Implementation of the Care Act 2014
Workforce Capacity Plan

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Table of Contents

Introduction…..3

1 Current Worker Activities, Jobs and Roles…….5

2 New Activities, Jobs and Roles…….....9

3 Local Information……..……12

4 Impact on Care and Support Outcomes…….....15

5 Future Workforce Capacity…….....18

6 Implement and Redesign – Monitor and Review Progress..…….....20

Conclusion……...22

Introduction

Workforce capacity planning helps employers to determine whether or not they have the right mix and numbers of workers with the right skills and knowledge to implement care and support reform. The principles of workforce capacity planning are applicable across all services undergoing radical change.

This model has been developed to support senior managers, strategic workforce, and HR leads working in adult social care commissioning and/or services providing care and support with implementing workforce reform in the context of the Care Act. The introduction of the Act will require significant change to workers' roles and practice to meet new legal expectations.

The model puts the person at the centre of workforce capacity planning. It emphasises the role of workforce capacity planning in improving outcomes for people with care and support needs and their carers. Prevention, integration and wellbeing all need to be considered throughout the development of a workforce capacity plan.

The Act highlights the need for a specific focus on local authorities, due to their new duties and statutory responsibility for workforce development across the whole social care workforce in their locality, to ensure sufficient workforce capacity exists to meet the requirements of the reforms.

An important part of workforce capacity planning is that workers understand the needs of the people they are supporting. The different support needs of people and their carers will impact on workforce capacity planning decisions. Co-production can be an important part of workforce capacity planning.

In relation to the Act, the workforce needs to have the capacity and capability to work in the context of:

The wellbeing principle: a new statutory principle designed to embed individual wellbeing as the driving force behind care and support.

1. **Prevention**: the local authority's role in preventing, reducing or delaying the need for care and support. This is a general duty that applies in relation to all local people and applies equally to carers and those with care needs.

2. **Integration**: a duty on local authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services, such as housing. Improving outcomes for people and communities.

3. **Information & advice**: broad, high-level requirements for what local authority information and advice services should include to enable people to understand how the care and support system works, what services are available locally, and how to access those services.

4. **Promote diversity and quality of services**: local authorities will be required to promote the diversity and quality of local services, so that there is a range of high-quality providers in all areas. This includes local authorities fostering an effective care and support workforce.

5. **Co-operation**: local authority and other authorities which have functions relevant to care and support will be required to co-operate. There will be a specific duty to co-operate in relation to individual cases, where the local authority can request co-operation from one of the partners (or vice versa) to help with a specific issue regarding a carer or an adult who uses care and support. These provisions include a duty on the local authority to ensure co-operation

between its officers responsible for adult care and support, housing, children's services and public health.

Workforce planners will need to consider the impact of this new legislative framework on new roles, tasks, responsibilities, skills and knowledge, and roles and tasks which will need to be altered or stopped altogether.

In the context of the Act, the workforce needs to have the capacity and capability to:

- Work within a framework of quality and safety
- Work within a framework of outcomes-based commissioning
- Work with the housing, prevention and continuing care agenda
- Work with information, advice and advocacy
- Work with and understand the law reform, the models for paying and charging for care, the framework for assessment and eligibility criteria; care planning, personalisation and care markets
- Work with and have confidence to work in the context of digital working, learning and information sharing
- Work with integrated models of care and support and multiple-change agendas

Our Plan

Set out below is Thurrock's first Workforce Capacity Plan. We have agreed to focus specifically on:

Field work teams who undertake assessments:

- Community solutions
- Locality teams

The roles that undertake assessments within these teams are:

- Support planners
- Social workers
- Community solutions workers
- Deputy managers

The plan is divided into six sections:

1. Current worker activity, jobs and roles
2. New activities, jobs and roles
3. Local information
4. Impact on care and support outcomes
5. Future workforce capacity
6. Implement workforce redesign - monitor and review progress

1 Current worker activity, jobs and roles

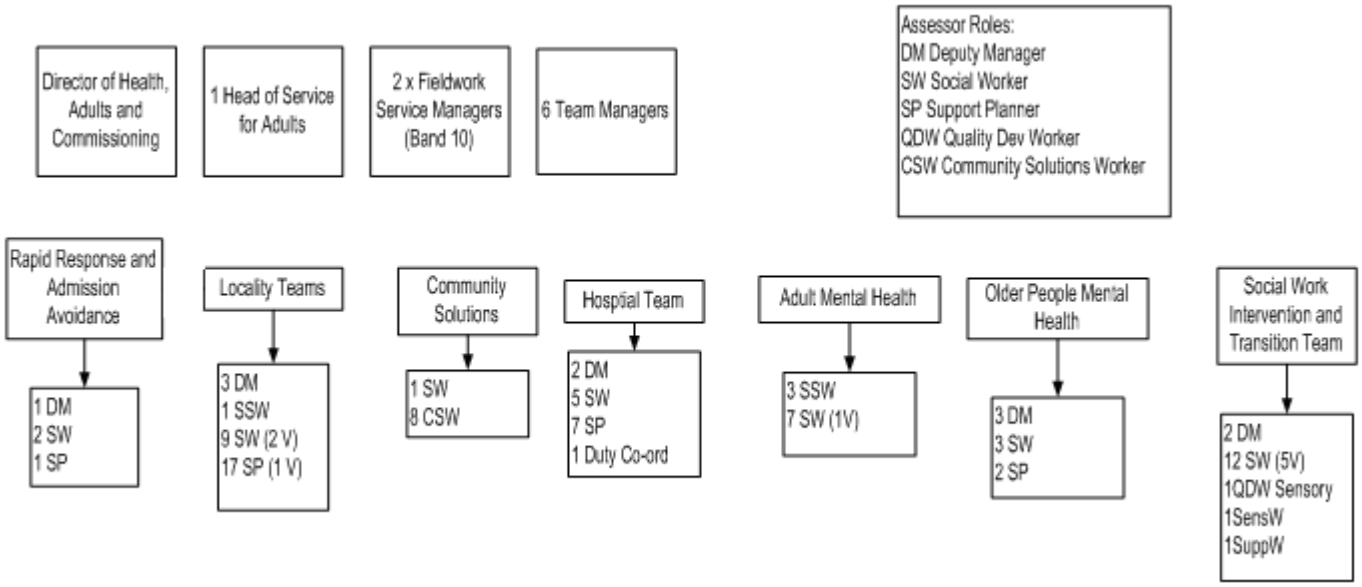
1. Workers' job roles, tasks and structure

The team structure shows each area has a team manager, deputy manager/s, social workers and support planners. The deputy managers are senior social workers or business support roles; they supervise the social workers and support planners. Deputy managers, social workers and support planners all carry out assessments.

