

Tackling the challenges of Adult Health and Social Care in the Current Climate of Financial Constraint

The Personalisation and Transformation Agenda is about modernising and transforming social care provision to enable increased choice and control in the way that people receive services. The Government's Putting People First document set the direction for Adult Social Care over the next 10 years. It requires a commitment from commissioners and providers to deliver significant change by April 2011. Lord Darzi's Next Stage Review (2008) made it clear that this can only be achieved by working in partnership and focusing on people and more recently, Working to Put People First: The Strategy for the Adult Social Care Workforce in England (DH April 2009) outlines the workforce implications of Putting People First and provides the workforce framework to support transforming social care.

Oakleigh consultants have recently been commissioned to carry out extensive research into the makeup of the health and social care workforce for a large UK region including 14 local authorities, several health trusts and a large Private, Independent and Voluntary (PIV) Sector. The consultants examined what the adult health and social care sector needs and available resources, the gaps in the workforce and how they might be filled. They also collected a considerable amount of information on what is happening at local level in terms of the extent of workforce planning; partnership working; learning and development; the relationship between service commissioning and workforce planning.

One of the main findings was that there is considerable scope for rationalising and coordinating existing work carried out by the major players in the adult health and social care sector. In particular, the consultants identified extensive duplication of provision across the region in terms of both staff training and staff networks and meetings associated with the Personalisation and Transformation agenda. They identified a tendency for duplication, for example a number of dementia training courses take place in the region, which could be reduced by joined up planning.

The array of meetings and networks (which often duplicate one another in their role and function) were found to stretch employees in terms of time and commitment. The consultants stated that there is need for mapping out what exists, rationalising them and co-ordinating when they take place.

They also identified a lack of joined up working at local level between local authorities, health and the PIV sector and recommended mapping patient care pathways to identify what they currently look like in health, social care and the PIV sector; where there are similarities, duplication and gaps; how the service is currently built around each pathway; how it could be improved or standardised through developing new approaches and how better use could be made of resources.

It is apparent that there are significant opportunities for both improving services to the client in Adult Health and Social Care and rationalising and making better use of resources in this area.

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