Putting People First: Workforce Study

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1. Introduction

A major theme from the first Putting People First survey and also identified by DASS is the need to better understand how authorities across England are approaching changes to the Adult Social Care workforce to ensure the objectives of personalisation are met.

For this reason the Putting People First Consortium has gathered preliminary information from some key authorities to document their progress in workforce transition. The findings from this brief study are reported here. The information may also be used to shape a more detailed future study.

2. Key Findings

a) The majority of Authorities surveyed undertook major workforce restructuring (requiring staff consultation of 30 day or longer) to implement the personalisation agenda, including changes to all workforce groups for both front line staff and management.

b) Structural changes were made to facilitate joint working, either by joint management or merging teams. Examples include:
   - intermediate care and reablement teams jointly managed (Richmond)
   - Joint commissioning across health and social care (Norfolk)

c) Structural changes were also made to strengthen the delivery of universal advice, guidance and preventative services, with the aim to resolve issues at the first point of contact. For example:
   - Norfolk has restructured into two new services – Prevention and Safeguarding which cover all customer groups

d) Roles were created for new front-end services including:
   - prevention and promoting independence,
   - reablement/enablement
   - information advice and guidance
   - helping people find and purchase care services

e) Senior management were restructured prior to any front-line changes in order to ensure a stable management tier. Some authorities used the opportunity to further streamline management and reduce manager to staff ratios (for example, Richmond reduced from 1-3 to 1-6)

f) A number of authorities have transferred staff or functions to independent organisations such as user-led organisations. Examples include:
   - Richmond and Essex utilising the independent user-led sector to deliver support planning (Richmond currently transferring 40% of activity)
   - Essex’ creation of Essex Cares, a Local Authority Trading Company that provides reablement and day care services. 850 staff were TUPE transferred to Essex Cares
• Norfolk currently negotiating the potential to create a trading company to deliver care housing, which will include housing with care schemes and residential care homes

g) A number of authorities are working with universities and colleges to create qualifications that fit with the personalisation agenda, including:
  • Coventry Council staff worked with Coventry University to create a brokerage qualification
  • Norfolk has helped to create a foundation degree in health and social care for assistant practitioners, and a Passport to Care for both personal assistants and informal carers

h) Southampton City Council are looking at opportunities for a user/carer led consortium to lead the development of an option appraisal for the redesign of their Adult Social Care workforce.

i) ongoing priorities for authorities over the next 18 months include:
  • delivering required efficiency targets whilst ensuring personalisation remains at the core of any changes
  • helping staff through the cultural changes necessary to deliver new ways of working
  • understanding and measuring the impact of change on the workforce against expected outcomes
  • supporting the growth of independent user-led support services

Attention should be drawn to the work that Skills For Care has completed in exploring and documenting the emerging roles resulting from the wider implementation of Putting People First. Specifically emerging roles have been identified in the areas of:
  • Personalisation
  • People who services and carers
  • Cross-sector working
  • Adult Social Care

Skills for Care has collated information for workforce leads and managers on the principles of workforce redesign aimed at presenting key requirements when implementing new ways of working. ‘The principles of workforce redesign – notes and resources’ is available for download at: http://www.newtypesofworker.co.uk/download.asp?file=principles_of_workforce_redesign_notes_guidance_web.pdf

More resources can be found at the ‘New Types of Worker’ Skills for Care website: http://www.newtypesofworker.co.uk
3. Detailed Findings

This section contains the detailed information provided by Authorities for each question in the survey. Structure charts and job descriptions are held in Appendix A: Team Structures and Appendix B: Job Descriptions

a) What workforce groups were reviewed?

Authorities were asked what workforce groups were reviewed and revised as part of implementation. There were a range of responses, varying from restructuring the whole Adult Social Care Directorate, through to concentrating on specific service units (e.g. Older People.). In every case the role of social workers and occupational therapists were included in the review, as were those of social work and occupational therapy assistants. Common groups reviewed included administration, brokerage staff, business support, commissioning, contact centre staff, joint teams with health and roles in the 3rd sector (e.g. voluntary organisations and user-led organisations).