The assessment framework in Thurrock comes within the self-directed support approach and is our community care assessment of need. There are seven assessment teams consisting of six team managers, 14 deputy managers/senior social workers, 39 social work posts, 36 support planners/community solution assessors.

Thurrock currently supports approximately 2,900 service users and our 'assessors' completed approximately 8,700 assessments last reporting year. Thurrock has strived to be creative and work within a self-directed methodology of assessment, with the service user being in control and support planning and outcomes commissioning being key activities.

Management Structure and Job Roles within Adult Social Care Assessment Teams



1.2 We have considered the current activities, inputs and outputs that workers need to continue

For social workers/support planners:

- Direct social work/ social care intervention – this is where the resource is someone's professional or personal expertise – face-to-face contact or acting as advocate or intermediary in any situation
- Completing care assessments (there are a number of specialist assessments, care programme approach, high risk assessment, safeguarding adults)
- Duty work- rapid response – crisis intervention
- Attendance at multi-disciplinary meetings
- Support/care planning - with the individual, families, carers etc. – facilitating self-directed support planning
- Approved mental health assessments

- Court work – mostly civil cases but occasionally criminal
- Safeguarding investigations
- Attendance at various corporate forums, as requested
- Attendance at ward rounds

At this stage in our planning, we have been able to determine that all the activities, inputs and outputs that social workers and support planners currently perform fit within the context of the Care Act reforms.

1.3 Capacity

Capacity is not solely a workforce issue; there are technology-based solutions that will need to be developed or optimised. We have used this tool to help us identify where decisions will be made. We are setting the foundations of how we will work, how services will be funded and how we will build on partnerships to jointly deliver services.

Thurrock has a roadmap setting out its business requirements in respect of information and technology. These reflect the requirements of the Care Act, funding reforms, Better Care Fund and service transformation. Requirements include the following. All will result in training needs for staff and others e.g. housing workers, CVS workers, to support and promote their use:

- Online information and advice portal
- Shift to online self-assessment for eligibility, care contributions, finance assessment
- Online tools for care and support planning including 'wellbeing plans'
- E-marketplace enabling self-purchase and self-pay for care and support services
- Underpinning these requirements will be considerable IT and system change
- Increasingly the service will aim to implement technologies and tools that will support personalised information and advice and development of tailored care and advice solutions for people through customer-specific and tailored navigation of the website and information and advice portal
- In addition the service will increasingly be looking to commission technologies that can help deliver better outcomes for people such as adopting social media tools such as use of FaceTime and apps. Up-skilling our workforce to utilise these will be integral to their success
- The service will benefit from more modern technology and IT infrastructure as part of the council-wide transformation programme which will enable workers to mobile work

The business context we are working in presents additional workforce capacity and skills challenges in respect of business intelligence and data analytics. Adult social care and health services/systems hold vast amounts of data; very little of which is truly integrated. Data and information across health and social care (and other services) needs to be better used to produce the intelligence and insight required to:

- Underpin commissioning and decision-making
- Evaluate and understand the impact of interventions and model the potential impact of planned initiatives
- Better target resource deployment

Capacity and capabilities in terms of data collection, management and analytics need to be strengthened. There are many ways in which this can happen. Not all require costly IT systems to enable and these will be pursued as appropriate.

1.4 We have identified the importance of a combined approach with other organisations particularly where there are parallel aims to integrate services:

- Joint approaches to information governance, management of consent and data protocols that support services, to be joined-up around the person. The success of this will underpin all other

joint-working initiatives – we already have a Health and Social Care Transformation Board and a Care Act Implementation Project Group

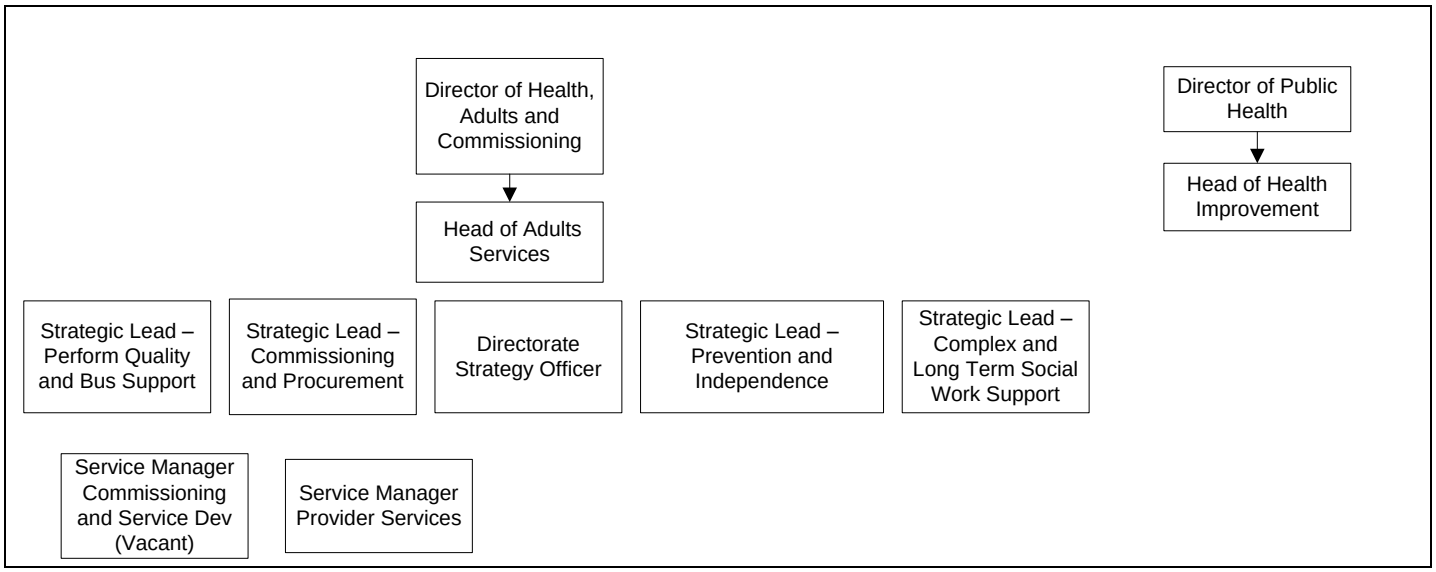
- We will undertake joint assessments where necessary
- We will provide joint funding panels
- Co-located or joint teams are already developed, this approach will be extended to most teams in the future
- We will consider health/voluntary/providers/community/co-locations as models of future service delivery

