

North Yorkshire Health and Well Being Board

**Integrated Workforce Development Programme
Progress Report**

24 February 2016

1. Background

1.1 The North Yorkshire Joint Health and Wellbeing Strategy updated in 2015 sets out ambitious goals for the delivery of integrated working by 2018. This includes for example, the intent to:

- develop new models of care
- see health and social care staff working together across local GP surgeries and primary health care centres to support vulnerable adults and older people in the local community
- develop new community hubs offering advice, access and care to people receiving services and those who care for them
- put in place a range of options that help people to keep their independence for longer. For example, intermediate care and reablement services
- see fewer older people entering nursing or residential homes for long term care
- develop a greater range of support options for people in their last years of life
- enable more people to receive support for themselves and their families at the end of life

1.2 Following the presentations to the Health and Wellbeing Board Development Day on 14th December 2015 and the table top discussions, this report provides an update on progress made.

1.3 The intentions set out above can only be realised with a workforce that is fit for purpose.

1.4 Developing the current workforce through a process from where we are now, ie in largely single organisations/services working in parallel with little integration beyond 'joint' teams, to where we want to be ie integrated services, is complex and challenging.

1.5 This transformation needs to take into account the changes and developments needed in workforce education and training commissioning, to support not only the workforce we have, who will largely need to develop into new ways of

working, but the future workforce embarking on their careers in health and social care; careers that will need to look differently in the future if we are to realise our ambitions.

2. Objectives

The objectives of the workforce development program are:

2.1 Identify needs, key issues and reconfirm intended outcomes

- Describe the intended service models that an integrated workforce will support ie integrated pathways, integrated management and governance, describe the parameters.
- Secure high level Commitment to develop an integrated approach to workforce.

2.2 Identify change required

- Compare and contrast where we are now with where we want to be in terms of professional and organisational differences, cultural differences and the need for the care to be person centred not organisationally centred.
- Recognise the personalised care workforce working in people's homes, and recognise the Independent care sector - establish what changes may be needed to put all of the workforce on an equal footing in terms of opportunities and access to workforce development.
- Consider the role of the national Health Education England, Local Education and Training Board and Skills for Care in terms of the future needs of the NHS, public health and the care system, do we need to support a redress of the balance to more focus on community, primary and integrated health and social care?

2.3 Identify workforce development requirements

- Development of an Integrated Workforce Strategy that clearly identifies the new role requirements, taking into account the need to develop today's workforce as well as developing programmes fit for the future.
- Make sure workforce planning and development is around local need and requirements.

2.4 Design cost effective workforce solution(s)

- Develop collaborative approaches to attract, recruit and retain staff to work locally, and education and training programmes across the range of providers that meets the needs of commissioned services.
- Look at new roles that offer interesting career choices in health and social care and clear opportunities for career progression.
- More local opportunities for people to develop their skills in health and social care sectors, as well as in education and other children's services
- Alignment of commissioning with workforce planning.

- Develop more creative approaches to placements that foster collaboration and integration.

2.5 Implement and monitor solution

- Make sure all available policy levers are used across all sectors to support the move to integration at all levels.
- Implement the integrated workforce strategy through a joint plan to align resources and incentives around new models for workforce integration that will have a lasting impact and improved outcomes for patients and service users.

2.6 Review and define

- Evaluate the program against the intended outcomes and address any shortfalls in delivery. Consider patient engagement in the evaluation.

3. Deliverables

- An Integrated Workforce Strategy.
- A set of principles for joint working and proposed workforce models that support greater integration.
- Change management program for developing the current and future workforce.
- Joint plan to align resources and incentives around new models for workforce integration, and a plan to implement the integrated workforce strategy.

4. In Scope

Workforce planning and development that:-

- links to new models of care, which are intended to provide jointly commissioned care pathways or services, that bring together groups of staff who would to date have worked within separate organisational structures.
- provides all staffing (including medical, nursing and other clinical and registered staff such as Social Workers and Allied Health Professionals) involved in the new models of care with relevant training and development opportunities.
- includes staff in the domiciliary and independent care sector and the informal networks of carers working within personalised care. Where we cannot directly influence staff, we will work with employers to maximise opportunities and we will explore contract levers in order to promote workforce development in those settings.

5. Planning and Delivery of the Program

Funding has been secured from the Better Care Fund to recruit a Project Manager to facilitate and support delivery of the programme. This is because a programme of this magnitude cannot be achieved by any one organisation, and to move this forward at the pace required it will require time and resource, including dedicated programme or project management, and a commitment from all organisations to put aside organisational boundaries and take a pragmatic and can do approach to change. The Project manager will be recruited and hosted through NYCC.

5.1 Outline of Plan

5.1.1 Recruitment to Project Manager

The recruitment process is currently in planning and will be shortly underway.

5.1.2 Steering Group

A steering group will be put together comprising of representatives from various organisations within or operating on the footprint of North Yorkshire. This will be drawn from direct representation or representatives of:

- Directors of Human Resources/Workforce/Organisational Development in the main provider organisations (HDFT/YFT/TEWV/S.Tees)
- Clinical Commissioning Groups (HaRD/VoY/SRCCG/VoY/ HRW)
- Directors of Human Resources/Workforce/Organisational Development in Local and District Authority's
- Voluntary sector (potentially Yorconsortium or stronger communities)
- Primary care organisation's including an LMC representative
- Independent Care Sector representative(s) including Care homes/Private Hospitals and Domiciliary care providers (potentially ICG).
- Educational establishments representing Further Education/Higher Education within NY
- Interested parties such as Skills for Care and Skills for Health
- Health Education England
- Trades union or professional body representation

The Steering Group will support the development of the program, meeting for example quarterly, in order to challenge and quality assure the process and outputs in terms of expected outcomes at each stage, as well as provide support and direction to the Programme Manager.

The Steering Group will have an inaugural meeting by end of March 2016.

5.1.3 Summit Meeting

An event is being arranged in order to kick start the program. This will run in a conference style, and bring together representatives from all of the organisations represented on the steering group to work together to look at the initial objectives which are about identifying needs, issues and desired outcomes, and identifying areas for change.

This initial summit will include a recognised speaker, cover the background to integration and key messages from national reviews and papers, and also enable areas already working in joint or integrated teams within North Yorkshire to present their work to date, in particular key challenges and lessons learned, before moving into workshop style groups.

6. Communications

The programme will flex and develop over its lifetime and it is recommended that regular briefings in the forms of newsletters are produced by the Programme Manager for all partner organisations including from time to time press releases and presentations to patient groups, citizen panels and Overview and Scrutiny committees

7. Recommendations to the Health and Well Being Board

The Health and Well Being Board is asked to note the progress made.

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