The City of York took the approach of keeping care management and occupational therapy roles distinct. They concentrated instead on the cultural shift and process change that they knew would be necessary - including acute hospital care management teams, occupational therapists and care managers. The main changes to roles were made in order to develop ‘front-end’ services e.g. reablement and information and advice. Although some elements are still to be implemented, care management and occupational therapy staff will move to a joint reablement service with health, altering the mix of skills available.

Other Authorities such as Kent and Essex have taken the approach of creating a senior practitioner position that includes both occupational therapy and social work aspects (i.e. either professional qualification is acceptable, but staff will need to develop some knowledge and expertise across both disciplines).

Coventry highlighted the creation of a ‘Promoting Independence Team’, bringing together occupational therapists and social workers, focusing on early intervention. The Opal Assessment and Demonstration Centre is an example of health and local authority staff refocusing to work with all customers regardless of eligibility criteria. The centre is fitted with a range of mobility equipment and staff advise customers on maintaining independence at home.

b) Was it a 'major' restructure?

Most Authorities viewed the changes as a major restructure requiring a 30 day staff consultation period. There were some exceptions to this though. Coventry viewed the change as a functional redesign, not simply a restructure, and therefore held a 2 month consultation period with reference groups, carers and external partners on the general shape and principles of the redesign. A further 2 month formal consultation period with staff and trade unions then followed. Essex also took the route of a public consultation, this time over a three month period (although staff consultation was 30 days).

Kent agreed with their trade union that due to the size and complexity of the change a 90 day consultation was necessary, as was the case in Norfolk.

York undertook a 90 day consultation only for the home care service component of their restructure, since it affected in the region of 250 staff.
c) Did you make structural changes to the front-line workforce?

The front-line workforce was an area of focus for most of the authorities who responded, but not necessarily the only area of focus.

Hierarchies and structure charts for these changes are supplied in Appendix A: Team Structures

In Coventry, significant structural changes were made within Older People's Assessment and Case Management Teams. The service was originally managed and arranged over 6 areas – 3 community teams, 1 hospital team and 1 review team. The re-design rearranged the service into 2 functions – Short Term Assessment and Response (StART), and Ongoing Case Management and Review.

StART teams provide a central first point of contact for older people who require social care, responsible for the initial screening and assessment of older people as well as providing information and advice. The teams are based in two locations – one in the community to deal with citywide referrals, and one at the hospital to concentrate on rapid assessment for discharge. Users are case managed through time limited enablement processes (approximately 6 weeks) to optimise their independence before the assessment is completed. The redesign included the creation of a new brokerage function within StART. Staff here identify options that support individuals to achieve their outcomes, with an emphasis on the promotion of independence of the individual to enhance user choice and control.

Ongoing Case Management and Review is responsible for users with longer term needs and complex cases requiring active case management. Within this function is an 'Ageing Well' Team, a multidisciplinary team comprising of case managers, occupational therapists and assistants, a nutrition manager and maintenance providers. This team ensures that an enablement approach continues for users who have care and support at home.

Coventry stated that all aspects of the business were re-designed to improve customer involvement, quality assurance and to be outcomes focused. The older people's commissioning team was reorganised from a service based model (where staff focused on residential or domiciliary care) to a functional based model. The team cover two functions – contract management and quality assurance, and service development. Similarly, a new 'business cohesion' function was created to work across older people's social care to co-ordinate and provide consistent performance management support.

For North Lincolnshire, changes to front-line workers have involved moving to locality based areas closer to service users. Changes to roles and hours were also made to reflect the needs of service users and give greater flexibility.

Norfolk realigned its workforce in order to strengthen the ability to deliver universal advice and guidance services, the aim being to resolve issues at the first point of contact. They reduced the number of qualified staff and increased the number of assistant practitioners who are now generic across both the occupational therapy and social work disciplines. They also removed the assistant team manager role and created practice consultants who are specialists in either occupational therapy or social work.

