		Seniors, Officers & Care Staff		Social Workers, OT's & Other Professionals		Admin & Cooks		Medium Priority	Cost
Estimated Overall Qualified 20%	1 Manager 50% qualified	1 part MCH	8 Staff 25% qualified with 1 working towards	1 NVO 4 Mang 5 MCH & 2 part MCH			1 Admin 100% qualified		3 MCH	3600

NB This is an estimate based on information held in training. HR data is not always provided.		Key to shading:		Unmet standards		Almost met standards		Met standards		UNMET			
Newbury Opportunity Centre for Learning Disabilities		Government Target - All Managers should hold professional/management qualification and there should be at least one registered manager. 50% of LD care staff employed before 2002 should be qualified. New unqualified staff to complete the LDAF induction/Foundation. The team overall should be 50% qualified.		Social Workers		Admin & Cooks		High Priority		Medium Priority			
Manager & ATM's		Seniors, Officers & Care Staff		Status		Needs		1 NVQ 3 Admin		1 NVQ 3 Admin			
Overall Qualified 55%		1 Managers 4 ATM's 100% qualified		6 Seniors 34 Other staff 57% qualified. However 11 working towards		1 Reg. Mang. 1 NVQ 3 Mang. 5 LDAF 1 NVQ 3 Care 2 NVQ 2 Care		2 NVQ Cleaner 2 NVQ 3 Admin		Train to gain 800 1125 1200		Train to Gain Train to Gain 800	
CTPLD		Government Target - It is suggested all Managers should hold professional/management qualification. All SW & OT's should hold a professional qualification - PQ is not a necessity yet for Social workers, but desirable, but must update CPD. 50% qualified other LD staff employed before 2002 should be qualified. All new unqualified staff need enroll on LDAF Induction/Foundation on starting. The team overall should be 50% qualified.		Social Workers		Admin & Cooks		High Priority		Medium Priority		Cost	
Awaiting Info Estimated Overall Qualified 96%		1 Manager 1 ATM 75% qualified		7 Social Workers 100% qualified, but 3 will need PQ1		4 Admin quacks, estimate 100% qualified		1 PQ 1		450		450	
		3 staff 100% qualified		1 PT award		1 PT		1 PQ 1		1 Mang		In House	
												1500	

NB This is an estimate based on information held in training. HR data is not always provided. Key to shading:   
 Government Target - All Mangers should hold professional/management qualification. The team overall should be 50% qualified..

QPP	Manager & ATM's		Seniors, Officers & Care Staff		Social Workers, OT's & Other Professionals		Admin & Domestic		Key to shading:		Met standards	Cost									
	Status	Needs	Status	Needs	Status	Needs	Status	Needs	Unmet standards	Almost met standards											
Avoiding info Estimated Overall Qualified 83%	5 Manager 90% qualified - 4 with both Profess & Mang Quals	1 x I,4 Mang.	11 Staff 83% estimate qualified	2 x Intro to Mang	5 Admin Unsure of qual estimate 80% qualified	1 NVQ Admin	1 Admin	2 Intro to Mang	1 K100	High Priority	Medium Priority	525									
<p style="text-align: right;">Total Costs</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%; text-align: right;">High Priority</td> <td style="width: 20%; text-align: right;">40200</td> <td style="width: 20%; text-align: right;">Priority</td> <td style="width: 10%; text-align: right;">18125</td> </tr> <tr> <td></td> <td style="text-align: right;">Medium</td> <td></td> <td></td> <td></td> </tr> </table>													High Priority	40200	Priority	18125		Medium			
	High Priority	40200	Priority	18125																	
	Medium																				

### ESTIMATED INCOME & COSTS

<b>1) INCOME</b>	<b>Less Total</b>	<b>Income</b>	
Income TSI from 2005/6 claim	11730	24630	
GSCC income from 2005/6 claim	9400		
Free2Learn from 2005/6 claim	3500		
<b>2) Qualification commitments continuing into this yr 2006/7</b>		<b>50820</b>	
Pathfinders additional cost, because of liquidation	16020		
IV & Cert, NVQ	0		
In house Assess	1000		
Ext. Assessor	5200		
SW Fees	3000		
WLR	13600		
Placement costs	8000		
OT refresh	4000		
<b>3) High Priority Costs for this year to maintain 50% qualified</b>		<b>38200</b>	
<b>TOTAL COSTS</b>		<b>64390</b>	<b>NB this figure does not include Medium Priority</b>

## Attendee & Ethnicity Data Summary - 01.04.05 - 31.03.06

Adults Services	Approved & attended	Approved & attended	Cancelled or didn't attend	Cancelled or didn't attend	Put on wait list or not approved	Put on wait list or not approved
	No.	%	No.	%	No.	%
White English	2477	79.06%	169	69.83%	22	73.33%
White Irish	20	0.64%	0	0.00%	0	0.00%
White Other	77	2.46%	9	3.72%	2	6.67%
Mixed White & Black Caribbean	6	0.19%	0	0.00%	0	0.00%
Mixed White & Black African	0	0.00%	0	0.00%	0	0.00%
Mixed White & Asian	14	0.45%	0	0.00%	0	0.00%
Mixed Other mixed	5	0.16%	1	0.41%	1	3.33%
Asian or Asian British Indian	0	0.00%	0	0.00%	0	0.00%
Asian or Asian British Pakistani	0	0.00%	0	0.00%	0	0.00%
Asian or Asian British Bangladeshi	0	0.00%	0	0.00%	0	0.00%
Asian or Asian British Other Asian	0	0.00%	0	0.00%	0	0.00%
Black or Black British Black Caribbean	6	0.19%	0	0.00%	1	3.33%
Black or Black British Black African	56	1.79%	6	2.48%	0	0.00%
Black or Black British Other Black	4	0.13%	0	0.00%	0	0.00%
Chinese or other ethnic group Chinese	13	0.41%	1	0.41%	0	0.00%
Other ethnic group	24	0.77%	1	0.41%	0	0.00%
Undefined	431	13.76%	55	22.73%	4	13.33%
<b>Total</b>	<b>3133</b>	<b>100.00%</b>	<b>242</b>	<b>100.00%</b>	<b>30</b>	<b>100.00%</b>

Children's Services	Approved & attended	Approved & attended	Cancelled or didn't attend	Cancelled or didn't attend	Put on wait list or not approved	Put on wait list or not approved
	No.	%	No.	%	No.	%
White English	315	58.99%	30	49.18%	23	76.67%
White Irish	0	0.00%	0	0.00%	0	0.00%
White Other	36	6.74%	6	9.84%	2	6.67%
Mixed White & Black Caribbean	0	0.00%	0	0.00%	0	0.00%
Mixed White & Black African	4	0.75%	0	0.00%	0	0.00%
Mixed White & Asian	0	0.00%	0	0.00%	0	0.00%
Mixed Other mixed	0	0.00%	0	0.00%	0	0.00%
Asian or Asian British Indian	0	0.00%	0	0.00%	0	0.00%
Asian or Asian British Pakistani	0	0.00%	0	0.00%	0	0.00%
Asian or Asian British Bangladeshi	0	0.00%	0	0.00%	0	0.00%
Asian or Asian British Other Asian	0	0.00%	0	0.00%	0	0.00%
Black or Black British Black Caribbean	10	1.87%	0	0.00%	1	3.33%
Black or Black British Black African	9	1.69%	0	0.00%	0	0.00%
Black or Black British Other Black	0	0.00%	0	0.00%	0	0.00%
Chinese or other ethnic group Chinese	0	0.00%	0	0.00%	0	0.00%
Other ethnic group	8	1.50%	0	0.00%	0	0.00%
Undefined	152	28.46%	25	40.98%	4	13.33%
<b>Total</b>	<b>534</b>	<b>100.00%</b>	<b>61</b>	<b>100.00%</b>	<b>30</b>	<b>100.00%</b>

	Approved & attended	Cancelled or didn't attend	Put on wait list or not approved
<b>PVI</b>	1277	118	19
<b>PVI Funded Training</b>	800	N/A	N/A

**Summary of findings:** There are no concerns about ratios of non attendees, cancellations or people being put on waiting lists to people attending courses within ethnic groups. The figures reveal that a higher percentage of staff attending training are from ethnic groups in comparison to the percentage of staff from ethnic groups that are employed. We now only have a small number of staff with undefined codes and we will continue to improve upon the data we hold.