Integrated IT systems that enable better and faster sharing of data and information and a solution to this will significantly support the success of integrated working.

1.5 Leadership and management Thurrock's senior management structure was quite flat, with traditional social care management positions: director, head of service and service managers.

In response to our transformation and the requirements of the Care Act, our senior management structure is already being shaped more strategically. The director position is now director of health, adults and commissioning and the chart below shows our current capacity with a view of key roles to be recruited to i.e. public health consultant, public health doctor and service development.

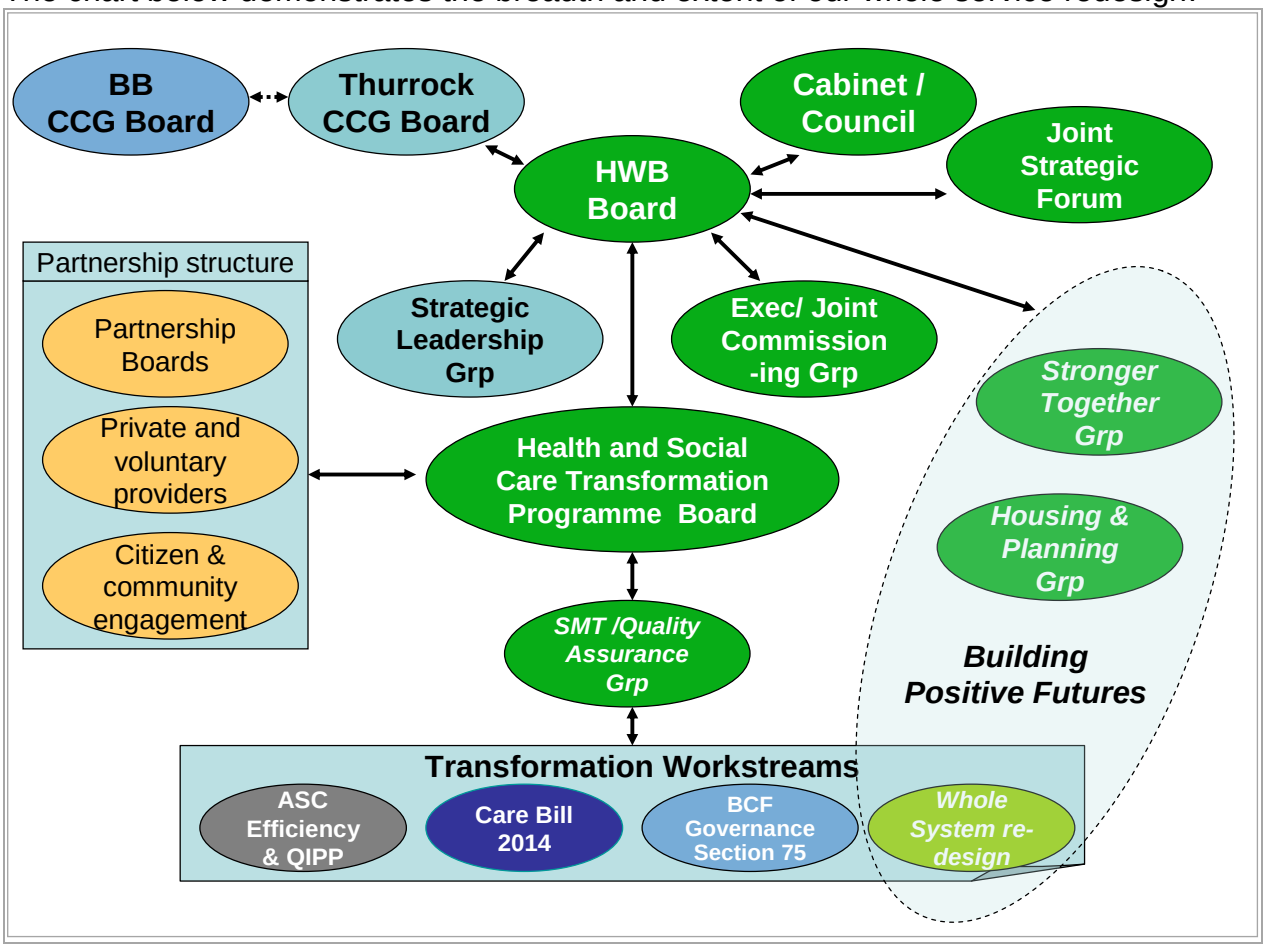
Current structure July 2014



The Health and Social Care Transformation Board will have governance over the delivery of the Care Act; workforce will feature within the structure of the work streams. The current transformation and quality assurance work streams will feature workforce within their terms of reference, however as the work progresses there may be a need to establish a separate workforce work stream.