Bury made changes to home care staff to establish 7 day working from 7am – 11am on an updated job description. Teams were re-arranged into the following:
- hospital discharge
- intensive support
- long term support

The aim of this was to allow a more responsive service to develop and to better accommodate reablement.

York implemented a similar scenario for their home care service, with structural changes summarised as:
- location changes
- augmenting leadership to ensure 24 hour cover (Care Service)
- merger of services (e.g. creation of Care Service involved a merger of high dependency, elderly mentally infirm and overnight services)

d) Did you make structural changes to senior management?

All Authorities reported some structural changes to senior management, although this had been undertaken in a phased approach. Senior management were restructured first, followed by the front-line workforce. Many authorities cited the requirement for a stable management tier at the time of changes to front-line staff.

Hierarchies and structure charts for these changes are supplied in Appendix A: Team Structures

Examples of management restructure include Coventry, which resulted in a reduction of 1 service manager in older people’s social care - previously 3 service managers each had responsibility for 1 locality within the city. As part of the redesign, service manager portfolios were revised based on function: 1 for assessment and case management, and 1 for commissioning and provider services.

A new function of ‘business cohesion’ was created within older people’s social care reporting directly to the Assistant Director. This required changes to be made to line management structures in order to consolidate all business cohesion activities under one management post.

Norfolk restructured into two new services – Prevention, and Safeguarding which cover all customer groups.

In Richmond the new management structure resulted in the manager to staff ratio being reduced from 1-3 to 1-6.

e) Were changes made with joint working in mind?

All responding Authorities reported consultation with stakeholders such as PCTs, mental health trusts and district councils. However, not all have yet finished plans or have started implementation where plans are in place.

Norfolk is a national pilot for the delivery of Integrated Care Organisations and has six pilot sites based in primary care delivery. They are currently creating a joint commissioning team with health to cover all customer groups. York is also planning to implement joint commissioning across health and social care and is currently in the process of agreeing principles and practical arrangements.

In Richmond the reablement service is jointly managed in parallel with the intermediate care team. In the longer term the intention is to merge these teams.

Essex plan ongoing work with colleagues in health (5 PCT’s, 2 MH trusts & 5 acute trusts) and the 12 district councils through locality groups. The aim being to clarify how they can work together more effectively. For example, the County and the
district councils have worked together to reduce the duplication of community and voluntary services (CVSs) reporting and thereby kept more monies in the community pot. Essex has also made changes to the way the carers grant and community voluntary grants are managed. Previously it had mapped the 7 SCIE outcomes to determine if the organisation had met its outcomes. The new model is to review the allocation of grants based on 2 short questions: “What difference to the quality of life to the individual did you make?” and “What difference to the quality of life to the community have you made?”

f) Were considerations or actual changes made that included staff and/or functions being transferred to independent organisations (e.g. user-led organisations or trading companies)?

3 of the authorities did not consider this at the time of restructuring the workforce, although this is being considered for a future option. A further 2 authorities considered the option of transferring staff but did not pursue it. Coventry for example considered the brokerage function being delivered through an independent organisation, but did not feel that the function was sufficiently understood at the time to proceed.

Richmond is aiming for 40% of support planning activity being transferred to the independent user led sector. This is currently a pilot being developed into a tender, which will be awarded in November 2010

In Essex, at the end of 2007, it became the corporate view that the in-house services would not be able to compete with external agencies and providers in a market where individuals were buying their own support. Attempts to pare back the in-house services would in fact increase their unit costs and effectively they would ‘wither on the vine’. Therefore, a project was set up to look at options for outsourcing all of the in-house provider services with the exception of learning disability residential service. Three options were considered:

- Selling the services to an external provider
- Undertaking a competitive tender process for them to be run by an external provider with a contract of no more than three years
- Setting up an independent social enterprise and transferring all staff and assets.

