

HEALTH & SOCIAL CARE SECTOR INVESTMENT PLAN 2005-08

- A City Fringe City Growth Programme -

Prepared by:



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Introduction

The Health and Social Care Sector Investment Plan (HSCSIP) provides an analysis of the sector in the City Fringe area and a series of interventions to address some of the issues the sector locally is facing over the next few years.

In line with the City Fringe Partnership's (CFP) general approach to policy and decision-making, it is based on sound evidence – in this case, a report commissioned by the London Development Agency (LDA) *Workforce Development Needs of the Health and Social Care Sector in the City Fringe*, Centre for Economic and Social Inclusion (CESI) 2003.

Also in line with the CFP's general approach, the HSCSIP is the product of a truly participative and collaborative process between employers and other key stakeholders, working together through the Health and Social Care Cluster Action Group (HSCCAG). This group was set up specifically to develop and implement the interventions needed to deliver service improvements that will raise the performance of the sector over the next five years.

The Plan is a continuously evolving practical plan of action assembled by the CAG employers and key stakeholder themselves. In this sense it is a living document requiring updates to respond to new challenges and opportunities for example the decision to award the Olympic Games to London in 2012. It also requires ongoing commitment of the CAG members and other partners if the aspirations and actions are to be realised.

The HSCCAG has enabled the sector to articulate its concerns and aspirations, and pulled these together in the context of public objectives and support, bearing in mind the full regenerative impact – economic, social and environmental. The result is a partnership where all parties stand to gain, working towards a common goal.

The HSCSIP provides the strategic framework for defining services that will maintain and improve the performance and productivity advantage of the sector locally and position it to respond to new challenges and take advantage of new opportunities, such as the increased employment opportunities through the hosting of the 2012 Olympic Games in London.

It also puts in place the building blocks for the long-term future of the sector, which will:

- ensure a legacy of skills in the workforce;
- improve the profile of the sector as a career choice for young people;
- enhance service development and innovation; and
- Contribute to the economic and social fabric of the area.

The HSCSIP's outcomes constitute a practical plan of action and activities to provide a clear direction and rationale for the development and delivery of the interventions outlined. In this way, it can be used to negotiate funding and to secure support.

It is also a living document, requiring ongoing engagement, leadership and commitment from the sector and key stakeholders if it is to be realised.

Specifically, the HSCSIP:

- gives a brief overview of the sector at national and regional levels;

- gives the local context, including details of sector engagement;
- demonstrates clear links to agreed existing strategies;
- presents an overall vision of where all stakeholders want the sector to be in five years' time;
- identifies roles, responsibilities and resources for taking action forward;
- identifies sources of funding and the priorities to which they contribute; and
- presents an outline of the process for monitoring and assessing progress.

As the HSCCAG becomes better established, the organic nature of the HSCSIP will also enable it to:

- give an analysis of the resources already in place and the gaps that need to be filled;
- identify planned future investment over a three to five year period; and
- outline both capital and revenue funding.

Background

The national picture

Health care

The health care sector in the UK currently employs more than 2.2 million people across a wide range of occupations and organisations. Recent analysis by the Sector Skills Council – Skills for Health – showed the following employment patterns:

NHS staff (including medical and dental practice)	1,524,416
Independent sector	472,124*
Private and retail	168,078
Voluntary sector	56,300
Total	2,220 918

* it is likely that some of these staff are also recorded within social care workforce statistics

It also identified certain needs that must be addressed in order to improve and develop services, including:

- devising new ways of working in the face of changes in the pattern of health care delivery;
- recruiting, training and retaining staff, in the face of high turnover and an ageing workforce (only 7 per cent of staff are aged under 25); and
- embedding the concept of and the infrastructure for lifelong learning.

It found that employers, training providers, funding bodies and the government must work much more closely together towards a common set of goals to address these needs.

In particular, the NHS Modernisation Agenda emphasises the cascading of skills and responsibilities to lower-level staff. So there is a need to devise route maps or 'skills escalators' for occupational development and progression within the sector, further upskilling the existing workforce and creating more lower-level job opportunities. This represents a significant challenge for employers, partners and intermediaries. But there is certainly a clear need for more effective and strategic interventions to address the current mismatch between the demands of the sector and the supply of people.

Social care

Empirical evidence specifically about the social care workforce is sketchy and there are large gaps in our knowledge, particularly around staff in the independent sector – including day care, partnership bodies and new types of care providers – and their levels of training and qualification.

However, using the limited data that is available and not including early years childcare, in 2003/04, there were an estimated 922,000 people employed in 'core' social care as it is traditionally defined, i.e. local authority social service staff; residential day and domiciliary care staff, and social care staff within the NHS (source: Skills for Care *Workforce Intelligence Annual Report* April 2005).

The Skills for Care report breaks down the numbers as follows.

- 390,000 staff employed in the independent sector adult care and nursing homes;
- 106,500 staff employed in domiciliary care;
- 288,000 staff employed by local authorities including 76,000 qualified social workers; and
- between 62,000 and 261,000 staff employed by the NHS in roles such as social workers and occupational therapists.

