

**Domiciliary Care provider working group 10th November 2009.
Civic Hall 9.30 – 12noon**

Attendees:

Samina Sheikh	Carewatch
Badar Usmani	Caremark (Leeds)
Farina Tayub	Caremark (Leeds)
Lucy Towers	Vive UK Ltd
Vicky Kirkbright	HFT
Amanda Wardman	ASC – White Rose House
Helen Caukwell	Expert by Experience (carer)
Gill Copeland	Angels Housekeeping CIC Ltd
Tony Callaghan	Adult Social Care
Helen Gee	Adult Social Care
Iola Shaw	Adult Social Care
Trevor Stephenson	Social Worker on Early Implementer project
Pepe Ruzuidzo	1 st resource
Marion Lawson	OD, LCC
Sally Jordan-Tyman	OD, LCC

Apologies

Jackie Lavellee	Victoria House
Mary Spencer	LCA
Sue Marshall	Affinity Trust (ex TACT)
Gladys Wright	reed social care and community care
Sara Fox	MHS care group
Florence Doku	Jays Homecare
Zoe Bawn	United Response
Michael Edwards	Carewatch

More in-depth introductions where people introduced the organisation they work for were made and then the session focused on workforce development

Sally and Marion gave a presentation on the People development strategy 2009 – 2012 its goals and aspirations. This replaces the workforce development plan that ASC formerly used to shape the training provision internally each year. Now external providers of services will have access to much of this training too. The goal is to help deliver more consistent quality of service across the city regardless of provider. Three consultation events were held with providers and the strategy was launched on 29th September. Workshops were held that covered topics such as skills and competencies for personal assistants and coaching/mentoring skills.

ASC Organisational Development team are now working to enhance the links with external service providers so they can receive information about training that is available, sharing the calendar of training provided by ASC for staff and contracted providers. The email list for this group has now been shared with Sally to ensure they receive the quarterly training schedule in a timely manner. Where courses are over subscribed places are offered to ensure distribution of skills around the city and scope for sharing training within teams. The majority of courses are not accredited, but attendance certificates are supplied. Medication Training is an exception with

C&G accreditation and is being delivered on an area by area basis across the city. It is being made available to staff of organisations on cost a volume contracts.

The application form to attend the courses can be accessed via the calendar, whilst the training offered by LCC is currently free. There is likely to be a charge for non-attendance. Some course outlines were shared for information.

There was then a discussion about what training was desired with a specific SDS focus and what developmental needs organisations felt they may have to meet the changing nature of social care.

Vicky outlined the experience at her organisation as they have moved from a large building residential service where staff held most of the power to smaller houses. Significant culture change has occurred as each new change alters the organisation/care staff/client relationship.

Each culture change takes time and is unsettling – however they have used worries/feelings diaries as a tool to help discussions in supervision to aid staff to gain control and insight into their experiences, as well as assisting managers in developing better culture change management techniques.

There was a discussion about the impact of staff turn over – not only do clients bond with some staff members and become disappointed when they move on staff also form relationships with clients and this may be a source of job satisfaction or conflict (if the relationship is not positive).

Trevor has found when helping clients develop their support plans that they are generally quite flexible when looking at how to meet their needs – far more so than traditional services eg someone may combine a trip to the gym with eating lunch in the café there rather than requiring assistance to prepare a meal that day.

The question of building workforce development into costing models was raised. If a client has escalating needs it is better that staff are up-skilled to meet their care needs or should staff be changed as their care needs alter? Depending on the nature of the arrangement between the provider and the individual either option may be more appropriate. There was a general consensus that greater availability of information about training and its funding would be beneficial. Many workers are now placing greater emphasis on their accredited training rather than generic training that is not portable between posts, it was unclear whether they felt they or their employers should be the ones making the financial investment in this.

An issue was also raised regarding non-payment by individuals in receipt of direct payments who have contracted directly with a provider. This was a source of significant lost revenue and the ASC stance was sought on the situation. It is clear that the contract is not with ASC but the individual however if service is withdrawn for non-payment ASC still has a duty of care. This issue will be raised with the SDS project team.

The next meeting will be on 8th December 2009 at 9.30am in one of the committee rooms in the Civic Hall. This session will include a significant focus on what attendees organisations are doing with respect to self directed support.