After undertaking a consultation exercise with service users, carers and the general public it became obvious that the Essex run services were held in high regard and people were nervous that change would mean services being discontinued. As a result of this feedback, the council decided to set up a local authority trading company which would have a three year contract with the council and the council would be the sole shareholder. Essex Cares began trading on 1 July 2009. There is a shareholder liaison group of elected members who represent the county council. 850 staff were TUPE transferred so retain the same terms and conditions as when they worked for the council.

Essex Cares has a 3 year contract to provide the council’s services which includes reablement and day care services but this is performance managed to provide the council savings over that time. It is able to trade and introduce new services to respond to the self funder and personal budget market

Norfolk is currently negotiating the potential to create a trading company to deliver care housing, which will include 13 housing with care schemes and 26 residential care homes.
g) Did you review job descriptions, or make significant changes to job profiles/responsibilities? Can you provide examples?

All authorities answered yes to this question and most have supplied job descriptions which are detailed in Appendix B: Job Descriptions.

Authorities viewed the changes to job descriptions as a way of ensuring staff would develop new ways of working in line with the objectives of Putting People First.

h) What consideration has been given to training, development, recruitment and staff retention issues?

Authorities outlined both front-line and leadership training, plus in most cases developing links and programmes with universities and colleges, in order to ensure an appropriate future workforce. Some authorities also referred to pay structure reviews and other financial incentives.

In Coventry, the Employee Development Unit has been closely involved in all changes, providing bespoke learning and development plans for each part of the service to encourage and embed practice change. They are currently rolling out a transformational leadership programme for all senior, middle and front line managers which aims to equip and enable all managers to lead and deliver the personalisation agenda. The Employee Development Unit is also involved in the development of the social work curriculum at Coventry University, where staff have developed a new brokerage qualification. Module 1 has been approved by the Curriculum Approval Board and the first cohort will start later this year. Modules 2 and 3 have been finalised and are awaiting approval. Coventry has recently refocused their personalisation agenda so that it forms a key part of the Corporate Transformation Programme, and Dr Guy Daly from Coventry University is a member of the Strategic Programme Board.

Essex delivered a training program to all front line staff, which included: approved assessor; change management; creative solutions & negotiation skills; inclusive living; support planning and policy, practice and procedure. They implemented a ‘market supplement’ policy to remain competitive with other employers, and encourage qualified staff to develop their expertise through a recognised pathway, which is coupled with performance related pay progression. Essex County Council is also currently working with the University of Essex to develop a new social work degree. The aim is to have meaningful input into the content of the degree including personalisation and all current regional and national drivers for the social care workforce. Funds have been accessed through Skills For Care for the development of newly qualified workers to aid their transition from student to practitioner.

Kent has developed in-house training programmes and is planning training programmes with local universities. They are working with local universities to recruit qualified staff (particularly social workers) and have been talking to both university staff and student social workers about the transformation agenda in adult social services. Kent is incorporating pay structure changes into wider pay changes that are occurring across the authority in 2010/2011.

Norfolk has a ‘Norfolk Strategic Workforce Group’ on which higher education colleagues sit. As a result they have created a foundation degree in health and social care for assistant practitioners, and a ‘Passport to Care’ for both personal assistants and informal carers (which has three levels and can culminate in the foundation degree). Norfolk also works closely with the Head of Social Work at the University of
East Anglia to ensure that students are getting the most up to date approaches built into their learning. In Norfolk, their workforce development strategy highlights that the average age of the Adult Social Services Directorate workforce is increasing, with the latest figures indicating that the majority of employees are aged between 45 and 55. There is therefore an obvious need to attract new young people to work within local government and address the poor image of taking up a career in the public sector. In addition, the aging demography in the County means that while other employment sectors may be contracting due to recession, the care sector will need to expand. The care sector has been targeted in Norfolk by the ‘Young Person’s Guarantee’. Norfolk County Council is also working in partnership with adult education, Norfolk and Suffolk Care Support Ltd and Job Centre Plus to:

- use Future Jobs Funding to employ young jobseekers on a short term contract and offer them a full level 2 health and social care apprenticeship, with paid employment
- bid for Young Person’s Guarantee funding to offer a 60 hour ‘introduction to care’ training programme to 226 young jobseekers, with the aim of helping them find employment in the care sector within 13 weeks of course completion

York has a secondment arrangement with ‘the Centre for enabling environments and Assistive Technology’ at York St John University. This has supported initial awareness training and some ongoing mentoring of staff.

i) Have there been any ‘commissioner’/’provider’ type considerations regarding care management or other roles? Have any of these involved thoughts about potential externalisation? If so can you provide details.