(These posts may also be recorded within the health data above.)

Vacancy and turnover rates for social care staff display more problematic characteristics than that of health care. Although extrapolation of data is difficult because of the gaps in information, vacancy rates for care staff directly employed by local authorities in London in 2003 were running at 17.2 per cent compared with an England average of 11 per cent. Alongside annual average turnover rates of 12.7 per cent, this provides an indication of the major recruitment and retention issues that the HSCSIP will help to address.

In addition, the strategic framework in social care is undergoing radical change. Policies introducing new regulatory bodies, regulations and standards have led to fundamental changes for those operating in this environment, in both the independent and public sectors.

The same principles of integration, equity, access and person-centred values that underpin the NHS Plan also support the National Service Framework for Older People; guidance on Continuing Care and NHS and local authority responsibilities, and the Care Standards Act 2000.

The Care Standards Act in particular has brought changes, creating some new institutions and key legislation. It has introduced new induction standards; mandatory qualifications to NVQ Level 2 for care assistants and to NVQ Level 3/4 for care home managers, together with regulation by the National Care Standards Commission (NCSC) and other bodies.

The regional picture

The Health and Social Care sector is the largest employment sector in London and the quality and availability, like transport and housing affects the capital's workforce and its' labour market and therefore underpins and therefore underpins all other employment sectors, therefore there is a vested interest in supporting staff.

The London Skills Commission has identified the health and social care sector as a priority for support. To deliver this, it established the Framework for Regional Employment and Skills Action (FRESA) flagship programme, incorporating the London NHS Skills Escalator in 2002. This has recently been updated through the London Skills Commission's 2005/06 Regional Skills Action Plan titled 'World Class Skills for the Global City' that builds on the NHS Skills Escalator. Specifically, the plan highlights the need to reduce the numbers of 'Hard to Fill' vacancies across the Public Sector and introducing measures that make it easier for people to gain entry to employment in the sector.

The programme has identified a number of challenges for the sector over the next few years, specifically in addressing the current recruitment crisis with staff shortages

and high turnover at all levels. At the same time, the demand for health services is increasing, with an estimated 46,000 extra staff (a 30 per cent increase) needed over the five year period 2005–2010.

In common with the rest of the UK, the London health and social care sector has an ageing workforce. So a key objective of the London NHS Skills Escalator is to attract new entrants as well as to retain existing staff through a process of continuous skills development.

The FRESA programme has adopted the following priorities for action, including:

- appointing dedicated project managers in the sub-regional areas to co-ordinate and strengthen partner activity, and reduce duplication and gaps in provision at the lower end of the escalator;
- scaling-up/transferring existing good practice activity to benefit from economies of scale;
- developing a clear communications strategy to raise awareness of the skills escalator concept, to demonstrate its benefits and to share best practice;
- creating new support roles to increase the capacity of middle managers and clinicians to successfully implement and sustain the skills escalator, together with dedicated champions to drive the initiative forward at organisational and human resource level;
- gathering robust workforce data and intelligence, crucial to underpinning the programme and to developing future initiatives and training provision that are responsive to the needs of the sector and individuals;
- engaging with higher and further education institutions to enhance the image of the sector and to build effective pathways to careers for young people; and
- ensuring that staff employed in the sector by private contractors has access to learning opportunities and to NHS and other public jobs.

In addition, there are continued high levels of unemployment within local communities served by the sector in London, particularly among black and minority ethnic communities. The FRESA programme has identified a clear case for matching employment opportunities with the needs of local communities.

The local context

The City Fringe is home to more than 20,000 businesses and employs some 255,000 people. The vast majority of these businesses are in sectors, such as health and social care, which have been identified as vital to the sustainability and growth of the London economy.

The health and social care sector is a significant employer in the City Fringe, with more than 57,000 staff employed within 2,000 'business units' (source: Annual Business Inquiry 2001, quoted in the CESI report on *Workforce Development Needs in the Health and Social Care Sector*). Full details of these sub sectors are identified in the table below.

These businesses range from the smallest dental, optometry and pharmacy practices to private and social enterprises providing day and domiciliary care services to major teaching hospitals such as Barts, and NHS Trusts such as the London, employing anything up to 7,500 staff.

City Fringe employers	Numbers of units
Hospitals (including 13 NHS hospitals and Primary Care Trusts)	77
Medical practices	226
Dental, optometry and pharmacy practices	228
Other health-related activities (e.g osteopathy, psychotherapy, and other alternative practices)	173
Social care service providers (includes 389 providing accommodation)	1,474

Nevertheless, the sector in the City Fringe faces a number of challenges, particularly around the recruitment and retention of staff. For example:

- In common with the national and regional pictures, the sector has an ageing

In addition, the practice within much of the sector of operating 24 hours a day, 365 days a year can often be more attractive to people who live locally compared with staff who commute into work from further afield.