## CC&H Training & Development Needs - Report 2005/6 & Priorities for 2006/07

Snr Mgmt	Contact	Priority Training Needs 2005/06	Action Taken	05/06 PDPs	Priority Training Needs 2006/07	Action Planned	06/07 PDPs
Snr Mgmt	CCMT	Media Skills Training Legal Update Disciplinary Skills Agresso System Training	Met thru program Met thru program Met thru program Provided by finance	2	Disciplinary Skills Budget management Legal Update Agresso System Training Management development	Met thru program Met thru program Met thru program Provided by finance Met thru program	3
Business Support Staff	CCMT	Not included because staff previously part of Amey	-		Better integration into CC&H, understanding current context & identifying competencies & ascertaining training needs	3 development days organised with further training to follow as identified	6
Mental Health	Contact	Priority Training Needs 2005/06	Action Taken	05/06 PDPs	Priority Training Needs 2006/07		06/07 PDPs
CMHT & Hilltop	Jean Hodgeson	Supervision Welfare Benefits MH Act Tribunal Report Writing PACE Training Advanced Recording skills	Met thru program Met thru program Mgr organised Mgr organised Met thru program	Mgr's + 5	Child Protection Protection of Vulnerable Adults Substance Misuse & MH Learning Difficulties & MH Personality Disorder	Met thru program Met thru program Work with mgr Work with mgr Work with mgr	13
Home Care	Contact	Priority Training Needs 2005/06	Action Taken	05/06 PDPs	Priority Training Needs 2006/07		06/07 PDPs
Home Care	Frances Tippett	Mobility Assistance Training Improve Induction / timescales & meet standards Improve risk assessment Increase re-ablement capacity / meet specific client's needs Develop Homecare Coordinators Meet & maintain training & qualification standards & targets	Training plan written & action is being taken to meet these needs by mgr & thru program	58	Medication & new policy Food hygiene H&S Mobility Supervision & Appraisal NVQ L3	Met thru program Met thru program Met thru program Met thru program Met thru program	10
Res & Day	Contact	Priority Training Needs 2005/06	Action Taken	05/06 PDPs	Priority Training Needs 2006/07		06/07 PDPs
Chestnut Walk	Sue Breakspear	Dementia Training Parkinsons Disease Skin Care / Pressure Areas Falls Prevention Food & dietary mgmt	Met thru program Met thru program Asked mgr Asked mgr Met thru program	Mgrs	Stroke Care Diabetes Epilepsy Care of people with heart conditions Activities for people with dementia	Met thru program Met thru program Met thru program Discuss how Met thru program	Mgrs only

Highview / Shaw & Downlands Day Centres	Caroline Dibley	New manager in post. Previous manager did not provide info.	-	Mgrs	Moving & handling Dementia - Aggressive behaviour & Risk assessment & care planning First Aid & Fire awareness Change management	Met thru program Met thru program Met thru program Met thru program	6
Hungerford Day	Richard Horton	Dementia Care planning for older people Chronic illness - diabetes Formal risk assessing Dealing with difficult behaviour Working with vulnerable adults NVQ 2 cleaning NVQ 3 Care NVQ 4 Care / Mgmt	Met thru program Met thru program Met thru program Met thru program Met thru program Met thru program Met thru program Met thru program	X	Dementia Activity Training NVQ L2 & L3 Basic IT skills Medication procedure H&S & Risk Assessment	Met thru program Met thru program Met thru program Met thru program	6
Notrees Residential	Susan Goalby	Medication training  H&S & risk assessments specific to care settings  Person centred care planning for older people  Appraisal & Supervision	Mgr organised  Met thru program  Met thru program	16	2 day Risk Assessment Types of dementia, dementia activities, behavioural problems and how to handle aggression, mental health issues Continence Care including: Different types of catheter care, infection control. Good Care Planning (or Person Centred approach to care) including: The importance of good reporting within the residential setting. Parkinsons	Met thru program  Met thru program  Met thru program Met thru program	17
Ormonde Centre	David Tait	Advocating for People Understanding depression & how to deal with it Counselling skills Understanding head injury patients Motivating clients	Working with Fiona Gren to provide programme to meet training needs not covered in the main programme.		Advocating for people  How to deal with depression Counselling skills Understanding people with acquired brain injury Motivating people	Discuss detail Met thru program Discuss detail Met thru program Met thru program	3
Walnut Ind Living Ctr	Sue Ryan	New manager in post. Previous manager did not provide info.		YES	Food hygiene Fire Awareness Health & Safety Supervision Skills	Met thru program Met thru program Met thru program Met thru program	1

	Safe handling of medication	Met thru program

Walnut Day Ctr	Gloria Bund	Risk assessment H&S Incl COSHH Care planning for older people Dementia - advanced Data Prot / FOI / Records	Met thru program Met thru program Met thru program Met thru program Met thru program	YES	H&S & Risk Assessment Parkinsons Stroke Care Activities for day ctrs ie gentle exerc Care planning	Met thru program Met thru program Met thru program Met thru program	1
Walnut Resid Ctr	Karen Norris	H&S incl COSHH Mgrs&staff Vulnerable Adults Dementia to include diff beh. Risk Assessment Training Supervision & appraisal	Met thru program Met thru program Met thru program Met thru program Met thru program	YES	Parkinsons Stroke Care Diabetes Arthritis Catheter care / continence mgmt Food hygiene Healthy eating H&S & COSHH specific to homes Risk Assessment Specific training re Reablement services incl, correct use of equip & independent living skills	Met thru program Met thru program Met thru program Met thru program Met thru program Met thru program Met thru program Met thru program detail to be discussed & course designed	4
Willows Edge Res	Pat Rolfe	Dementia Personal Safety SCIP Death & Dying Nutrition / Diabetes	Met thru program Met thru program Met thru program Met thru program Met thru program	7	manual handling NVQ level 2 in care Health and Safety Food hygiene Illness associated with older people Dementia	Met thru program Contact Pam Met thru program Met thru program Met thru program	8
Lng Disability	Contact	Priority Training Needs 2005/06	Action Taken	05/06 PDPs	Priority Training Needs 2006/07		06/07 PDPs
CTPLD	Rose Simons	Teamwork / joint work Direct Payments Person Centred Planning Health Action Plans Funding for Services Legislation Update	Mgr organised Mgr organised Met thru program Mgr organised Mgr organised Met thru program	Sent to HR - requested copies - not received 11 recvd	Legislation relating to LD clients Criteria for funding Housing Sexual health Health issues / common syndromes for people with LD	Working with Rose to understand these needs further & how we can support the team to achieve them	11
Newbury Day Centre	Debbie Spink	Mental Health & Learning Disabilities Time management Person centred planning Risk Assessment	Training plan written & action is being taken to meet these	32	Ongoing trg as per program for new & existing staff NAPPS for Adult Placement Team IT & Raise Training Needs of people with profound & multiple LD	Working with NDC to understand these needs further & how we can	43