All responding authorities considered potential externalisation, but the majority have either not yet implemented or are in pilot / business case stages. A variety of commissioner/provider type considerations were also highlighted as a result of restructuring, including the need to operate internal provision on clear commercial business cases, and the integration of authority and PCT commissioning structures. These are detailed below.

In Essex, following the launch of Essex Cares as a local authority trading company (LATC) with a 3 year contract to provide what were previously the in-house provider services, consideration is now actively being given to whether other services would benefit from reorganising in a similar way. One such service may be assessment and care management, either as an independent LATC or as a branch of Essex Cares which is the provider services company. Currently the process is in the “debating” phase with various options being considered. Any proposal to do this would have to be supported by a rigorous business case and business plan. An LATC has to have something to trade. There is also caution about extending Essex Cares to be too diverse to cover both commissioning and provider. The final decision could either cover the whole of care planning or just a part of it such as reviews.

Essex Coalition of Disabled People has been commissioned to provide a support planning function available to people in receipt of personal budgets. A further recent project for employing self employed practitioners (SEP) has just completed its first phase. This is focused on occupational therapy initially although it is hoped to be opened further to social work in the future. The SEP contract is focused on outcomes with practitioners being paid on results.

Coventry is looking at tendering out brokerage arrangements for adults with a learning disability to a voluntary organisation from 2010/11. Older people's social
care teams are working with an external organisation to automate the brokerage transaction using an on-line procurement system, being piloted between January and July 2010. During the Older People’s re-design it was identified that internal provider services need to operate on a clear business case model, working to the same standards as external providers. Coventry has therefore adjusted its structure so that a single service manager had responsibility for both commissioning and internal provider services.

Coventry has further developed arrangements for an integrated community equipment service with a new specification being developed. The council has taken responsibility for providing the service with NHS Coventry taking the lead commissioning and performance management role.

Richmond is currently considering the potential for splitting commissioning and social work provision, with integrated council and PCT (council facing) commissioning structures being implemented following Cabinet approval.

North Lincolnshire’s restructuring has introduced a distinction between strategic commissioning, procurement activity and micro-commissioning (purchasing and care management of individual services). Strategic commissioning services are negotiating outcome based service level agreement’s with internal providers which includes expectations of the transformation of traditional care management functions.

York is also in the process of considering how it will implement the brokerage role. At this stage it is believed that brokerage is a core function of the council’s service and at present the decision is not to outsource this but retain it as part of the care management role

j) What are your priorities for the Adult Social Care workforce over the next 18 months?

Bury has developed a workforce strategy with priorities based on the Department of Health workforce strategy ‘Working to Put People First’. The priorities include:

- **Leadership** – develop the skills of managers and leaders across the sector to be equipped to lead and manage social care services for the future. Bury has developed a strategy for this which provides ILM qualifications at level 2 for people who do not work in management but see this as a possible future career, level 3 for existing first line managers and supervisors, level 5 for existing managers and level 7 for the executive and senior management tiers.

- **Recruitment and Retention** – Bury is currently developing a cross-sector jobs and careers website in order to create a single point for advertisement and profile of all social care jobs in the area, regardless of the employer. This will also include mechanisms for recruitment of personal assistants by service users. Jobs will be profiled to raise awareness and encourage people into social care as a career, advertising jobs, volunteering, work experience and training opportunities, and demonstrating possible career pathways. In addition under represented groups and hard to fill roles will be specifically targeted. An awards event celebrating excellence within the sector will be held in April 2010 to help raise public awareness and recognition of the social care career. This event is the first Bury has held to raise public awareness and will become an annual event if successful. Over 80 nominations for awards have already been received.