Recent research within Barts and the London NHS Trust also indicates that local recruits are more reliable and on average stay longer than other employees, thus reducing turnover rates.

Evidence also suggests that black and minority ethnic groups are under-represented at the higher-skilled end of the workforce, which again, strengthens the case for intervention. Barts and the London NHS Trust have made a start – in 2004, they adopted a new policy aiming to recruit a workforce that is reflective of the patient community it serves.

The HSCCAG aims to improve links between the health and social care sector and the voluntary and community groups representing black and minority ethnic people and refugees. Some of these groups are already involved in the HSCCAG, and through outreach and referral work, they can be instrumental in continuing to address the under-representation of these groups in the labour force. Formal discussions have taken place regarding how New Deal for Communities residents within the City Fringe can be referred on to pre-entry training and job brokerage services as part of the Bart's and The London Project. The Groundwork Homerton Project is recruiting through Housing Associations in the area.

The HSCCAG also believes that improved awareness of job opportunities in the sector, particularly among school leavers, college leavers and graduates will help to address the age imbalance in the workforce.

More generally, the HSCCAG will follow the NHS Modernisation Agenda and encourage policies that increase the attractiveness of jobs in the sector, through improved pay, working practices and progression routes. This is the key long-term challenge for employers in the City Fringe.

The strategic context

The London Development Agency (LDA)

The HSCSIP proposals fit with the LDA's strategic objectives and with the priority actions of the Framework for Regional Employment and Skills (FRESA).

They also fit with two of the LDA's strategic priorities for investment as identified in the Regional Economic Strategy:

- the sector-based priority of health and social care; and
- the area-based priority of the City Fringe, a City Growth Economic Development Partnership incorporating the boroughs of Camden, Islington, Hackney and Tower Hamlets, XXXXX the City of London.

Moreover, this SIP specifically addresses a number of key objectives of the LDA's Economic Development Strategy (EDS). It will tackle barriers to employment by the implementation of programme of skills and employment training for the health and social care sector, notably:

- It will reduce disparities in labour market outcomes between groups by ensuring that employment programmes proportionately benefit disadvantaged groups in London
- It will deliver measures aimed at alleviating economic disadvantage through the LDA priority area investment programmes and integrate with the EDS business and skills priorities.
- It also fully meet s the aspirations of key LDA Actions through the programme of interventions is focussed on activity within the "people pillar" of the Economic Development Strategy.

Social Care Agenda and the Adult Services Green Paper

The HSCSIP should also be viewed in the light of the Social Care Agenda and the new Adult Services Green Paper. These have major implications for workforce development in the sector, particularly in relation to capacity-building for social care.

Many of these workforce development issues have arisen as a result of compliance with the Care Standards Act of 2000 and the national minimum qualification framework, specifically the need to:

- increase work-based learning and assessment, verification and mentoring capacity;
- encourage employers to establish and maintain a workforce 80 per cent qualified at the equivalent of NVQ Levels 2/3;
- achieve a sufficient and varied range of practice learning opportunities to support new social work degree targets; and
- improve leadership and management in general but with a specific remit for supervision networks/partnership management, mentoring and advocacy.

The City Growth Strategy

The HSCSIP should also be seen within the context of the CFP's City Growth Strategy (CGS). It focuses on the competitive advantages of the City Fringe and uses an evidence-based approach that emphasises the importance of developing clusters of related businesses and industries.

The CGS outlines an analysis of the area and suggests a programme of intervention designed to enhance and sustain its competitive economic advantages, with the underlying objectives of both economic and social development. It identifies key sectors and clusters through an audit of business activities and extensive research and business intelligence, and targets them for support.

Although health and social care is not a classic private sector model, the sheer volume of employment in the sector in the City Fringe (57,000 employees) and some of the performance, productivity and staffing issues that need addressing, are informing the HSCCAG's approach to support and development for the sector.

Using the CGS cluster concept, the HSCCAG believes that the sector in the City Fringe has a 'critical mass' of organisations – employers, further and higher education institutions, training providers, support and development agencies such as the Sector Skills Councils, and local authorities – and that these are both geographically concentrated and mutually supportive.

More generally, this clustering has a high local 'economic multiplier', which is of significant benefit to the area, not least in terms of the increased income and health and well being of the local City Fringe area that local employment can bring within the local neighbourhoods. Some areas of the City Fringe where there is a concentration of disadvantaged communities have very high levels of benefit dependency, including incapacity benefit claimants, many of whom suffer from mental health problems and other forms of disability. These communities form the core target of support within themes 1 and 3 covering Job Brokerage, Recruitment and Training and Employment Support for Mental Health Service Users.

Significantly, the HSCSIP supports and reinforces the stated strategic aims of the CGS in that the sector acts as a vital service for the City Fringe's growing business and resident communities.