	Supporting people with profound Learning Disabilities	needs mainly thru shut down weeks	Jabadeo	support the team to achieve them
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		Carers issues / legal framework Raise awareness re professional roles eg social workers, Ofs	Met thru program Met thru program					
<b>Int. Care</b>	<b>Contact</b>	<b>Priority Training Needs 2005/06</b>	<b>Action Taken</b>	<b>05/06</b>	<b>Priority Training Needs 2006/07</b>	<b>06/07</b>	<b>PDPs</b>	<b>PDPs</b>
Rapid Response	Sue Poole	Change of manager - previous manager did not provide.	-	X	Risk Assessment Contracts RAISE Dementia Team development day	Met thru program Discuss with Matt Met by RAISE Met thru program Agreed to facilitate	4	
<b>QPP</b>	<b>Contact</b>	<b>Priority Training Needs 2005/06</b>	<b>Action Taken</b>	<b>05/06</b>	<b>Priority Training Needs 2006/07</b>	<b>06/07</b>	<b>PDPs</b>	<b>PDPs</b>
QPP	Teresa Bell	Team Building & Consultancy Skills Writing & reviewing policies & procedures Project management	Development days facilitated Met thru program Met thru program	YES	General IT skills Specific IT systems skills Further team development Management development Professional qualifications	Met thru program Met thru program Team organising Met thru program Met thru program	22	
<b>Housing</b>	<b>Contact</b>	<b>Priority Training Needs 2005/06</b>	<b>Action Taken</b>	<b>05/06</b>	<b>Priority Training Needs 2006/07</b>	<b>06/07</b>	<b>PDPs</b>	<b>PDPs</b>
Supporting People Housing	Ian Gilders	Project Management Change Management	Met thru program	Mgrs +1	Specialist training in SP from SITRA		3	
Housing	Tracey Hendren	New manager in post. Previous manager did not provide info.	-	X	Professional qualifications for housing staff Mapping all housing staff against social care standards Management development for housing managers Updates on housing law and best practice for all housing staff Support for admin staff through mentoring/joined up admin training	Met thru program Met thru program Met thru program	3	
						Met thru program		<b>Total PDP's</b>
								<b>170</b>

# Children's Services Training & Development Needs - Report 2005/6 & Priorities for 2006/07

Senior Managers	Contact	Priority Training Needs 05/06	Action Taken	Priority Training Needs 06/07	Action	06/07 PDPs
CsMT		Management development	Working with external consultant	Management development Management qualifications Budget management	Met thru program Work with Pam Jobson & Corporate Mgmt Dev Prog Met thru program & work with finance & IT Agresso training	
Diana King	Jackie Daniel	Priority Training Needs 05/06	Priority Training Needs 05/06	Priority Training Needs 06/07	Priority Training Needs 06/07	Priority Training Needs 06/07 PDPs
R&A		Time management Child Protection incl neglect Working with assylum seekers Assessments of assylum seekers Evidence informed assessment No info received	Met thru program Met thru program	Joint Investigation Training Team development / conflict resolution Report writing Dealing with difficult, dangerous & Course identified. Neil wrkg with aggressive people	SCT to organise & pay Working with external consultant - SCT to pay Met thru program Sue Adamantos re aims	
Adolescent	Colette Hanson			Self harm Substance abuse Restorative practice Solution focused therapy Working with separated children Negotiation & dealing with resistance from families	Met thru program Find out who is responsible for drugs / alcohol grant Service to organise - need to agree funding Service to organise - need to agree funding Team to organise - SCT to pay SCT to organise	8
Lorna Hunt	Maggie Short	Priority Training Needs 05/06	Priority Training Needs 05/06	Priority Training Needs 06/07	Priority Training Needs 06/07	Priority Training Needs 06/07 PDPs
Family Placement		No info received		Adoption Act Intermediary Special guardianship Planning for permanence Private Fostering Health & Safety Interviewing / sensitive Agresso	Requested more info from team Requested more info from team Requested more info from team Requested more info from team Met thru program SCT to organise Team to contact finance	

Foster Carers Alison Hynes	Foster Carer Preparation Child Protection, SCIP Attachment, Separation & Loss First Aid Safer Care Equalities & Diversity Working in partnership Foster Care of Adolescents	A full Foster Carer Training programme was organised to meet all of the identified training needs providing 4 levels of training: L1 Prep, L2 w/ 12m post L3 CPD & L4 Specialist Qualifications	Training needs remain the same as last year with need to increase the take up of training by Foster Carers. Joint Foster Carer and Social Care Staff training works well & should continue. Managers to design & organise program. John to contact Pam Jobson re Foster Carer qualification needs.	Another full Foster Carer Training programme will be organised to meet all of the identified training needs and levels. Training team working with Foster Carers & Managers to design & organise program.			
<b>Sue Adamantos</b>	<b>Contact</b>	<b>Rachel Palin</b>	<b>Priority Training Needs 05/06</b>	<b>Action Taken</b>	<b>Priority Training Needs 06/07</b>	<b>Action</b>	<b>06/07 PDPs</b>
Castle Gate	Rachel Palin	NVQ Level 3 DipSW SCIP, M&H, First Aid, Fire Rectal Diaz, Makaton Risk Ass, Child Development 2x Management Devel & Qual Induction & NVQ L3 x1 RMA Induction & NVQ L3 Management development Child Protection	Provided 4 staff end june 2005 Worked with inhouse trainer to provide. Some Met thru program Made available Made available All met thru program	Inhouse refreshers Various qualifications RAISE Computer Skills Management Development SCIP Instructor Detailed training plan provided Detailed training plan provided	Met thru program Work with Pam Jobson Team to contact RAISE team Team to contact IT Met thru program Team to organise - SCT to pay Team to organise & SCT to provide support where possible Team to organise & SCT to provide support where possible	17	
Outreach Tm	Rachel Palin	Specialist paediatric OT training DFG legislation Child Protection	Specialist paediatric OT training DFG legislation Child Protection	Specialist paediatric OT training General OT Refreshers DFG Changes / legislation Specialist CP re CWD Every Child Matters specific issues for CWD Solution focused therapy Restorative practice	Attend external events Link to OT refresher program managed by Jenny Meurer Team to organise Organised thru Safeguarding prog Team to source external trg & SCT to raise at Safeguarding Mtgs Service to organise - need to agree funding Service to organise - need to agree funding		
Children with Disabilities	Marjorie Taylor						

Fam Resource Robert Bradshaw	Groupwork / running groups Working with parents of younger children 0-8 Education processes Child Protection above L1 Presentation skills	Team to organise Met thru program Met thru program	Restorative practice Domestic violence Education processes Presentation skills Group work	Service to organise - need to agree funding Met thru program Team to contact education Met thru program SK asked RB for more details 8/6
Under 12's Laurie Morgan	Legal Case Filing Procedures Strength Based Assessments Solution Focused Report Writing team direct Child Protection Issues Personal Development Issues	All of these priorities are being addressed by the Writing team direct	Section 47 Direct work with children Working with parents with LD Restorative practice Solution focused therapy Specialist legal training Genogram work Basic assessment skills	Met thru program Ascertain content needed Team to explore with Nby Day Ctr & CTPLD Service to organise - need to agree funding Service to organise - need to agree funding SCT to organise Asked LM for detail SCT to organise
Davy Pearson Contact	Priority Training Needs 05/06	Action Taken	Priority Training Needs 06/07	Action 06/07 PDPs
YOT Lindsey Bass	Most training met by YOT consortium & Youth Justice Board Workload relief for qualifications Provided		Most training met by YOT consortium & Youth Justice Board Challenging racism	SCT to organise
Damien Griffiths Conference & review	Priority Training Needs 05/06	Action Taken	Priority Training Needs 06/07	Action 06/07 PDPs
Sandie Prouse	No info received		Solution focused therapy Social Work shadow program	Service to organise - need to agree funding Training agreed £2k to support
MATCh Sandie Prouse	No info because new team	Priority Training Needs 05/06	Priority Training Needs 06/07	Action 06/07 PDPs
			Multi agency / disciplinary working	Non WBC staff can access trg prog FOC. Agreed to pay for team development if required