- **Workforce Remodelling and Commissioning** – Bury has a number of restructure and remodelling projects underway for the next 1 – 5 years. These
include assessment and care management, older people’s residential and
day care services, and learning disability day care service.

- **Workforce Development** – as the workforce extends to include carers,
volunteers, and personal assistants, Bury will be working to develop the
training resource available across the sector to include these groups. They
will also be working on development of new skills and competencies in order
that the transformation agenda including self directed support, re-ablement,
prevention, self care, and safeguarding are truly embraced by a workforce
which have adequate skills and competencies to fulfil these roles.

Coventry is currently re-focusing its personalisation programme, although a work
stream called ‘Developing the Workforce’ has been identified, and is jointly led by the
Senior Directorate HR Officer and the Employee Development Unit Manager.

Essex plan to build capacity within the service, in particular around the skills mix
within the internal market of care management and the external market with our care
providers. The cultural change that has already started will be reinforced to ensure
that personalisation is fully embedded throughout all of adult social care both
internally and externally with partners. A further priority will be to build on the
reablement skills, in particular around occupational therapy, and broaden these out
further in the workforce. Essex will continue to work closely with partners in health
and the third sector to further develop the delivery market, and broaden information
access for customers through as many avenues as possible in particular via the
libraries and adult colleges.

Norfolk plan to prioritise implementing the social work taskforce recommendations,
including:

- job rotation and career development for staff in the new front door service
- career pathway mapping across health and social care
- trainee scheme for both aspiring occupational therapists and social workers
  (this is not new but is being invigorated)
- continue to monitor and ensure trained independent sector staff particularly in
  the area of safeguarding
- continue the focus on unpaid and paid carers
- continue to develop Norfolk’s mentoring programme and building workforce
capacity through the successful harnessing of talent across all staff levels
- support managers to better manage future changes

North Lincolnshire will review the impact of the restructure and check it is providing
expected outcomes. They will be developing the training and support needed for
service users and carers wishing to become employers, support ongoing
development of a user led organisation and develop an Integrated Local Area
Workforce Strategy.

Richmond aim to make managed services more personalised and will prioritise the
implementation of:

- a generic reablement service
- enhanced independent user-led support services
- a new access service

York’s priorities include:

- Continue with culture shift of assessment staff and associated commissioning
  practices
- Train in process changes (extensive changes around assessment
documentation and RAS paperwork etc) and understanding and usage of web
  based assessment tool implementation
• Further training of provider staff both in in-house and external providers - York is embarking upon a whole provider market shaping series of events to assist external providers
• Discussions are underway to further develop the council's model of reablement. Current discussions propose the development of an integrated assessment model
• Work on the remodelling of staff roles in relation to introducing a more preventative workflow to include reablement

k) Are there any other thoughts or any concerns about re-structuring that has happened or further action needed?

In Coventry the approach focuses on continuous improvement as well as transformation, and therefore as the personalisation programme has progressed over the past 2 years, the two functions of adults and older people’s social care have moved closer together. As the change programme continues it is expected the boundaries will narrow even further. In December 2009, Coventry took the first step in formally reducing this distinction by consolidating the commissioning function across the service under one service manager.

For Essex in terms of progressing forward with implementing change they will challenge whether a workforce restructure is actually necessary to achieve outcomes, as the impact can often be counterproductive and outweigh the benefits realised. In terms of lessons learnt, it is key that the critical success factors are agreed at the beginning of implementation.

Both Kent and North Lincolnshire will be reviewing newly implemented change to gauge effectiveness.

Norfolk's key delivery challenge for next 18 months is to support the workforce to deliver services in the context of total place; citizenship and social capital. This has been supported by the imminent merger with cultural services and community safety.

Richmond has identified key risks including:
• Increase in demand for support
• Ability to meet efficiency targets during period of major change
• Market readiness to deliver more personalised services
• Uncertain future leads to loss of good staff