It also contributes to a number of specific CGS aims:

- act as a catalyst in the development of a sustainable, diverse, competitive business environment, recognising the role of the City Fringe as a major business activity area within the Greater London economy;
- enhance the employment prospects, motivation and skills of the residents of Camden, Islington, Hackney and Tower Hamlets, particularly those at a disadvantage, to enable them to compete effectively in the City and City Fringe labour market and wider London labour market and to promote equality of opportunity;
- ensure the supply of an appropriately skilled labour market to City and City Fringe businesses;
- Secure benefits for the wider London economy from the development of the City and City Fringe economy and make links with other priority regeneration areas or sectors in London.

The Health and Social Care Cluster Action Group (HSCCAG)

Another essential component of the CGS is its emphasis on sector-led ideas and action in partnership with other key stakeholders. This has been achieved through the HSCCAG, which has been key to identifying the interventions proposed within the HSCSIP.

The HSCCAG is jointly chaired by the two strategic health authorities that cover the City Fringe – the North East London and the North Central London Strategic Health Authorities. HSCCAG members also include major employers, such as Barts Hospital and the London NHS Trust; the City and Hackney Mental Health Trust; the Sector Skills Councils – Skills for Health and Skills for Care; the Learning and Skills Councils; Jobcentre Plus; further education colleges, and local authorities.

The HSCCAG has set out the major priorities and themes of the HSCSIP. It also set up theme-based sub-groups to develop specific interventions in line with the HSCCAG's overall aims, which are to:

- identify and address skills and skills gaps for both new entrants and the existing workforce;
- improve the overall productivity and performance of the sector;
- increase opportunities for local people; and
- positively promote the sector within schools and colleges.

The five themes and the specific interventions relating to each form the body of the HSCSIP and are set out below.

The HSCSIP

Vision

The HSCSIP vision is that by 2010, the City Fringe health and social care sector will have:

- maintained its current position as a major employer;
- improved its overall productivity and performance;
- resolved its most pressing issues around staff recruitment, retention and training;
- increased employment opportunities for local people; and
- further contributed to the economic development of the City Fringe.

Aims and objectives

The HSCSIP overarching aim is to improve the overall performance and productivity of the Health and Social Care sector in the City Fringe. The CAG intend to deliver this aim in order to secure the long term future of the sector through a series of interventions that will:

- ensure a legacy of skills in the workforce;
- improve the profile of the sector as a career choice for young people;
- enhance service development and innovation; and
- contribute to the economic and social fabric of the area.

Themes

The five themes of the HSCSIP should not be seen as discrete areas but as part of the overall vision and plan. They are designed to complement each other in enhancing the development and long-term sustainability of the health and social care sector in the City Fringe. They are:

1. Job brokerage, recruitment and training
2. Business support for small and medium-sized enterprises (SMEs)
3. Employment Support for Mental health Service Users
4. Social care provider support
5. Promoting the sector as a career choice for young people

Rationale for interventions

1. Job brokerage, recruitment and training

Many NHS employers in the City Fringe are committed to increasing the numbers of local people within their workforce. Three of the major NHS Hospital Trusts – Bart's and The London; Homerton University Hospital, and University College London Hospitals (UCLH) Trust – are involved in this intervention. They employ more than 15,000 staff between them and have large numbers of vacancies that are suitable for local residents.

The sheer volume of entry-level positions that become available every year across the sector is reason enough to justify this intervention, particularly when matched against the numbers of local residents looking for work. Moreover, the NHS Hospital Trusts have forecast that around 280 local residents, after they have received a

range of advice and guidance, sector specific training, job search and post-entry mentoring and support, can move into secure employment in the sector. As an example of their commitment, Barts and The London have 'ring-fenced' many entry-level positions for local recruitment.

This model can be transferred to the other acute hospitals, to primary care and mental health trusts in the area and to Care providers. Barts and The London have presented this model to UCLH and the Camden Health Employers Group.

2. Business support for small and medium-sized enterprises (SMEs)

There are more than 288 dental practices in the City Fringe, most of them employing less than 10 staff. Along with staff in SME care providers and pharmacy and optometry practices, dental practice support staff face new requirements for registration in order to meet the national minimum standards.

Support staff, such as, dental nurses and technicians are known as Professionals Complementary to Dentistry or PCDs and their roles within the overall dental team are vital. The General Dental Council now expects all PCDs to be trained, qualified and registered. The aim is to ensure that patients are better protected and that PCDs achieve the recognition and opportunities for career development and progression that they deserve.

This intervention will deliver management and leadership skills training and care standards training for the existing workforce and aims to improve links between sector employers, schools and training providers.

3. Employment Support for Mental Health Service Users

A key policy of Government seeks to address the significant numbers of people in the UK who receive incapacity benefit. Since the 1980s the number of people claiming incapacity benefit has trebled to 2.75 million. Many of these claimants would like to work and the Government's Green Paper on this issue specifically highlights the need for a more active response from GP's and the NHS to support patients who fall into this category to get back into work and / or work related training. The HSCCAG therefore established a Mental Health User theme group to specifically look at the needs of City Fringe residents either recovering from or "at risk" of developing mental health problems with the lead Officers of the Primary & Mental Health Care Trusts and other key stakeholders.