06/07

## Appendix 6 Social Care Training Financial Plan 2006/7

Money Received	
<b>Budget</b>	£k
Cost Centre 73000	245
Cost Centre 73012 *	220
<b>Total</b>	<b>465</b>
<b>Budget breakdown</b>	
DoH Grants	298
Income target	25
Staff costs to move	20
CC&H Contribution	122
<b>Total</b>	<b>465</b>
<b>Estimated possible income</b>	
Course sales	40
Foster care training program	8
Childrens cancellation recharge	0.5
Adults cancellation recharge	0.5
GSCC	16.6
Skills for Care TSI	17.7
Free 2 Learn	3.5
Estimated possible income	86.8
Less income target	25
Total in addition to target	61.8
Add to budget	465
<b>Total estimated avail to spend</b>	<b>526.8</b>

Training Staff Costs (73012)	
6.5 staff salaries + 22%	200
PVI	100
CC&H	67
Childrens	33
<b>Total staffing costs</b>	<b>200</b>

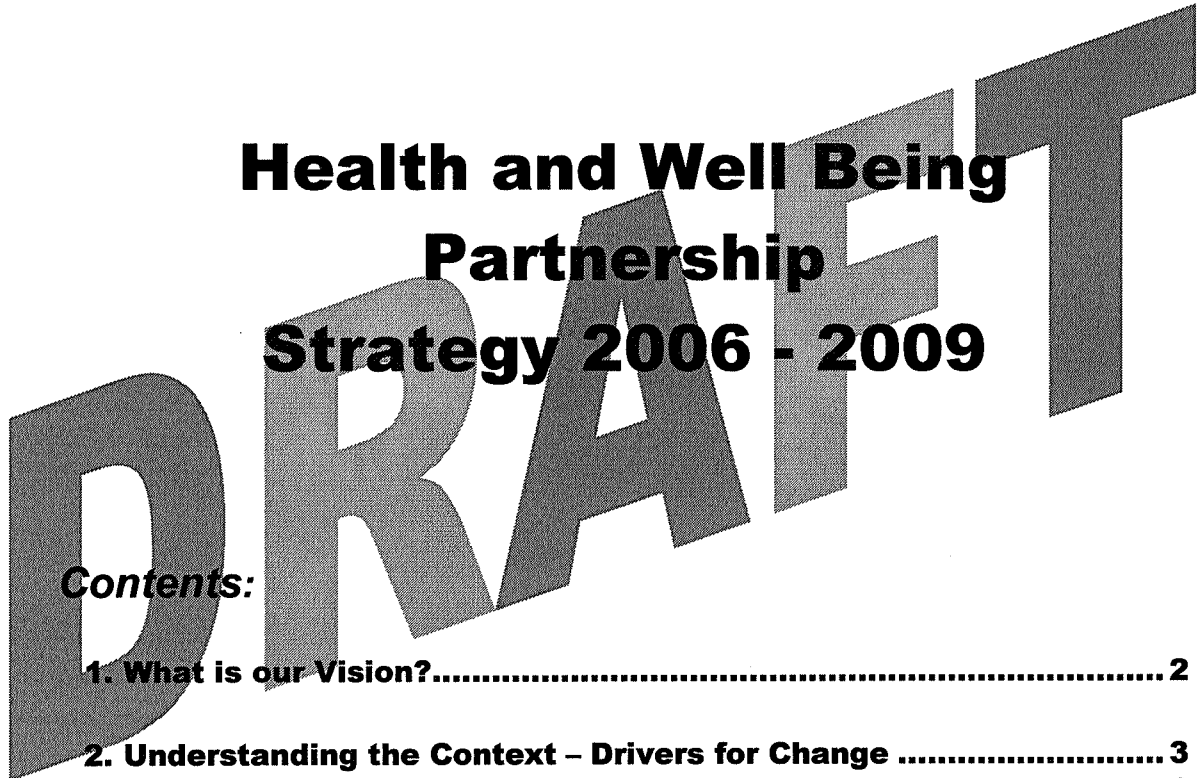
CC&H Plan	
<b>Funds available</b>	
DoH Grants 33.5%	99.83
CC&H Contribution	122
Staff costs to move	20
Skills for Care TSI	11.7
GSCC	9.4
Free 2 Learn	3.5
Cancellations recharge	0.5
Course sales	10
<b>Total estimated available funds</b>	<b>276.93</b>
<b>Spend</b>	
Staff costs to move	20
CC&H Training Staff costs	67
CC&H Qualifications	91.5
CC&H Short courses	98.43
<b>Total estimated spend</b>	<b>276.93</b>

Childrens Plan	
<b>Funds available</b>	
DoH Grants 16.5%	49.17
Childrens contribution	0
Foster care training program	8
Skills for Care TSI	6
GSCC	7.2
Cancellations recharge	0.5
Course sales	10
<b>Total estimated available funds</b>	<b>80.87</b>
<b>Spend</b>	
Childrens Training Staff costs	33
Childrens Qualifications*	36.37
Childrens Short Courses	11.5
<b>Total estimated spend</b>	<b>80.87</b>

PVI Plan	
<b>Funds available</b>	
DoH Grants 50%	149
Course sales & canc recharge	20
<b>Total estimated available funds</b>	<b>169</b>
<b>Spend</b>	
PVI Training Staff Costs	100
PVI Qualifications	18.7
PVI Short Courses	50.3
<b>Total estimated spend</b>	<b>169</b>

\* Childrens qualification fund is £22,630 short to meet targets

# Health and Well Being Partnership Strategy 2006 - 2009



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## **1. What is our Vision?**

The Health and Well-being Partnership has been brought together to provide community leadership to create a framework for health and social care, which meets the needs of the 21<sup>st</sup> Century.

The Health and Wellbeing Partnership forms part of the West Berkshire Partnership - the Local Strategic Partnership for the District, which brings together the public, private, voluntary and community sectors to combine the efforts of many organisations in co-ordinated actions to improve the quality of life for all.

People want to stay as healthy, active and as independent as possible. We each have a responsibility for our own health and wellbeing. At the same time there is increasing emphasis on the role of statutory agencies to work with partner organisations to promote healthier lives and providing appropriate support to meet this challenge.

It is acknowledged that some people will find this more difficult than others. This includes people suffering from long-term illness, people who are vulnerable through age, disability or isolation and people with difficulties accessing support & services, including those in rural areas.

The Health and Well-Being Partnership provides a framework for West Berkshire partners to work together to give everyone an equal chance of staying healthy, active and independent for as long as possible.

This strategy document sets out the overarching aims and aspirations of the Partnership for the next 3 years. It is an overarching document and does not seek to reproduce other plans and documents that already exist in relation to promoting Health & Wellbeing across West Berkshire.

*Appendix 1 – 'Planning Framework'* signposts existing plans and strategies that relate to work being undertaken by the Partnership.

## 2. Understanding the Context – Drivers for Change

Nationally, we are getting older, more obese and have greater long-term care needs. It is acknowledged that people want real choices, more local care, the ability to take greater control over their health whilst being supported to remain as independent as possible.

Changes in population and communities mean that we are living longer, but are less likely to be part of a close knit family providing support. Communities are more diverse and existing services may need reshaping to reflect these changes.

Alongside this, 90 % of people's contact with the health services takes place outside of hospitals; 1.7 million are supported by local social care services. This provides clear direction for reviewing how and where we provide services.

**Ref: Our Health, Our Care, Our Say, Government White paper 2005**

### Local Context

The population of West Berkshire as a whole is relatively healthy by national standards. However, income, employment, education and training, housing and environment and access to services are all key determinants that need to be considered in improving health and wellbeing.