Our Change Programme – Adult Social Care Transformation

The chart below demonstrates the breadth and extent of our whole service redesign:



Capacity is not just about adult social care; we will work with our partners through the work of the Board to identify capacity across the health and care sector and work to address this to ensure we can readily respond to the Care Act.

Using the Workforce Capacity Tool has highlighted the need for Thurrock to produce a 'Personal Capacity Framework – Care Matrix' (PCF) tool. We felt this would be extremely beneficial as it will provide a visual work plan to support the Transformation programme. This work plan will show our current and future workforce needs, allowing us to list our work streams and match job roles and activities as they evolve.

The PCF and the planned development of a workforce capacity digital tool will also assist with the budget challenges, which require a radical re-think of how council services are provided in the future. The key priorities will focus on community, place and statutory work. Part of the pressures is doing more with less and Thurrock has just started a voluntary redundancy proposal to significant parts of the workforce. Statutory roles are exempt, for now, but we are fully aware that there will be radical change and this exercise emphasises the need to understand what skills are within the workforce and how they can be used differently and more efficiently.

2 New Activities, Jobs and Roles

2.1 The impact of the Care Act on the activities that workers currently do will be evaluated in the context of service provision:

- Assessments may dramatically increase – early forecasting suggests we will need 20 new social care assessors, some will need to be qualified social workers to factor for private funders
- Our community solutions team is well placed to offer the advice and information from the front door and we will consider the different ways we will be able to engage with the public, particulary making use of technology and the digital priorities of the council and our evolving community hubs and localised networks
- New eligibility criteria has been developed and will require practitoners to revise their practice in order to respond to the new criteria
- Practitioners will also need to be more business savvy- 'developing the market' will have implications for practice. This is not just a priorty for adult social care but also for the council as a whole, managers' practice will evolve to incorporate business model skills and wider strategic approaches to commissioning
- Situations may be more challanging with austerity measures, more 'difficult conversations' with customers and we will work to help develop our workforce to hold 'couragous conversations'
- Engaging with communities will be different and placed on statutory footing, Asset Based Community Development (ABCD) and our LAC (Local Area Co-ordination) initiatives have already been introduced so we are in a good place for this

2.2 The Care Act will impact on activities that workers need to do in the future: new ways of delivering services that focus on prevention. We already have a corporate programme of community development 'Stronger Together' such as ABCD approaches and the development of local area co-ordinators will allow us to re-focus on specialisms to get the best from all the professional expertise in adult social care and from our partners.

2.3 Potential new activities, inputs and outputs for our workers have been identified as:

- More community-based work
- Assessments of self-funders
- Increase in work with carers and carer assessments
- Integration with health - understanding the two different worlds
- Getting to know resources better - what is available through the on-going development of our resource directory
- Learning new IT solutions e.g. online information and advice, online care calculators and assessments, using mobile technology and working remotely
- Maximising our specialist resources such as social workers and occupational therapists
- Up-skilling our existing workforce though a variety of initiatives including 'buddying' to enable sharing of skills across the age gap
- Adopting new approaches to managing consent to support data sharing

- More complex care cases owing to mortality decreasing – will need some specialist workers across health and social care
- Contract/vendor management if outsourcing of key functions is planned

2.4 Activities will take place in an increasingly wide variety of environments; including a person's home, hospital, care home, and day support:

Community bases and community hubs will also grow and become new centres where work will take place.

Our social workers, community solutions workers, support planners and health partners will all play a part in emerging roles as they develop and are likely to undertake activities which will emerge in response to the implementation of the Care Act

2.5 Leadership and management; will look different as a result of not just the Care Act but also Thurrock's Transformation programme.

- In the context of savings, less people will be doing more work, some of which will be complex and new. e.g developing the market - business acumen will be a required skill for managers and their staff
- More project development work
- Performance management shift will be required to focus on:
    - evidencing and evaluating the impact of new initiatives
    - modelling the potential impact of new initiatives
    - getting better at demonstrating the cost/benefit impact of what we do or monitoring compliance with outsourced services
- Services will operate a more agile and lean structure with more staff working remotely and in the community and utilising technology in different ways to do the job
- Shift to working smarter to balance more work with less staff scenario

Thurrock is already feeling the impact of the Transformation programme with each manager being tasked with thinking differently, being creative and working to team and department plans.

2.6 We have also considered desired outcomes for Thurrock and people with care and support needs and their families which could be improved:

- Preventative work (Wellbeing Strategy) should be highlighted here as a starting point with the development of the LAC work and the role of the local area co-ordinator
- Transitions work – the team is in place - service good at present with opportunities for potential development
- Information and advice services - web prescence requires strengthening as does the resource directory which has been highlighted for improvement
- A joint health and social care response has been established in RRAS and reablement services, the setting up of these projects is resource intensive and requires committement from strategic managers but the outcome for the end-user is positive and focuses on the individual, not the role of the workers and the service provison. The learning for these services can be used to further develop integrated services
- Easy access to personal care and support records
- Telling my story once – transported across organisations and services

We know that this is the start of a journey and there may be gaps in service provision - these will be identified and addressed as the work progresses. The role of the Health and Social Care Transformation Board will play a key role here.