There are almost eight million people of working age in the UK who are economically inactive. It is well documented that the longer a person is out of work, the more their physical and mental health suffers. And in turn, long-term illness can affect their future employment opportunities. Given the objective of HSCCAG to increase opportunities for local people and to contribute to the economic and social fabric of the area the HSCCAG agreed to undertake an 'Invest to Save' demonstration project through a number of GP practices across the City Fringe area.

In 2001, voluntary agency Tomorrow's People (TP) began delivering an innovative pilot project at the James Wigg GP practice in Camden. Working on site as part of the primary care team, TP advisers offer professional employment and training advice. In particular, they talk to patients on long-term incapacity benefits or disability allowance who are able to work, and people who are repeat patients, which may result in them becoming incapacitated or unemployed. They can be referred either by

their GP or themselves and they can see the adviser regularly, for as long as they need support.

The Results so Far

The key outcomes achieved in Camden where an Adviser attended the Practice for one day per week throughout the period have been:

200 patients have seen the TP Adviser to express interest or make enquiries about the service (September 02 – December 04);

61 people made a commitment to receive support from our Adviser and registered;

Of those who have completed, 87% have returned to employment or training;

On average, 82 per cent of these are still in work 12 months later

The impact this has had on health care resources is highly significant:

Reduction in patient consultations - Doctors at the James Wigg Practice estimate that advice and support from a TP Adviser has saved on average **five** repeat consultations per patient. Allied to this reduction in consultations there has also been significant savings on prescription levels, particularly for anti-depressants.

Reduction in referrals to counselling - The numbers of referrals to the in-house counsellors fell markedly after registration, as illustrated in the table below:

	Referrals before registration	Referrals after registration	% difference
All beneficiaries referred	19	6	-68%
18 months before and after	12	2	-83%
12 months before and after	13	3	-77%

It is a project that has been effective in supporting people back to work, alleviating health inequalities and saving primary care resources. And there has been great demand for the service within GP practices elsewhere in the City Fringe. A number of GP practices in Camden, Hackney and Islington have formally asked to be involved in this demonstration project and a marketing campaign will promote the service to GP practices in Tower Hamlets.

4. Social care provider support

As we have noted above (see page 5) social care providers face serious problems around vacancies and staff turnover. At the same time, they are undergoing radical changes in terms of the standards and regulations under which they must operate. Specifically, the sector needs support to move towards a fully qualified workforce.

This intervention aims to increase the numbers of support staff who can get the necessary qualifications for registration, particularly at higher levels (e.g level 3, Registered Managers Award). This will enable providers to deliver services and set firm foundations for the rest of the workforce.

Both North Central London Strategic Health Authority (NCLSHA) and North East London Strategic Health Authority (NELSHA) have identified some smaller care providers that have training needs but not the resources or capacity to support employee development or to operate their own NVQ infrastructure.

This intervention will increase the supply of assessors who can offer peripatetic support and assessment in order to deliver the targets set within the Care Act. This assessor capacity is important as there are significant numbers of 18 to 24-year-olds working in the care sector that could benefit from apprenticeships if the infrastructure was available.

The NCLHA Essential Skills Team will lead this activity supported by a small steering group including NELHA Care Managers.

5. Promoting the sector as a career choice for young people

At the moment, there is a major gap in the resources (staff and materials) needed to fully promote health careers in City Fringe schools.

Nevertheless, the DFES-funded Islington Pathfinder project has provided a valuable model in bringing schools and sector employers together. Groups of education and health sector staff work to integrate different aspects of health careers and health education and to develop health-based materials in key areas of the National Curriculum.

This intervention aims to build on the Islington Pathfinder model. Initially the project will focus on the development of curriculum modules with groups of education and health sector staff will be set up to plan activities, mainly in secondary schools although there is also interest from some primary schools.

In Tower Hamlets, the intervention will connect directly with the Health Science Pathway for the borough's LEA and college. The Pathway has made some positive changes, with increased numbers of students studying health and vocational sciences at Levels 2 and 3 (an LDA STEM priority). The Pathway will work with Barts and The London, and with Tower Hamlets PCT to provide extended work placements for students aged 16 to 19 as part of the mandatory work experience of the BTEC Health and Vocational Science 'A' Level structure.

The Pathway will also co-ordinate work with secondary schools to develop the Health Challenges project, which aims to interest 14 to 19-year-olds in a range of health-related careers.

Although the project will focus initially on Tower Hamlets, we aim to involve the City and Hackney PCT and Homerton University Hospital as soon as possible.

Next Steps

The Health and Social Care sector is facing increasing staff shortages and yet still needs to expand, with an expected 46,000 new jobs over the next 5 year (to 2010) in London. Concurrently the new national qualifications framework for Social Care providers and support staff employed in the sectors sme's, such as "Professionals Complementary to Dentistry" has for the first time required the workforce to be formally qualified.