Although West Berkshire is seen as a relatively affluent area, there are pockets of deprivation across the district. Rural areas in West Berkshire are particularly influenced by barriers to housing and access to services. There is also evidence that certain wards within West Berkshire score highly on deprivation scores relating to income, employment and health and disability.

The apparent affluence of West Berkshire can limit the amount of funding and grants we receive from central government, therefore placing greater pressure on the local economy and statutory agencies to provide appropriate and inclusive services.

Demographic changes, such as an increase in the number of people aged 65+ will place additional pressures on health, social care and housing services to ensure a range of supports are accessible and available as close to where people live as possible.

8.4% of West Berkshire residents provide unpaid care to either family, friends or neighbours (2001 Census), with nearly 2000 people providing care in excess of 50 hrs per week. Consideration must be given to both the impact this has on the health of the people receiving and providing care, as well as the financial pressure this would place on statutory agencies if this hidden workforce were not present.

The Health and Well-Being Partnership acknowledges that to understand and deliver services effectively to people across West Berkshire we need to understand the local area and communities with which we work. The West Berkshire 'Annual Public Health Report 2004 –2005' and the 'West Berkshire District Profile 2005', provides further key information relating to Health and Social Well-being, to help us to respond to identified areas of need.

**3. 'Our Health, Our Care, Our Say'  
- A new direction for Community Services**

In January 2006 The Department of Health White Paper '*Our Health, Our Care, Our Say*' was published. It sets out a vision for better health and social care services outside hospitals, leading to better health, independence and wellbeing.

The Health and Well Being partnership embraces the vision set out by the White paper and the strategic focus for the Partnership is based on the four desirable outcomes detailed within the White paper:

1- Better preventative services, with earlier intervention
2- Giving people more choice and control
3- Tackling inequalities and improved access to Community services
4- More support to people with long term needs

- To achieve these improvements it is recognised that there will need to be
- a shift in resources to prevention,
  - more services located in local communities and more services provided outside of hospital, thereby shifting care closer to home
  - more care undertaken outside hospitals and in the home
  - better joining up of services at a local level.
  - more encouragement of innovation

The White Paper builds on existing programmes of reform confirming the vision to make Health & Social Care services as flexible as possible to meet individual need and put them in control.

Early work within the Health and Well-being Partnership was based on the precursors to this vision and are consequently intrinsically built into the foundations of our partnership, these include:-

**1- 'Choosing Health'- Making Healthier Choices Easier**, the Public Health White Paper published in November 2004. This set out how the Government will work to provide more of the opportunities, support, encouragement and information people want to help them to choose health as well as shaping the commercial and cultural environment.

Choosing Health highlights 6 priority areas for action:

1. Tackling health inequalities
2. Reducing the numbers of people who smoke
3. Tackling obesity
4. Improving sexual health
5. Improving mental health and well-being
6. Reducing harm and encouraging sensible drinking

These priority areas will be tackled through informed choice, personalised support and partnership working. Other key agendas are: helping children and

young people to lead healthy lives and promoting healthy and active life amongst older people.

**2- Independence, Well-being and Choice.** Adult Social Care Green Paper (March 2005). This set out the Government's vision for the future of adult social care in England, addressing the challenges of a changing and ageing population, higher expectations, and our desire to retain control over our own lives for as long as possible and over as much as possible.

The paper places greater emphasis on supporting individuals to take control of their daily life, make choices that matter to them and putting people at the centre of the assessment process. The delivery of outcomes within the Green paper requires a fundamental shift in the way services are delivered, to include a focus on prevention and well being rather than crisis management, engaging the wider community to bring about greater social inclusion and improved quality of life for adults with social care needs.

As a part of our work to respond to this Government initiative, WBC brought together health and social care service users to describe their priorities, and they produced, editorial and contributed to a video presentation, which went to the Department of Health as the main part of our submission in response to the Green Paper. Further development days were held by WBC Community Care services exploring the issues discussed within '*Independence, Well-being and Choice*'. The outcome of these days have helped to shape the priorities for the Health and Well-being partnership.

#### **Appendix 2 – Outcome of Development days**

All of these changes are about improving the health and well-being of the residents of West Berkshire. Outcomes identified within '**Independence, Well-being and Choice**' strongly support the concept of wellbeing:

- ✓ Improving Health and emotional wellbeing;
- ✓ Improved quality of life;
- ✓ Making a positive contribution;
- ✓ Exercise of choice and control;
- ✓ Freedom from discrimination & harassment ;
- ✓ Economic well being ;
- ✓ Personal dignity ;

These outcomes are important to all of us, regardless of whether we receive social care services; therefore these outcomes will remain central to development of the Health & Well Being Partnership.

Other policy drivers for the Health & Well-being Partnership include 'Every Child Matters', West Berkshire's Social Inclusion strategy, West Berkshire's Community Safety Strategy.

## **4. 'Services delivered in Partnership'**

West Berkshire Health and Well-Being Partnership recognise that working with partner organisations to deliver common outcomes is mutually beneficial and allows us to achieve much more than in isolation.

Working in partnerships allows us to:

- develop better services for people in West Berkshire, particularly the socially excluded
- make better use of existing resources
- attract new external funding for projects and services

The Health & Well-being Partnership aims to develop and strengthen partnership working across statutory and voluntary sectors, and will maximise opportunities to link with existing partnership arrangements across these sectors.

### **Developing the Capacity of the Voluntary and Community sector –**

Voluntary and community sector organisations often enjoy particular advantages to working with disadvantaged people – either because they have specialist knowledge in providing services, or because they have closer links with particular communities, in this they can often provide the bridge between the statutory services and community views.

'Change up' is the government's vision to significantly increase public service delivery through voluntary and community sector (VCS) organisation. There is a need for the public and VCS to establish more business and partnership working arrangements to help build capacity to achieve this vision.

The Health and Well-being Partnership will provide community leadership to co-ordinate the activities of different service providers across the public, private, voluntary and community sectors in the district.

The Change Up and Trailblazer programmes will provide vehicles for the work to develop the capacity of the voluntary sector. The parish planning process will also be key in developing the community sector. The wider LSP will be engaged in promoting active lifestyles and preventing social exclusion

The aim will be to harness capacity across the whole local system, including services like transport, housing and leisure to meet the needs of all residents, including the most vulnerable.

## **5. Local Area Agreement**

West Berkshire has entered into a Local Area Agreement (LAA), with strategic partners from the West Berkshire Partnership from April 2006. The West Berkshire Partnership involves statutory, voluntary and private sector organisations who, through the LAA, have jointly agreed a range of local outcomes and targets.

The Health and Well-being Partnership has used the Local Area Agreement to agree a range of outcomes and targets to improve public services and quality of life. Some targets attract pump priming funding from central Government and reward grant for achievement, providing financial incentives for organisations and agencies involved in meeting these targets.

LAA's are recognised as a positive development to help achieve good partnership working, providing a framework for local services to deliver improved health and social care outcomes for people in the communities, whether provided by public, voluntary or private bodies.

### **LAA – Healthier Communities and Older people block**

The aim of this Block is to build healthier communities in a sustainable way, supporting the independence of all our population, with specific attention to the needs and aspirations of older people and people from vulnerable groups, access to community facilities and services. The LAA outcomes focus on Prevention and Community Health. This will be achieved through convergent outcomes that deliver a series of benefits.