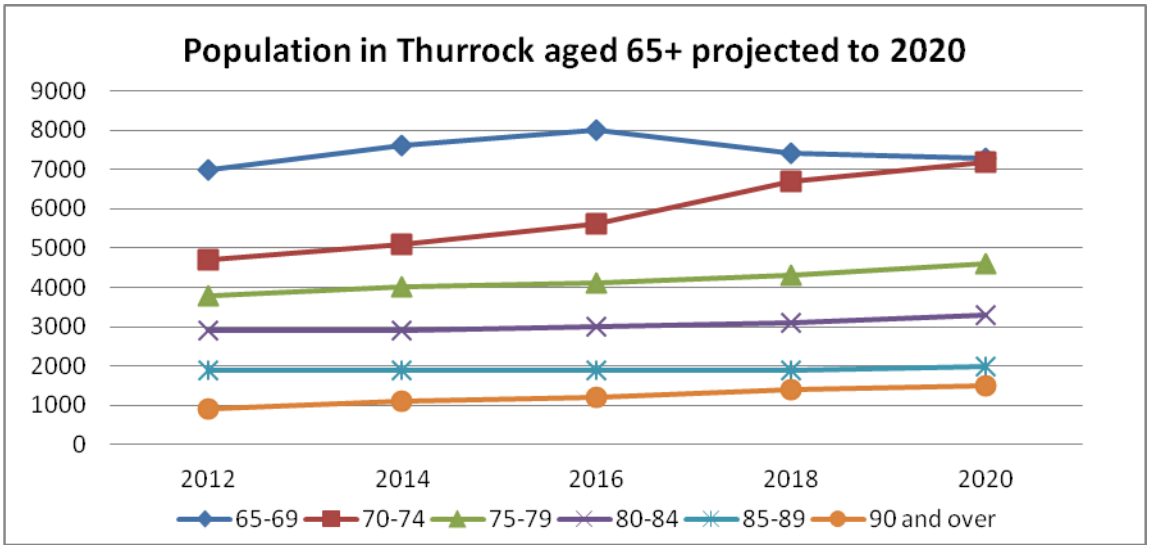
3 Local Information

What does the local population data tell us about how our community will change over the next five years?

Thurrock is situated on the River Thames immediately to the east of London. The borough is host to one of the biggest growth and regeneration programmes in the UK which will create 26,000 jobs and 18,000 new homes in the coming years. It encompasses the urban the areas of Grays, Tilbury, Stanford-le-Hope and Corringham together with swathes of green belt and 18 miles of Thames riverfront. Thurrock has national significance with its key location and significant port capacity for the import and export of goods and services for the UK. The population is currently served by Thurrock Council – a unitary local authority and NHS Thurrock Clinical Commissioning Group.

Thurrock's population is 157,700, having grown by over 22% since 1990. The population is projected to rise by a further 28% (44,000 people) by 2030.

Significant growth is expected among those aged 70+ in future years. The population aged 65+, which is already a major user of health and social care services, is estimated to grow by 17% by 2018. People aged over 90 will rise by 55%.



The growing older population will also see the number of people with acquired sensory impairments, mobility problems and physical frailty, often related to the ageing process, grow. Most will live with a number of co-morbidities. Of particular attention for Thurrock is the predicted growth in people aged 65+ with dementia. We predict numbers increasing by some 17% in five years.

The population is increasingly diverse. According to the 2011 census the non-white ethnic population was 15% – a significant increase from the 2001 census of 4.7%. Among school-age children, more than one in four (26.5%) are from a black and minority ethnic group. Much of this change is being driven by the new homes that have been, and continue to be built across Thurrock.

Overall levels of deprivation in Thurrock are consistent with the national average, however Thurrock experiences significant pockets of deprivation and inequality, with several areas falling within the 20% most deprived areas in England.

Life expectancy for men and women in Thurrock is 78.6 and 82.6 years respectively. There remain significant gaps in life expectancy in respect of deprivation. Life expectancy is lower (8.3 years for men and 4.3 years for women) for people living in the 10% most deprived areas compared to those living in the 10% least deprived areas of Thurrock.

The council manages its own stock of over 10,000 homes. The availability of affordable housing and its inclusion in new housing developments is a focus for the council to ensure sustainable growth. There are some 1,646 specialised housing units for older adults in the social and private sectors with 28 more currently in the development pipeline.

Building Positive Futures - the Transformation programme for adult social care highlights improving the housing opportunities to support people to live longer and independently at home as they age.

Estimated levels of adult smoking and obesity in Thurrock are worse than the England average. Tackling smoking and obesity are the top objectives in our Health and Wellbeing Strategy. The rate of smoking-related deaths is worse than the England average. The rate of hospital stays for alcohol-related harm is better than the England average. The rates of statutory homelessness, violent crime, and incidence of malignant melanoma, hospital stays for self-harm and drug misuse, are lower than average.

Crime in Thurrock is lower than the national average but remains marginally greater than our 15 similar areas (Community Safety Partnerships). In 2010-11 crime fell by 5% which means 317 fewer victims of crime compared to the previous year.

Three-quarters (74%) of the working-age population are in employment and unemployment rates are broadly in line with the national average at 7.7%. Unemployment among young people has risen steeply in recent years and supporting young people into employment and minimising long-term unemployment is a key challenge.

Just over one in ten people (13%) of working-age people have no qualifications in Thurrock. This compares to the national average rate of 9.7%.

Our JSNA provides a comprehensive ‘big picture’ view of the key health and wellbeing issues facing the borough now and in the future.

You can find out more here - Thurrock JSNA

The council Transformation programme will change the face of Thurrock over the next 10 years. There are several significant regeneration projects including the South East Essex learning campus in Grays, the Purfleet development and new housing programmes all of which will have an impact on the demography of Thurrock.

3.1 What effect might local population changes have on the activities we will undertake?

We have considered the following:

- Dementia strategy - developing dementia-friendly communities is a key priority that the council has committed to - practitioners need to continue to increase knowledge and skills
- Increase in proportion of children with complex needs to enter adult services. Transition and SEN strategies - two excellent special schools in the area
- Changing demography of borough

The detail in the previous section will require a progressive change in the roles and tasks our workforce undertakes and the way in which we provide services. The context of this in relation to the Care Act will be considered as part of the Health and Social Care Transformation Board who use this data to drive decision making.

There will also be an effect on the way we commission services:

- LACs rather than social workers in preventative work
- Strengthening social work in complex areas – dementia, autism, complex health needs
- Public health understanding

3.2 The role of the local community in meeting our capacity requirements:

The adult social care transformation plan in Thurrock 'Building Positive Futures' has three main features that are all focused upon improving outcomes whilst managing demand; housing designed to support ageing in place, services that are timely and proportionate, and supporting communities to build resilience. The role of local communities is therefore a major contributory factor to meeting our capacity requirements and our future workforce will include a need to develop roles that work within and alongside communities.