Our programme of interventions identified in the following tables therefore provides an opportunity to test out new approaches to achieving these aims with the City Fringe area. The interventions proposed form the first tranche of the programme of support, and will be reviewed after 6 months of delivery to review performance and whether they should continue through until March 2008.

A number of additional interventions will be considered by the theme groups early in the New Year 2006 and be considered by the main CAG at its' February meeting, initial discussions have surrounded:

- Conversion courses for Migrant and Refugees Health Care Professionals to allow them to practice in the UK / City Fringe.
- Generic Business Support programmes aimed at Social Care providers and dental pharmacy and optometry practices.
- Assessor Training for supervisory staff working in Social Care service providers to meet the national minimum qualification requirements for a qualified workforce set out in the Care Act.

The thrust of these demonstration / pilot interventions will be framed in the context of a number of major regional and national reviews and policies notably:

- The London Skills Commission Action Plan for 2005/06 that builds on the FRESA programme of support for the sector
- The Mayor's Economic Development Strategy
- The 14-19 White Paper and specifically that element relating to vocational education; and
- The National Skills Strategy

The HSCCAG are keen, at a strategic level, to improve the alignment and co-ordination of funding programmes between local, sub regional, pan London and national programmes that support the sector.

Theme 1: Job brokerage, recruitment and training	
Rationale – to prepare new entrants for available jobs in the sector	
<p>Local recruitment Develop and establish a pre-entry training programme for local people interested in careers in the health and social care sector. Promote sector employment to non-traditional recruits such as people from minority ethnic groups, resulting in a workforce that is more reflective of the patient community.</p> <p>1) Barts & the London NHS Trust – Action for Community Employment (ACE) project This project ‘ring fences’ entry-level jobs for local recruits. Annually, there are about 300 posts that fall into this category, covering for example, health care support workers, porters, domestics and laboratory assistants. The project focuses on providing a job brokerage service for local candidates along with an all-important mentoring service to support former unemployed local residents during the first, crucial weeks of employment.</p> <p>2) Homerton Hospital/Groundwork training and work placement project Groundwork’s local recruitment project at Homerton Hospital will concentrate on work placement opportunities to give local jobseekers specific pre-employment skills training. The project will also develop links with other NHS trusts, including Moorfields Hospital.</p> <p>3) University College London Hospitals NHS Trust A development pilot is proposed for the UCLH Trusts and the Camden Health Sector Employers Group to introduce a local recruitment and job brokerage service building on the work of Barts and the London Trust initiative.</p>	<p>Partners</p> <p>NHS Trusts</p> <p>Groundwork East London</p> <p>Job Centre Plus</p> <p>Local Authorities</p> <p>Strategic Health Authorities</p>

Theme 2: Business support for SMEs	
<p>Rationale: To deliver management and leadership skills training and care standards training for the existing workforce therefore improving productivity and performance within the workforce</p>	
<p>There are more than 288 dental practices in the City Fringe (112 of them in the 13 wards of the City Fringe core area), with the majority employing less than 10 staff. Along with staff in SME care providers and pharmacy and optometry practices, dental practice support staff face new requirements for registration in order to meet the national minimum standards.</p> <p>This intervention aims to improve links between sector employers, schools education and training providers.</p> <p>It will initially focus on:</p> <ul style="list-style-type: none"> • identification of numbers of support staff and manager training needs; • IAG and signposting to existing provision; • identification of problems in provision; • signposting to Investors in People providers; • core workshops; and • identification of potential assessor development 	<p>Partners</p> <p>Strategic Health Authorities</p> <p>Dental Practices</p> <p>Optometrists</p> <p>Pharmacy</p> <p>Primary Care Trusts</p>

Theme 3: Employment Support for Mental health Service Users	
Rationale – to provide advice and guidance for mental health users and those at risk of falling into this category	
<p>This is a proposal for an Employment and Training Advisor to work one day a week in four GP surgeries with patients either referred by their GP or self-referred.</p> <p>Following a pilot at the James Wigg practice in Camden, a number of GPs in Islington and Hackney have requested this service. The model will also be marketed in Tower Hamlets.</p> <p>The pilot has seen a number of people into work and training, a reduction in GP consultations and a reduction in anti-depressant prescriptions.</p> <p>Key target groups for this service include patients on long-term incapacity benefits or disability allowance who are able to work, and people who are repeat patients, which may result in them becoming incapacitated or unemployed.</p>	<p>Partners</p> <p>GP Practices</p> <p>Mental Health Trusts</p> <p>Strategic Health Authorities</p> <p>Tomorrow's People Trust</p>