#### **Preventative services:**

We have put forward plans to increase the number of older people supported to live in their own homes, and to increase the number of people receiving their maximum entitlement to pensions credit or attendance allowance. In order to achieve this, we are using an "outreach" approach, taking services, information and advice out to identified groups of people, in order to assist them to maintain their independence, take advantage of activity and learning opportunities, and follow up issues such as fuel poverty. This will require a partnership approach, and, as well as liaison between numerous parts of the council, will involve health staff, from Primary Care Trusts and GP surgeries, colleagues from the Pensions Service, and a wide range of voluntary sector and community organisations. We also intend to increase the use of assistive technology to add to the safety and security of vulnerable people living alone, in partnership with Sovereign Housing. In addition we are encouraging people to complete a "self assessment" of their needs, and will be working with them to assist with the needs identified in this process, even if they fall outside those services traditionally available from social services. We will

also further support the work of the PCT's Long Term Conditions Collaborative, focusing on identifying and supporting those individuals living with long term medical conditions. We have also undertaken to increase the range and flexibilities of day care services which the council has available for older people and people with a disability.

### **Community Health:**

We will be supporting the further development of the Activity for Health programme, which targets individuals referred by their GP who will benefit from a structured, supported exercise programme. In addition, we have identified two specific geographical areas where health improvement is a priority, and will be working to reduce obesity, and increase the number of smoking quitters in these areas. A further focus on healthy lifestyles is the extension of the Healthy Schools project, and an increase of schools involved in the 'School Nutrition Action Groups' (SNAGS) project. Smoking cessation is targeted with a commitment to support the move to develop smoke-free workplaces, and a focus on reducing the numbers of pregnant women who smoke. Improving sexual health is also a priority, with targets to decrease the under 18 conception rate, improve school based sexual health services, and increase the percentage of teenage parents who continue in education, employment and training. We will also support local employers to address issues of mental health and well-being, by opening up training courses on Stress in the Workplace.

***Ref: West Berkshire's Local Area Agreement 2006 - 2009***



**6. Making it happen – How will we achieve this vision?**



The West Berkshire Health and Well being Partnership is part of the Local Strategic partnership. The group is accountable to the Management Board of the Local Strategic Partnership.

The following partners are involved with the Partnership's work:-

- Newbury & Community Primary Care trust (Public Health & Primary Care)
- Reading Primary Care Trust
- West Berkshire Council (Community Care & Housing)
- User / Carer representation
- Community Action West Berkshire
- LSP Management Board
- Berkshire Health Care Trust

The Executive Board of the Health and Wellbeing partnership is listed as Appendix 3. The steering group has representation from all key partners identified above and was set up to oversee the implementation of the Health and Well being Partnership structure, the steering group continues to meet to ensure that the agenda will be driven forward by:-

Listening to what local people want and need to maintain their health and well-being.

The Health and Well-being Partnership's Networking Forum will provide one of the key means by which service users and citizens can engage with the Partnership in a systematic and robust way. This enhances but does not



replace the existing routes by which we currently consult: there are well established forums for users, carers and other stakeholders. We are also committed to developing ways to engage with hard to reach and will work with groups such as local parish planners and the Community Council for Berkshire to ensure that we extend our consultation as widely as possible.

Commissioning decisions based on good local information.

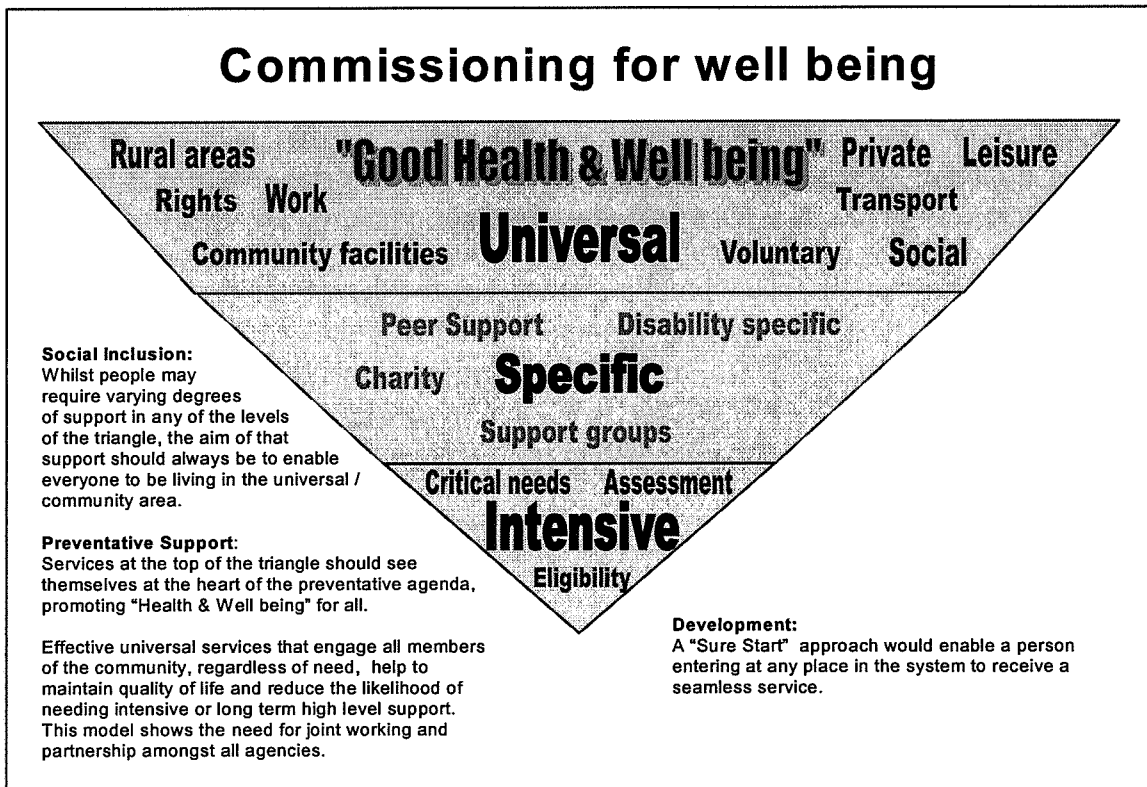
Effective commissioning depends upon good information. The Health and Well-being Partnership has the West Berkshire District Profile, the DPH Annual Report and a variety of up to date needs analysis reports which it can share across agencies to target improvements and resources to those who will most benefit from them. The District Profile and the DPH Annual Report provide the baseline of current population needs in order to effectively plan for the future and provide the information needed to stimulate and develop the social care market.

This joint work on local needs mapping has already informed the development of Local Area Agreement priorities, which target at-risk populations and health inequalities.

By jointly commissioning responsive services.

The Health and Well-being Partnership Commissioning Group will provide a focus for ensuring that resources are used effectively to promote health and well-being. It will work alongside existing local commissioning bodies to ensure that services are planned and commissioned to support the vision for health and well-being. A key objective will be to drive the re-alignment of the whole local system to support community well-being, which includes services like transport, housing, welfare benefits and leisure.

(Figure 2 - the triangle)



Performance Management and Quality Assurance.

The Local Area Agreement will be performance managed and monitored to ensure that we achieve the joint targets and outcomes we have agreed across the Partnership. The Performance Management strand within the Health and Well-being Partnership will also provide the local focus for the development of the synchronised joint performance management system across health and social care, as anticipated in the White Paper "Our Health, Our Care, Our Say".

## **7. Moving ahead - Action planning**

This strategic plan has set out the vision and priorities for the partnership over the next 3 years. The challenge is to make sure that we translate these aims and aspirations into activity that is really going to make a difference.

The Local Area Agreement forms a key component of our Action Plan and the detail of the LAA is given in Appendix 5. We will be working with groups across the Partnership to agree how these priorities are delivered and to ensure that action is undertaken.

In addition to working towards achieving the LAA outcomes the Partnership will be addressing a number of other themes to bring a closer engagement across sectors to achieve better outcomes for people in West Berkshire:

- Supporting Community Capacity to enable preventative initiatives and promote self care
- Understanding and quantifying the potential of aligned pooled resources and their deployment
- Sharing an understanding of costs / benefits
- Sharing approaches to building an evidence base of what works

The outcomes within this Health and Well-being strategy will be drawn together through existing and developing multi-agency strategies over the coming years. The document will be flexible and able to change and be added to as new guidance emerges and new priorities are identified. The inclusion of the LAA targets for the next three years is a firm basis on which we will grow a comprehensive and far reaching strategy, tackling inequalities in health and social exclusion, meeting all the health and social care needs of our population and wherever possible improving the health of everyone through prevention of ill health and promotion of positive health and partnership working.