We will need individuals who are able to identify and encourage community connections, establish reciprocal arrangements between individuals and their communities and support extended and complex relationships. Thurrock has already established a cohort of local area co-ordinators who work in this way. It should be emphasised however that these roles are not to be viewed as replacements for more traditional social work roles but as an important supplementary offer that helps to support resilient community development. This will enable social workers to focus upon the growing complexity of individual needs, and allow for local solutions to be developed within supportive and nurturing neighbourhoods.

3.3 Local information will impact on the new activities, in the following ways:

Jobs and roles will be defined as this work develops; we have initially considered the following:

- Local information is key to developing the service we will require and how we respond to the community
- Asset-based - will introduce more LACs
- Health and social care integrated roles will continue to be developed
- Better information about the skills and strengths and resources available in local areas will assist local commissioning strategies and plans
- Better local community specific sources of information and advice
- Assist preventative demand management
- Clearer definition of specialist and generic tasks will emerge
- Thurrock will define its responsibilities and duties and identify where alternative providers will be better placed to support the community

3.4 Transformation Programme Board implementation leadership and plans

The Care Act 2014 brings existing care and support legislation into a single statute and will require major changes to the administration of social care from 2016. The changes, when the Act is passed into law, will affect:

- General responsibilities of local authorities (wellbeing, prevention, integration, information and advice, provision of a diverse and quality provider market)
- The individual's journey through the system (assessment, eligibility, charging, care planning, cap on care costs)
- Safeguarding adults at risk of abuse or neglect
- Provider failure and market oversight
- Transition for children to adult services

The requirement to introduce these major changes to the planning and delivery of health and social services comes on top of unprecedented budget reductions for local government since 2010, along with the arrival of localism and major new responsibilities for public health and council tax benefit.[1]

Thurrock Clinical Commissioning Group itself faces rising costs and demand for services, alongside a budget that is flat in real terms until at least 2014/15. In addition its need to deliver part of a £20 billion national productivity challenge that was identified in 2009, looks likely to be extended into the second half of the decade. At the same time the system is undergoing an extensive reorganisation, with the bedding-down of a new commissioning structure, (the CCGs and NHS England replaced PCTs and SHAs on 1 April 2013), and a new regulatory framework and regime. Policy changes with the need to move investment from acute to community services (in the face of growing pressures on acute services), and the 'right to have' a Personal Health Budgets for Continuing Health Care, bring further challenges.[2]

3.5 As the role and worker activity changes, this will affect the outcomes for people with care and support needs and their families in a variety of ways. The overriding theme of more people doing more for themselves will continue and the re-emergence of the specialist worker will be prevalent. The role of LAC will become the focus of early support and prevention to:

- Provide more information about what is available locally
- Recognise people's strengths rather than needs and deficits
- Provide community-based solutions
- Ensure skills that people with care and support needs and their families have developed (experts by experience) can be adapted to meet personal outcomes

[1] Austerity and beyond: a local government discussion paper, CIPFA 2013
[2] Managing financial difficulties in health economies: lessons for CCGs, Nuffield Trust 2013

4 Impact on Care and Support Outcomes

We have recognised that the impact of worker activity may be different for people with different care and support needs in some circumstances where:

- Specialisms are increased
- Some areas may be naturally more community-based - others may be more health-based, others social work-based
- Knowledge of local market is required – new skills developed when looking at assessment and support

4.1 Impact on carers

If the Care Act is implemented well, which we intend that it will be, it should improve knowledge of carers/support available and increase community-based support.

In Thurrock we have over 14,000 carers according to the 2011 census:

2011 Table Title		Thurrock (Number)		number Increase / Decrease	% Increase / Decrease in number	Thurrock (%)		East of England (2011)	England (2011)
		2011	2001			2011	2001		
Health and Provision of Unpaid Care	Provides 1 to 19 hours unpaid care a week	8,613	8,864	-251	-2.83%	5.46%	6.19%	6.77%	6.51%
	Provides 20 to 49 hours unpaid care a week	2,172	1,569	603	38.43%	1.38%	1.10%	1.23%	1.36%
	Provides 50 or more hours unpaid care a week	3,821	2,905	916	31.53%	2.42%	2.03%	2.22%	2.37%

We have our Carers' Strategy and as part of preparing for different ways of working we have outsourced our 'advice and information' service for carers, which is provided by Cariads.
This was to broaden the reach of these services and improve areas of weakness. Cariads works closely with carers and has great links and connections into other organisations and communities. This means it's perfectly placed to help drive the changes we develop for meeting the Care Act requirements and improving carers' experience overall. We will consider outsourcing the carers' assessment, if it makes sense to do this.

Our ambition would be to enable strong partnership working between the workforce and Cariads as well as the LACs to find community-based solutions to carer support as a first option rather than resorting to mainstream council-funded services. There will also be a degree of market development needed to ensure that carers have a range of options to choose from. This could mean training requirements for commissioning staff (who will need to be developing the market and working with local businesses to generate new services in line with what carers require), as well as local businesses/entrepreneurs.

Both the Carers' Strategy and the Cariads contract are strong on promoting carers' right to a community and social life outside of their caring role, as well as early intervention/preventative services/alternative solutions from the community.

Under the Act both adults and their carers should be assessed on the appearance of need (i.e. regardless of what we think their level of need is, or their financial resources).