Theme 4: Social care provider support	
Rationale – to assist social care providers to develop their workforce in order to meet the Care minimum standards and national qualifications framework.	
<p>A new minimum qualification framework is being introduced within the social care sector.</p> <p>This intervention aims to increase the numbers of support staff able to access required qualifications for registration, particularly at higher levels (Level 3, Registered Managers Award).</p> <p>Assessor Training and Development. Currently, there are not enough assessors to meet the demands of the new national minimum standards. Assessor capacity is especially important as it is clear that there are numbers of 18 to 24-year-olds working in care who could benefit from Apprenticeships if the infrastructure was available.</p>	<p>Partners</p> <p>Social Care Service Providers</p> <p>Employers,</p> <p>Skills for Care</p>

Theme 5: Promoting the sector as a career choice for young people	
1. Rationale – to raise awareness of the sector among 14 to 19-year-olds	
<p>This project will develop and deliver innovative work related learning programmes which are designed around the skills; qualities and knowledge that young people need to develop in order to be effective at work in the different healthcare occupations.</p> <p>Specifically a Health Science Pathway programme linked to Barts & The London will provide high level training and work experience for students looking for Careers in professional healthcare occupations.</p> <p>It will inform students and teachers about the wide variety of careers available locally within the sector.</p> <p>It will put individual career development at the heart of the 14 to 19-year-old phase of education and map progression pathways matched to specific occupations in the sector.</p>	<p>Partners</p> <p>Connexions Service</p> <p>NHS Trusts</p> <p>Schools</p> <p>Social Care Providers</p>

Social and economic inclusion – cross-cutting principles

The health and social care sector in the City Fringe is already a substantial employer with approximately 57,000 staff. The HSCSIP aims to develop economic opportunities and increase employment still further for local people in some of London's most deprived areas.

In doing so, it recognises the implications for the social and environmental well-being of the area too. It also addresses issues of social inclusion and equality of opportunity, which can contribute to prosperous, cohesive and sustainable communities.

To that end, the HSCSIP supports and reinforces the CFP's general cross-cutting principles. These are to:

- maximise equality of access to opportunities by targeting black and minority ethnic communities and other disadvantaged groups;
- ensure the economic, social and environmental sustainability of CFP activities;
- work in partnership with stakeholders and other initiatives and organisations in the area whenever appropriate;
- maximise the transfer of knowledge between related regeneration activities in the City Fringe area, generating links and avoiding duplication of effort;
- work within the context of the regional infrastructure and strategies, especially the London Development Agency's economic development strategy and the Community Planning Framework;
- ensure that strategies and programmes are developed on the basis of firm empirical evidence and backed by ongoing research; and
- develop best practice in integrating new economic developments in the City Fringe with the needs and priorities of local communities.

Equalities and Diversity

This programme will positively impact on ethnic minorities and other disadvantaged groups in the labour market through actively targeted outreach. This will include existing best practice to; for example, ensure that those groups who are under represented in the workforce and over represented in the unemployment statistics are targeted. To assist this, the project will work with the following key partners many of whom are themselves members of the Health and Social Care CAG. These community organisations such as the London Muslim Centre, Ocean, Shoreditch and ECI New Deal for Communities organisations, Local Authorities, Housing Associations (such as Peabody Tro3(rng ke)-5P

Olympic opportunities

There are enormous potential social and economic benefits to London hosting the Olympic and Para Olympic Games in 2012. People within the City Fringe area will benefit from new learning, jobs and career opportunities and the quality of life improvements that the new facilities will bring. The key business sectors that will reap most benefit are forecast to include “public and health related employment”.

In order to enable all City Fringe sectors to capitalise fully on the opportunities the Olympics will bring, a number of support measures will be put in place. These measures that will have specific positive impacts for the health and social care sector include:

- Upskilling for the Olympics – identifying the key skills that will be needed and preparing young people for jobs
- Centre of Vocational Excellence (COVE) for Sport – engaging with disadvantaged young people
- Volunteer Bureau – co-ordinating the recruitment, training and placement of volunteers
- Language Training – expanding and marketing courses for translators and interpreters

As an example, the Manchester Commonwealth Games led to significant employment gains in health employment according to the Commonwealth Games Benefit Study -- Faber Maunsell July 2004. The Manchester Volunteering programme offered a nationally recognised qualification to participants that covered personal development, motivation and social interaction and conflict management, these core skills would prove beneficial to local residents looking for employment within the health and social care sector.

Significantly the LDA have proposed a Centre of Vocational Excellence will identify the key skills needed for careers associated with the Olympic and Para Olympic Games. In order to prepare City Fringe residents (and particularly young people) the curriculum will incorporate progression opportunities for those employed in both direct employment and as volunteers to continue their career in the health and care sector. This will include proposals for a vocational offer in schools and Modern Apprenticeships.

In the longer term this legacy will positively impact on the health and well-being of City Fringe residents where friends and neighbours employed will cascade information about health and well being, nutrition and diet leading to improvements in the overall health and well being of area residents which currently lag behind the London and national averages.

There are forecast to be a number of permanent as well as temporary jobs arising from the hosting of the games in the health and associated professions. These are additional to the 46,000 new jobs across the sector in London. .

