

<b>26<sup>th</sup> November 2020</b>		<b>ITEM: 8</b>
<b>Health and Wellbeing Board</b>		
<b>Eastern Region Care Market Workforce Development Strategy</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key	
<b>Report of:</b> Ceri Armstrong, Senior Health and Social Care Development Manager		
<b>Accountable Head of Service:</b> Les Billingham, Assistant Director of Adult Social Care and Community Development		
<b>Accountable Director:</b> Roger Harris, Corporate Director of Adults, Housing and Health		
<b>This report is Public</b>		

## **Executive Summary**

The care provider market is extremely fragile. Taking a new and innovative approach to workforce development will help to reduce and manage the market's fragility level. The Eastern Association of Directors of Adult Social Services' (ADASS) Market Development Group commissioned a Regional Care Market Workforce Development Strategy in recognition of the vital link between the social care workforce, market stability, the provision of high quality and personalised care and the ability to overcome some of the causes of market instability and inflexibility.

The Strategy outlines the Region's vision for a thriving care workforce and therefore a thriving care market.

In addition, workforce development and sustainability is also being considered at a Mid and South Essex Health and Care Partnership level – with the recent production and sign-off of the Mid and South Essex Health and Care Partnership Integrated Workforce Strategy. Given the similarity and mutual dependency of issues facing both the NHS and Social Care, the Care Partnership's Workforce Strategy has a system focus and has been developed with significant input from the three upper-tier local authorities in the Mid and South Essex area.

Both Strategies are mutually dependent on each other and are, as a result, appended to this report for review, comment and endorsement.

## **1. Recommendation(s)**

**1.1 That Thurrock Health and Wellbeing Board note and endorse the Regional Workforce Strategy; and**

**1.2 Notes and endorses the Mid and South Essex Care Partnership's Workforce Strategy.**

## **2. Introduction and Background**

2.1 Over the years, local authorities have relied heavily upon the externally provided care sector to meet people's assessed social care needs – predominantly through the commissioning and provision of domiciliary and residential care. The development of the personalisation agenda has led to some diversification through an increase in the number of people seeking a direct payment and a 'different' solution that challenges more traditional types of provision.

2.2 With 177,000 jobs in the Eastern Region Adult Social Care sector (Skills for Care 2019) and the vast majority of those jobs being within the Independent sector (81%), market development cannot be successful without workforce development.

2.3 Over recent years, the care sector has faced a number of significant challenges – many of these leading to the collapse of contracts or of providers themselves. High on the list of challenges is the market's ability to attract and retain staff and to provide the skills required to meet challenging demands and requirements. The Covid-19 pandemic has shone a light on the fragility of the care market and the extent to which it underpins the ability of the health and care system to function. This has helped reignite the challenges faced by and importance of the care sector at a national level.

2.4 The philosophy underpinning health and social care is shifting. People want to be able to continue to achieve what is most important to them in their lives regardless of their health and care 'needs' or 'condition'. This has meant a fundamental change in what is required of the social care and health workforce and of the market place – ensuring that it shifts from a 'one size fits all' approach to one that recognises the importance of flexibility, plurality and most importantly the ability to deliver 'what matters' to the person requiring support.

2.5 The Eastern Region Care Market Workforce Development Strategy reflects how these challenges will or should be addressed, describes the workforce required in to the future, and identifies the Region's role in delivering or influencing the changes required.

2.6 An element of the Regional Strategy considers how it can both influence health workforce development strategy and also ensure that any health and social care workforce strategies are mutually beneficial. As such, Thurrock,

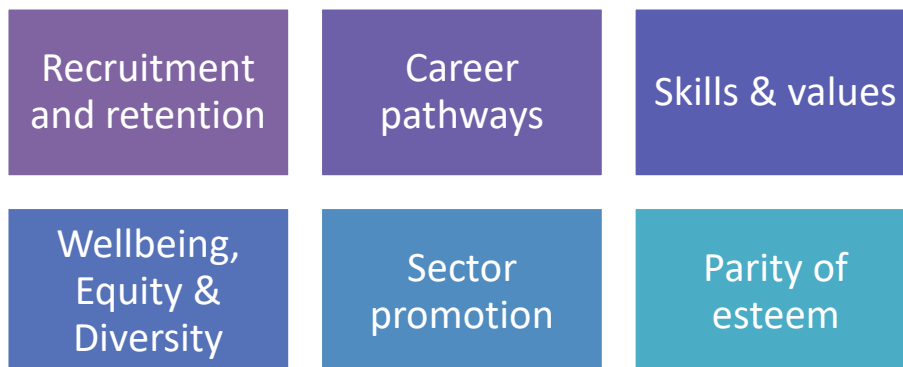
Southend and Essex Councils (Ceri Armstrong, Sarah Baker and Fiona Wilson) have worked with the Mid and South Essex Care Partnership via its Local Workforce Action Board (now People Board) to consider and develop an integrated workforce strategy.