4.3 The impact for people who get support from other agencies such as health and housing has been considered. We have already noted the importance of joined-up working, partnerships and integration of services**.** It is likely that housing will play a much bigger role and the community hubs will become the focus of activity, increasing the role of the housing officer and health worker:

- Potential for better connections across assessment activity e.g. with homeless service
- Utilising other service staff and resource to support broader preventative work

4.4 The impact for people who employ their own support will be significant:

- This group will increase - no new legislation regarding personal assistant roles, etc. yet but we could require a new workforce plan specifically for personal budgets
- As a group they could be enabled to exercise greater choice and control through online transactions with the service e.g. online assessment, self-pay and purchase of support, online management of money through new means e.g. pre-paid cards, virtual accounts
- More individual power to 'buy from the market' than before

5 Future Workforce Capacity

5.1 Workforce attitudes, knowledge, skills, behaviours, productivity, capacity and policies required

In the context of addressing the workforce capacity needs of Thurrock to respond to the Care Act, this section will identify the key themes we have established through the use of the capacity tool. Our response to the Care Act will align to previous responses to change in relation to the workforce; we require the right people with the right skills in the right place at the right time. The core skills of the workforce will be underpinned by the key themes we have identified as:

- Asset-based approach
- Disability aware - in particular complex health needs
- Autism awareness
- Dementia awareness
- Resources and budget /equity awareness
- Technology

The skills mix will continue to be developed as services emerge but the basis of all development will be the outcomes developed by people who use services.

Thurrock's Behaviour and Leadership Framework will focus activity for those employed by the council and will contribute to partnerships and multi-disciplinary working.

Professional frameworks such as the Professional Capabilities Framework for Social Workers and the Standards for Employers and Supervision Framework are fully utilised for the social work workforce and will continue to be used. Supervision guidance has been reviewed with the focus on 'the helping professions' and the model will be shared with partners going forward.

Recruitment and retention will continue to be a priority both for specialist roles and where generic skills are required. The learning from recent assessment days and approaches to the development of academies, use of career breaks and secondments will be of real value in developing processes in response to the delivery of the Care Act.

Thurrock is developing a local Job Families Framework and is undertaking a pay review; these activities will be timely in terms of this work.

5.2 Our Adult Social Care Workforce Strategy has been co-produced with service users and carers through our work with the Thurrock Coalition. This will underpin our focus on workforce attitudes, knowledge, skills, behaviours, productivity, capacity and development of workforce plans.

Outcome A	I feel I have choice and am in control of the services I receive and they meet my needs.
Outcome B	I feel I have been listened to and understood and am in control of the assessment process.
Outcome C	I feel confident that social care staff know what they are doing. Social care policies are clear and understood by everyone.
Outcome D	I feel all relevant information about me is shared appropriately and with my knowledge.
Outcome E	I understand what is available to me both in my community and from health and social care.
Outcome F	I feel recognised as an individual, able to make decisions for myself and my own contribution to society.

5.3 We have considered what the workforce will do differently as a result of any intervention in respect of the Care Act. At this early stage of implementation we are looking to continue to build responses to change as key to success. We have used the change curve model as a focus for the council Transformation programme and will apply this model to the Care Act programme. Early prevention work with ABCD and LAC has identified the need for culture change with a creative and innovative response to service provision required. Greater use of technology and to support increased demand, improved community liaison and increased contact with carers will be the focus of the Health and Social Care Transformation Board and their work stream.

5.4 Gaps will be identified and actions led by the Health and Social Care Transformation Board work streams. The Workforce Capacity programme will continue to assess how roles develop, what new roles will emerge and how work will be prioritised. The focus of Thurrock's Transformation programme, the financial challenges and the outcome of the VR scheme will require a review of how services will be developed and delivered and will help to formulate approaches to the delivery of the Care Act.

5.5 This will also help to identify who requires services or intervention and how they might be delivered. We have identified the range of change initiatives that will impact in Thurrock and within this new context we will utilise new ways of working to prioritise how to develop a delivery model. Early intervention, use of technology - such as self-assessment and an online resource directory will enable a refocus on where skills should be targeted and how services will be delivered. The challenges and potential barriers will come from a variety of sources and in some cases as unintended consequences of organisational change. VR for example will put Thurrock at risk of loss of more than just the physical workforce. There is a growing awareness that the outgoing workforce take more than just their physical presence. They take years of insight and experience and the stories that have helped shape the organisation's DNA; and they take their networks, which are often the most valuable resources. This aspect of change for Thurrock will be considered as the context of service delivery, re-configuration of teams and sharing of skills across sectors and with partner's increases.

5.6 The anticipated effect of this workforce change on the implementation of the Care Act should be a positive one and have the desired outcome of people at the heart of services. The Act in itself is ambitious and will take time to implement and embed, new practices will evolve and the modernisation of the workforce will support the change. This work will be overseen by the governance boards and at this early stage we feel that Thurrock is in a good position to respond well to the Care Act 2014.

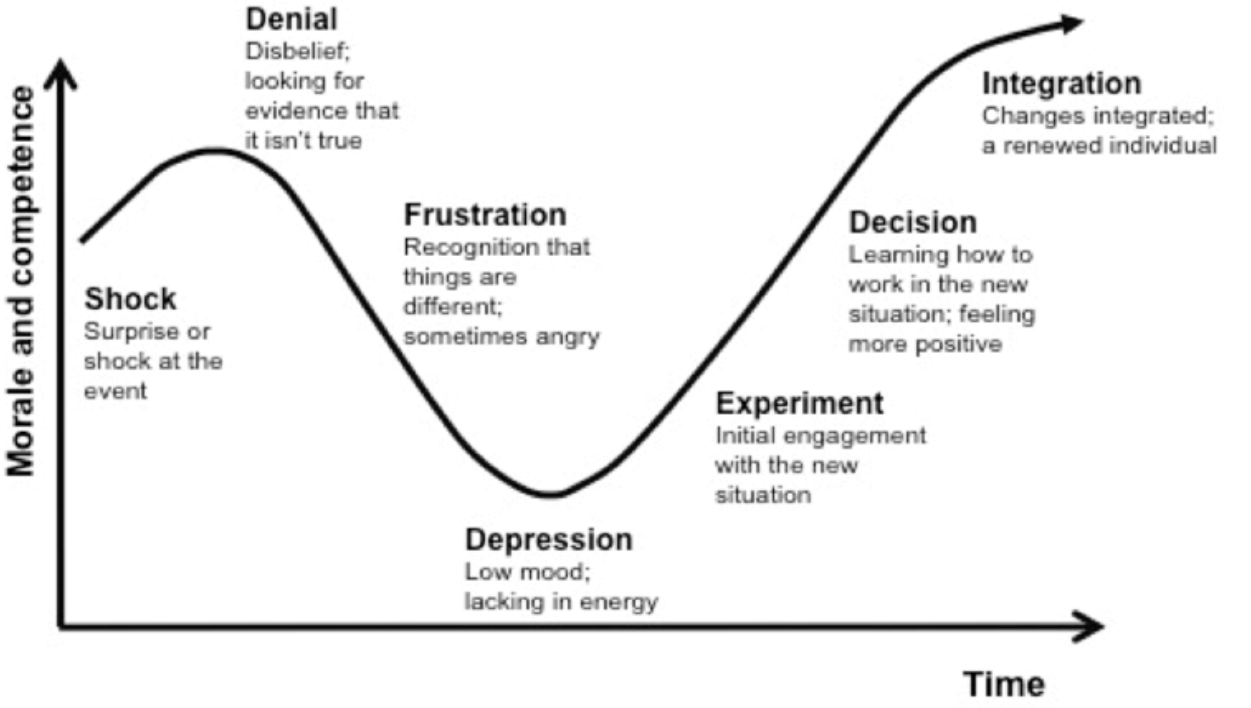
6 Implement Workforce Redesign - Monitor and Review Progress

