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Named Workers in social care

Webinar: Supporting people to live fulfilling lives – next steps in the development of named social worker approaches

Your Panel

- Ewan King, Deputy Chief Executive SCIE – Chair
- Lyn Romeo, Chief Social Worker Adults, Department for Health and Social Care
- Sandra, an expert-by-experience
- Georgina Diba, Assistant Director, London Borough of Hackney
- Elaina Quesada, Service Director, Buckinghamshire Council.

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Ewan King
Deputy Chief Executive
Social Care Institute for Excellence

The Case for a Named Worker

I receive personalised and inclusive support, where the people who care for me know me as an individual, and recognise me as having unique strengths and aspirations, and know that my background, values and requirements are unique to me.

I experience a seamless care journey, where health and care services are joined up around me and I only have to tell my story once.

I receive care and support that is co-ordinated, and everyone works well together and with me to plan my care, bringing together services to achieve the outcomes that are important to me

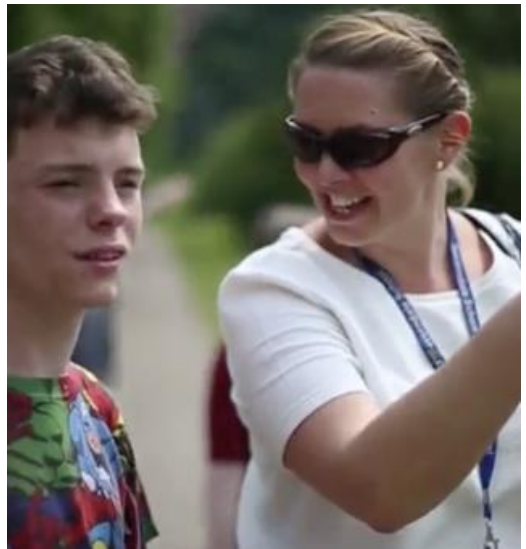
Case for a named worker

- trusted relationships with people supported by services and those around them
- increased and meaningful opportunities for people to shape their plans that respond to individual communication needs and preferences
- new packages of support that better meet their strengths, aspirations and needs
- high levels of satisfaction reported including that people felt that the named social worker listened to them and acted on their behalf
- evidence that people have been better able to live the lives they want including faster and smoother discharges
- evidence of reduced costs for packages of care
- meaning that every £1 invested would anticipate a saving or costs avoided of £5.14.

Named Social Worker

Barriers

- Where it does exist, named worker model restricted to learning disabilities and mental health – how do we extend beyond?
- How do we develop the skills, confidence and leadership capabilities of named workers – big step from care management?
- High levels of concern amongst staff about workload?
- How do you manage sickness, absence and lack of staffing in teams?
- Practice over time becomes task driven and case management in approach



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Implementing a Named Worker Approach in Buckinghamshire

Elaina Quesada, Service Director – Adult Social Care Operations

“My Named Worker …”

What outcomes the named worker delivers to the people we support

“ In my **Named Worker** role, I can… ”

What outcomes the named worker delivers for our workforce?

To develop the model in Buckinghamshire.....

22 MANAGERS ENGAGED

18 STAFF ENGAGED

9 PEOPLE IN RECEIPT OF CARE + CARERS ENGAGED

12 ENGAGEMENT EVENTS HOSTED

Numbers linked to the model across all support needs .....

25 MAXIMUM NUMBER OF ACTIVE CASES HELD BY SOCIAL WORKERS AND SOCIAL WORK ASSISTANTS

1,046 CASES ALREADY ALLOCATED TO A WORKERS 1,899 to go…

2 REVIEWS PER MONTH PER NAMED WORKER LINKED TO ANNUAL REVIEWS OF STABLE CASE

19 MAXIMUM NUMBER OF ACTIVE CASES HELD BY ADVANCED PRACTITIONERS AND NEWLY QUALIFIED SOCIAL WORKERS

43 (%) OF OUTSTANDING REVIEWS ESTIMATED TO BE COMPLETED BY AGENCY REVIEW TEAM OVER THE NEXT 6 MONTHS

Analysis + Understanding

- Gathering case load data for long term and review teams
- Considering case numbers and reviewed against Better Lives Strategy outcomes for residents and improving practice
- Considering people placed out of county
- Understanding capacity of workforce to work as a named worker
- Considering how phasing could best support roll out
- Segmenting data to establish number of people we support in different settings

Modelling + Planning

- Implementation is informed by understanding of experiences people in receipt of care and support and carers; managers and staff
- Driven by offering named workers to people regardless of support needs i.e. roll out is not just for people with a specific need e.g. LD or MH
- Implementation is informed by the analysis of case data and principles of prevent, reduce and delay
- Implementation approach addresses workforce challenges by phasing delivering starting with people living at home and/or in Extra Care
- So, what does this look like?.....

Modelling + Planning

Community

= PEOPLE LIVING AT HOME OR IN EXTRA CARE RECEIVING SUPPORT

Phase 1

Locality Team	North	East	South	Central	Grand Total
Community	828	631	749	737	**2945**
Nursing	141	97	184	100	**522**
Residential	269	181	252	171	**873**
Supported Living	225	75	103	175	**578**
Total	**1463**	**984**	**1288**	**1183**	**4918**

Modelling + Planning

North

828
People living in the community

635
Remaining People
(continuing *As Is* approach until Phase 2)

East

631
People living in the community

353
Remaining people
(continuing *As Is* approach until Phase 2)

South

749
People living in the community

539
Remaining People
(continuing *As Is* approach until Phase 2)

Central

737
People living in the community

446
Remaining people
(continuing *As Is* approach until Phase 2)

Modelling + Planning

ACTIVE CASES HELD PER FTE…

Advanced Practitioner	19
Social Worker	25
Newly Qualified Social Worker	19
Social Work Assistant	25

1-2

ANNUAL REVIEWS PER MONTH

PER FTE

Next Steps

- Identifying ‘Named Worker Champions’
- Identifying key performance indicators and reporting requirements
- LAS system changes to case management
- Learning & Development Programme for named workers
- June 2022: Launch

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