- 2.7 Both the Eastern Region Care Market Workforce Development Strategy and Mid and South Essex Care Partnership Integrated Health and Care Workforce Strategy are attached for review, comment and endorsement.
- 2.8 Endorsing both strategies does not indicate a 'one size fits all' approach, but an approach that recognises the importance of developing, sharing and influencing certain issues and solutions as a broader entity – where it makes sense to do so. The principle of subsidiarity still remains and local areas will develop approaches that reflect place-based needs and strengths.

### **Priorities**

- 2.9 The strategies brought to the Health and Wellbeing Board for review, comment and endorsement focus on the following mutually beneficial priorities:

Eastern Region Care Market Workforce Development Strategy:



## Mid and South Essex Care Partnership Integrated Workforce Development Strategy Priorities:

Employment Brand and Offer	Flexible integrated teams (FIT)	System leadership and talent development
Making mid and south Essex the best place to work and live	Rotational role development	Leadership compact embedded across system
Targeted attraction and retention strategies	Passport to enable staff to work across organisational boundaries	System wide approach to talent management and talent mapping
Influencing the development of affordable housing and improved transport infrastructure for staff	Joint roles allowing flexible deployment across our integrated system	Bring leaders across professional groups and organisations together – system leadership alumni network
Improving our culture	Filling difficult gaps, role and career development	Digital and technological innovation
System wide approach to embed the right culture and behaviours	Mid and south Essex Partnership school of health and care	Support staff to implement new technology
Role modelling of behaviours by all staff, compassionate and respecting others	Career development framework across health and social care	Enable technology to work anywhere within the system
Inclusive, diverse workforce	Developing our staff to work differently	Increase productivity and capacity by adopting technology

### 3. Issues, Options and Analysis of Options

- 3.1 Both Strategies are mutually beneficial and allow the opportunity to develop a system-wide and innovative approach to developing the workforce required for now and the future.
- 3.2 Further work will be carried out to identify what will be done at a regional or Mid and South Essex level compared to at a local level. A local strategy or position statement is now required which will clarify the local authority's role and also link to the two strategies attached to this report. All strategies will operate around a common set of principles designed to deliver the best outcomes for individuals.

### 4. Reasons for Recommendation

- 4.1 To ensure that Thurrock is able to have the best chance at securing a care workforce that reflects the future of adult social care, that impacts upon the sustainability of the care market, and is able to provide the best outcomes for those people relying on the market for support.

### 5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Both Strategies have been consulted on via respective local authorities and also the Mid and South Essex Care Partnership. Further consultation will take

place as appropriate when identifying key actions and activities as part of an implementation plan.

## **6. Impact on corporate policies, priorities, performance and community impact**

6.1 The Strategies discussed within and appended to this report will influence the Council's ability to deliver good outcomes for people relying on the care market.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Rosie Hurst**  
**Interim Senior Management Accountant**

Any implementation will be carried out through existing budgets or via the successful application for external funding.

### **7.2 Legal**

Implications verified by: **Roger Harris, Corporate Director, Adults, Housing and Health**

There are no legal implications. How the workforce is developed may influence the commissioning landscape both in terms of what is provided, how it is provided, and how it is commissioned and procured.

### **7.3 Diversity and Equality**

Implications verified by: **Natalie Smith**  
**Strategic Lead for Community Development and Libraries**

A significant proportion of the existing care workforce are female (83%) and over the age of 55 (25%). Equality of pay between care staff and NHS staff remains an issue. The Strategies look at ways to encourage a broader cohort of staff.

### **7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)**

None identified

## **8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):**

- Skills for Care – Analysis of Social Care Workforce

## **9. Appendices to the report**

- Appendix 1 – Eastern Region Care Market Workforce Development Strategy;
- Appendix 2 – Mid and South Essex Integrated Health and Care Workforce Strategy; and
- Appendix 3 – Presentation on Eastern Region Care Market Workforce Development Strategy and Mid and South Essex Integrated Health and Care Workforce Strategy.

### **Report Author:**

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