Change is a constant. Our capacity to change is greater than people think.

6.1 The workforce interventions that are likely to achieve the desired change are:

- To take a whole systems view of organisational change
- To recognise the different ways people, organisations and partnerships respond to change
- To nurture champions, innovators and leaders; encourage and support organisational learning
- To engage people in the process; acknowledge value and utilise their experience
- To consider how the different ways that people learn should influence how change is introduced and how the workforce is supported
- To encourage and utilise people's thinking about values, behaviours and practice to shape innovation
- To engage with your community to understand its cultures and strengths
- To work with the community to develop inclusive and creative workforce planning strategies
- To be sure to carry out proper consultation on structural change and explain the implications to staff that may be affected
- To embrace new technologies and ways of working
- To make better use of information and data to provide the evidence of what does and doesn't work

6.2 Thurrock has established good practice in change management programmes and this model will be utilised. The council's Shaping Thurrock transformation programme has included 'Making Change Happen' a comprehensive approach to supporting staff through change, underpinned by the Kotter change model. This programme has provided the opportunity to change perceptions of change, provide an improved working environment and improved IT equipment and an improved approach to work-life balance, with a focus on outputs not presenteeism. This model can be transferred to the implementation of the Care Act and will be underpinned by the Vision for the Council, the Building Positive Futures programme and the work being carried out with the ASC private, voluntary and independent sector. The ASC PVI workforce plan is designed to support commissioned providers of services through the modernisation of services and bring them along with us as we make the changes required to provide excellent care for the residents of Thurrock. We will work together to achieve positive outcomes through a series of pledges that will set the scene for best working practices.



There are several questions that we will need to consider as this work evolves and that should be addressed through the Social Care and Health Transformation Board:

- ***Are these interventions specific to certain people/structures that have a role in the person's or care group's lives, or are there more generic requirements?***
- ***What resources are available?***
- ***Do anticipated benefits justify the investment?***
- ***Who will deliver the intervention?***

6.2 Measurement of success will be evidenced through:

- The development of a performance framework
- Clarity of what we want to measure - adapt auditing systems to collect information
- Using a mixture of quantitative and qualitative data – case studies as well as numbers
- Adoption of new technologies
- Balance in care shift – to more preventative and demand management
- Channel shift to more people doing more things online
- Cost reduction
- More efficient business processes and improved staff productivity

6.3 A workforce implementation plan which includes timescales and a mechanism for validating and monitoring interventions will be developed. Through the governance of the Health and Social Care Transformation Board work streams, this will include clarity on processes for monitoring and reviewing of progress.

Conclusion

Taking part in the pilot for Thurrock has been a worthwhile exercise for workforce planning and development and the wider business management team. It was agreed at the outset that the business felt in a good place with the Care Act implementation and the pilot would be a self-evaluation of our progress and help identify gaps in our planning.

The 'tool' framework and questions didn't completely support us in Thurrock as we have some creative solutions and ideas but are still in the early stages of consultation and planning. We felt for the tool to work it relied on us being further into our programme and specifically know what our next steps would be. For example some of the questions were too broad and generalised:

- (Q1:2) what are the current activities, inputs and outputs that workers need to stop doing?
- (Q5:1) What workforce attitudes, knowledge, skills, behaviours, productivity, capacity and policies are required to achieve the desired outcomes?

Both of these examples couldn't be answered in one quick exercise but we recognised its intention and purpose, so we can consider this within our project planning and the tool can be adapted to fit what you need it for, hence our view it was worthwhile and added value.

The tool did enable us to 'set out our stall' of where we are in terms of our Health and Social Care Transformation programme, community development and Building Positive Futures initiatives. These clearly demonstrate we've made a good start but there are key decisions required to enable us to plan for future workforce needs, particularly around our 'Digital by Design programme' self-assessment methodology, joint partnership working, culture change (shifting the landscape of social care) and expansion of our community bases. To proceed we will work closely with the project team and workforce planning and development has identified a need to produce a workforce capacity care matrix; another tool which can be adapted to record our implementation work streams, match them to current roles and skills and map to future roles and skills. This will give an oversight of the changes to the workforce and help with staff mapping and analysis data to support redesign of service, structure and practice.

Our Health and Care Transformation programme is progressing and you can see visible signs of change. Our Care Act project team is in place and will now drive the next phase of redesign and 'doing things differently'. There has already been some exciting new ways of working and this will continue and we do feel this exercise has confirmed our status and will help us with further action planning for the different work streams. Any tool must be of value particularly with the scale of change required here in Thurrock and we do feel this tool will support our work and we can build on the learning we have gained from our involvement.