## 8. Priorities for Action - Objectives and Targets

The following table, extracted from WBC – Community Strategy, 'A Better future for all', identifies the targets set out within the LAA for the Health and Well-being partnership.

Partnership	The West Berkshire Health & Well-Being Partnership
Aim / purpose	Improving the quality of life, well-being and health of all. The H&WB Partnership will work across agencies to achieve the following outcomes for WB residents: <ul style="list-style-type: none"> <li>• Improved Health</li> <li>• Improved quality of life</li> <li>• Opportunities to make a positive contribution</li> <li>• The ability to exercise choice and control</li> <li>• Freedom from discrimination and harassment</li> <li>• Economic well-being</li> <li>• Personal dignity'</li> </ul>
<b>Local Area Agreement outcomes for 2006 to 2009</b>	
	➤ To improve the health and wellbeing of the community by making services accessible to a greater number of people including increasing the number of older people supported to live independently at home.
	➤ To improve the health and wellbeing of the community by increasing income of targeted "at risk" individuals.
	➤ To develop outreach services, taking services, information and advice out to communities and individuals designated as 'hard to reach' or targeted due to demographic information about deprivation, access difficulties or health inequalities.
	➤ To introduce new technology as part of a development of 'Telecare' which supports more older people to remain living independently in their own homes.
	➤ To continue to support the work of the Long terms Conditions Collaborative, working with GP's to help identify and support individual living in the community with specific diagnosed medical conditions.
	➤ To improve the flexibility of local authority day services, to offer a greater range of opportunities for people.
	➤ To improve the health of twp specific communities identified as high in deprivation by reducing obesity and by increasing the number of people who successfully stop smoking.
	➤ To increase the amount of choice available to older people and disabled adults who are in contact with Community Care through offering an increased flexibility and range of services.
	➤ To improve the health of targeted at risk groups by increasing the attendance at Activity for Health sessions.
	➤ To improve the health of children and young people through improving diet (Healthy Schools)
	➤ To improve the health of the population by decreasing smoking prevalence and reducing exposure to second hand smoke.
	➤ To improve the sexual health of young people by maintaining a downward trend in conception rate amongst the under 18 age group, and supporting teenage parents into education, training and employment.
	➤ To support the promotion of Mental Health and Well being in the workplace, by offering related Training and Development opportunities to staff from local business and private sector employers, as part of a Training Programme run by West Berkshire Council.
<b>Other Partnership targets</b>	
	➤ Commissioning services based on local needs analysis to improve health and well-being.
	➤ Manage performance of all the agencies on the Partnership to ensure that targets are met.
	➤ Set up a consultation network to ensure local needs and the effectiveness of services are understood.

**Further details of the LAA targets can be found as Appendix 5**

**Additional health improvement outcomes for adults will be developed through other multi-agency strategies and action plans including:**

- Physical activity, smoking cessation – being updated
- obesity services, breast feeding – being developed
- mental health and well-being, sexual health – needs updating
- accident prevention, including falls prevention, affordable warmth, reducing the harm caused by alcohol and encouraging sensible drinking in adults – needs developing

**All the priority area outcomes for prevention focusing on children and young people set out in Choosing Health will be addressed in the Children and Young People's Strategy.**

**Additional outcomes for health and social care services for adults will be further developed including:**

- improved access to services – GPs, Practice Nurses, services in deprived areas, self referral
- improved access to community services – individual patient budgets, increased investment in end-of-life care
- improved care for people with long term conditions – Expert Patient programme, more joint care planning, changes to payment by results
- shift care closer to where people live – more convenient services, more eligibility for patient transport, new community hospitals more services for older people.

**Appendix**

***- To be included within the document***

**Appendix 1 –Planning Framework (to be added)**

**Appendix 2 –Outcomes of CC&H Development days**

**Appendix 3 –H&WB Partnership Executive Board Membership**

**Appendix 4 - H&WB Partnership Networking Group (to be added)**

**Appendix 5 – Detailed LAA outcomes**

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**Appendix 1 – Planning Framework**

**Health & Well being Planning Framework**

*...To be added*

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## Appendix 2

### Summary of WBC response to the Adult Social Care Green paper, 'Independence, Well-being and Choice'

West Berkshire adopted a proactive approach to the Adult Social Care Green paper, "Independence, Well-being & Choice" issued in April 2005.

Service Users were commissioned to make a film recording their views as part of the Council's response, and an initial workshop across the service was held in May 2005 to explore the implications and consider how we would move forward in implementing many of the proposals within this vision.

A newsletter was issued across the service in August 2005, detailing an overview of the Green paper and WBC response to date.

It was recognised that an integral component of achieving this new vision was the *wider role of the Community*, ensuring access to universal services are facilitated appropriately and that partnerships with wider Community Services are strengthened.

To further progress this agenda a Development Day was held in November 2005, invites were extended to wider Community Services and included representation included from staff across the service, wider council services, users and carers, health services, community safety, voluntary sector representation, department of work and pensions.

The day was facilitated by staff from across the service, with input from Users and Carers. Interactive workshop sessions explored key themes. Below is a collation of key themes emerging from these sessions.

The day focused on:

#### **1, How we ensure Users and Carers are central to service development**

Extracts of the DVD produced as a response to Department of Health by users and carers was shown. Discussion around priorities for users and carers was facilitated. Key Priorities identified included:

- ✓ **Communication and Information**
- ✓ **Assessment process should be User led and consider wider family / support network**
- ✓ **Needs to have an Holistic approach, considering all relevant services**
- ✓ **Important to feel in control**
- ✓ **Working in Partnership is essential to providing Coordinated support**
- ✓ **Funding Issues need to be streamlined**

**Attention to prevention and ongoing support for Health and Well being**

#### **2, Understanding how WBC is meeting objectives within the green paper and progress on actions agreed at the first development day.**

- Preventative services
- Self Managed Support : Self Assessment, In Control, Direct Payments

Issues explored are included below :

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### **Self Managed Support**

The concepts of Self managed support were explored, including:  
'Self Assessment' – Progress update on the development of the Self Assessment processes within West Berkshire, opportunity for participants to comment on the proposed assessment