Options assessment and risk analysis

Options assessment

The options for taking forward the Health and Social Care SIP as outlined above are:

- not to implement it;
- to implement it on a reduced scale; or
- to devise and implement an alternative.

If the HSCSIP is not implemented, it is likel

	<p>through remedial action.</p> <p>Assessed as low risk</p>
Equality/sustainability targets not met	<p>The CFP and all partner delivery agencies have established equality and sustainability policies. A number of the employers involved have policies aimed at increasing the numbers of minority and disabled staff within their workforce. The HSCCAG accepts that a key issue will be the commitment of individual employers and residents to take part – Community based referral agencies will introduce local residents to the opportunities on offer. These intermediary agencies with experience of working with BME communities to assist in the attainment of these targets.</p> <p>Assessed as low/ risk</p>
Project overspend	<p>The funding and budget forecast are based on the delivery partners' extensive experience. Any remedial action necessary will be apparent through quarterly monitoring. This will minimise risk.</p> <p>Assessed as low risk</p>
CFP ceases to exist in June 2007	<p>The CFP joint venture agreement currently runs until June 2007, after which it is possible that the Partnership will cease although the LDA has indicated that it is likely to extend its support for 07/08.</p> <p>If the CFP does come to an end, alternative management arrangements will be offered through CAG member organisations. There may be a need for budget provision to be built into the future funding package to undertake ongoing management and monitoring of the programmes and interventions within the HSCSIP.</p> <p>Assessed as low to medium risk</p>

Implementation

Delivery management

The process for securing and drawing down funding from the public, private and independent sectors involved in the implementation of the HSCSIP has yet to be agreed. The anticipated model is that a package of funding will be secured that will be managed by the Corporation of London/CFP. The Corporation of London's Policy and Resources Committee received a report at its July 2005 meeting and approved the recommendations to take on this responsibility.

As the accountable body, the Corporation/CFP will then be responsible for implementing the HSCSIP in conjunction with a steering group made up of the industry and other partner representatives. Ultimately, the success of HSCSIP depends upon the health and social care sector maintaining active involvement in the design and management of investment.

The HSCSIP is intended to be flexible. It should be responsive and able to adapt to changing circumstances and markets, and as new information becomes available. The needs of the sector should take precedence over the details within the HSCSIP itself.

Commissioning

The interventions proposed within the HSCSIP will be commissioned by members of CAG themselves who are in the best position to identify their own sectors development and support need. The LDA have accepted this procurement route. Future project intervention from April 2006 will be through the CFP appraisal process.

Communications

The delivery of the HSCSIP will be supported by an extensive network of community based intermediate organisations, which will provide marketing material and advice on-line information that is available. Marketing and advertising materials will be used to promote the HSCSIP in appropriate community languages in order to reach all residents communities across the City Fringe as well as the Health and Social Care sectors wider business and employer community.

The communications tools will be two-way to enable the sector to provide feedback on delivery to the CAG so that the HSCSIP can be adapted to changing circumstances.

Monitoring and evaluation

Monitoring

After approval of the portfolio of proposed interventions, a detailed project plan, with key milestones and outputs, will be prepared for approval by the HSCCAG. The group will then monitor the project plan on a quarterly basis.

A formal monitoring report will be disseminated to key stakeholders and public sector funders. The details of this monitoring function will form part of the HSCCAG's terms of reference.

Evaluation

An evaluation of the HSCSIP is important to assess the impact and effectiveness of its programme of interventions. All parties – public, private and third sector bodies will need to see an appropriate level of return on their investment.

The evaluation methodology should take into account both the hard outputs and the softer outcomes. A key measure in the evaluation process will be the Health and Social Care sector employer's view of the effectiveness of the HSCSIP and the sustainability of the interventions. Similarly City Fringe residents engaged in the various interventions will be given the opportunity to provide feedback of the quality and appropriateness of the services on offer that will form part of the ongoing evaluation.

Economic impact

The HSCSIP will have a positive impact on both the local and the wider regional economy. It will benefit the City Fringe by increasing the performance and productivity of the sector in the area. and open significant job opportunities for City Fringe residents

Social impact

The HSCSIP will have a positive social impact, bringing increased employment opportunities for people in some of London's most deprived areas.

By specifically targeting younger people and people from minority ethnic groups, it will address issues around social inclusion and equality of opportunity. By encouraging non-traditional recruits, this targeting will also help to address the issue of the sector's ageing workforce and other staff recruitment and retention issues. It will also result in a workforce that better reflects the patient community it serves.

In addition, the HSCSIP will increase the number of businesses participating in activities within the wider community, including schools liaison – for example, offering Year 11 students work placement opportunities to enrich their GCSE curriculum. ???

Environmental Impact

There are no negative environmental impacts within this programme of support. With an increased number of local residents working in local Health and Social Care employers will in the longer term reducing commuting thereby improving the local environment in terms of journey's etc.

Generic Business Support Programmes aimed at the sme's operating in the sector will include advice on clinical waste management and disposal impacting positively on the environment.