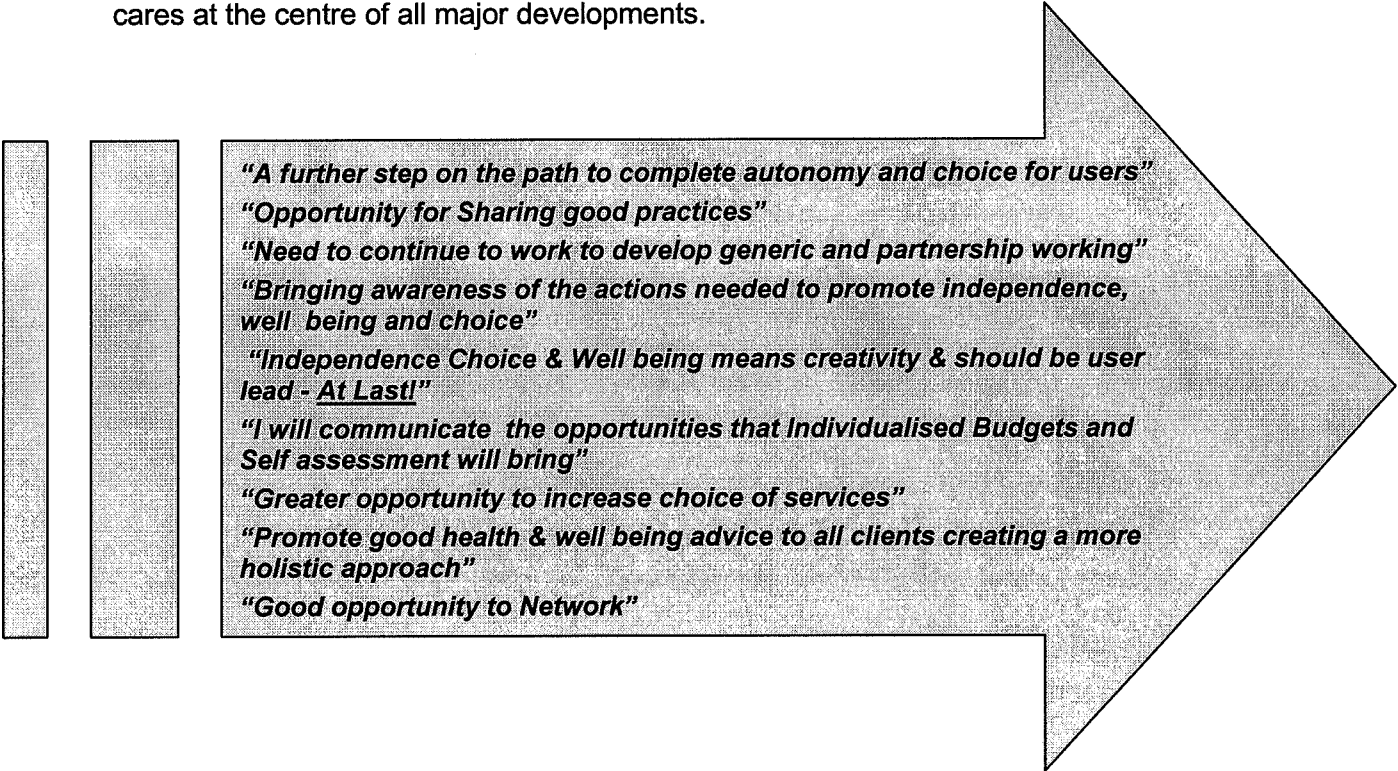
Individualized Budgets – Discussion around what Individualised Budgets were, exploring the 'In control' pilots scheme that are being developed.

Direct Payments – Exploration of how barriers to Direct payments can be overcome

### **3. Consolidating links with the wider community and consider how we move further forward with key partners.**

Throughout the day it was highlighted that to move forward on any of the areas discussed, there was a need to work together jointly on agreed outcomes.

Some quotes taken from feedback during the day are incorporated below. These demonstrate the benefits participants felt the day had in moving forward to ensure that West Berkshire adult social care and partners are able to deliver a service to users which is preventative, improves independence and places users and cares at the centre of all major developments.



*"A further step on the path to complete autonomy and choice for users"*  
*"Opportunity for Sharing good practices"*  
*"Need to continue to work to develop generic and partnership working"*  
*"Bringing awareness of the actions needed to promote independence, well being and choice"*  
*"Independence Choice & Well being means creativity & should be user lead - At Last!"*  
*"I will communicate the opportunities that Individualised Budgets and Self assessment will bring"*  
*"Greater opportunity to increase choice of services"*  
*"Promote good health & well being advice to all clients creating a more holistic approach"*  
*"Good opportunity to Network"*

**It was acknowledged at the end of the day that many of the themes explored during the day, and key outcomes from each of the session, will be progressed through the development of a Health and Well-being Partnership. Representation from across services, Users and Carers and wider partners will be central to these developments**

*Our thanks go to all individuals who contributed to this development day and gave valuable input.*

## **Appendix 3**

### **H&WB Partnership Executive Board Membership**

#### **Membership:**

Portfolio Member for Community Care & Housing

Shadow Member for Community Care & Housing

Chair of Healthier Communities & Older People Policy Development  
Commission

CCB/CAWB

Area Director – Primary Care Trust

Director of Public Health

Head of Quality Performance & Partnerships, CC&H

LSP Business Sector rep-

DWP – Head of Berkshire Services

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## **Appendix 4**

### **Health and Well being Partnership Networking Group**

*- to be added* depending on outcome of 6<sup>th</sup> April

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## Appendix 5 : LAA Outcomes

Set out below are the outcomes in the Healthier Communities and Older People block of the LAA.

Targets have been set, some of which represent a stretch target and attract pump priming and reward funding at the end of three years. Other targets, without the reward element have been set by the partners in order to guide multi-agency work over the next three years on delivering the priorities from central government around prevention and community health. For the sake of this strategy all outcomes have equal importance.

### LAA Outcome 5 (LPSA 4): Increased Access to Services

**Indicator Supporting Outcome:**

1. Number of older people supported by WBC to live in their own home, receiving all community based services (including those identified by self assessment & those with telecare systems).  
(As a sub-set of the above we will maintain at least 200 people receiving intensive home care).
2. Number of older people responding to the DH Home Care Survey who were extremely satisfied with their service.
3. Number of people receiving intensive home care.

### LAA Outcome 6 (LPSA 5): Increased Income

**Indicator Supporting Outcome:**

Number of people assisted to achieve their full benefit entitlement through the application of pension Credit and attendance claims.

### LAA Outcome 7 : Outreach Services

**Indicator Supporting Outcome:**

1. Total number of people in contact with this new outreach service.
2. Number of people taking up adult learning opportunities by attending outreach learning events through this service per year.
3. Number of households assisted to improve their fuel efficiency by taking up existing grants.

### LAA Outcome 8 : Increasing Older People Supported to Live at Home

**Indicator Supporting Outcome:**

1. Number of older people who have received preventative services identified through self assessment.
2. To install new technology (such as sensors and alarm systems) in people's houses, in order to allow people to stay in their own homes.

### LAA Outcome 9 : Long term Conditions

**Indicator Supporting Outcome:**

Decrease the number of older people who have 2 or more unplanned admissions to hospital in the last 12 months.

**LAA Outcome 10: To improve the health of two specific communities identified as high in deprivation in order to reduce health inequalities in the area.** The two specific areas are Greenham Ward (SOP E01016295) and Fords Farm (6 SOAs E01016273).

**Indicator Supporting Outcome:**

1. To reduce Obesity in the two target areas.
2. To reduce the number of people in the target areas who quit smoking at 4 weeks.
3. No of people participating in "Activity for Health" sessions.

**LAA Outcome 11 : Healthy Eating (Schools)**

**Indicator Supporting Outcome:**

1. Increase in the number of schools who have achieved Healthy Schools status.
2. Increase in the number of schools actively working on food in schools projects from the 2003.04 baseline

**LAA Outcome 12 : Flexibility of Services**

**Indicator Supporting Outcome:**

1. Volume and range of local authority services for adults with physical disabilities; learning disabilities or mental health problems on offer and increased flexibility over venue and timing of services.
2. No of older people supported by local authority day services at weekends and evenings.

**LAA Outcome 13 : Second Hand Smoke**

**Indicator Supporting Outcome:**

1. All NHS and LA sites to be completely smoke free, including buildings and grounds by the end of 2006.
2. Increase the number of smoke-free workplaces with >20 workforce.
3. Decreased proportion of pregnant women who smoke.

**LAA Outcome 14 :Sexual Health**

**Indicator Supporting Outcome:**

1. Decrease in the under 18 conception rate for West Berkshire.
2. Increased number of certified SRE teachers across West Berkshire.
3. Improved access to contraceptive services for young people, reducing unintended pregnancy rates.
4. Increase in percentage of teenage parents who are ready in education, employment and training.

**LAA Outcome 15 : Mental Health**

**Indicator Supporting Outcome:**

1. % of training places offered to external employers in the community (not social care providers).