

Report of the Bradford District Craven Integrated Workforce Programme to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on December 7th 2017

Subject:

S

Health and Wellbeing Sector Workforce

Summary statement:

The paper provides both a strategic overview of the national, regional and local priorities and associated workforce challenges and enablers for the health, social care and wellbeing sector, and a progress update on the development and delivery of the Bradford District and Craven Integrated Workforce Programme's workforce strategy.

The paper will be supported by a presentation which will include an overview of how Bradford District and Craven is addressing the workforce issues and challenges.

Michelle Turner

Director of Quality and Nursing
NHS Airedale, Wharfedale and Craven CCG
NHS Bradford Districts CCG
NHS Bradford City CCG

Jill Ashbury

Chief Nurse
Airedale NHS Foundation Trust

Report Contact: Michelle Turner

Director of Quality and Nursing
Phone: (01274) 237290
E-mail: michelle.turner@bradford.nhs.uk

1. SUMMARY

The paper provides both a strategic overview of the national, regional and local issues for the health, social care and wellbeing sector workforce, and a progress update on the development and delivery of the Bradford District and Craven Integrated Workforce Programme's (IWP) workforce strategy. This includes:

- An overview of the context in which the Integrated Workforce Programme (IWP) is operating nationally, regionally and locally. The local strategic context includes the development of the two Accountable Care Systems across Bradford and Airedale, the District's Joint Health and Wellbeing Strategy (in development), the Home First strategy for adult social care in the District and the Children, Young People and Families Plan.
- The key workforce priorities, challenges, and enablers, regionally and locally.
- Progress across the four key IWP work programmes and alignment with other workforce initiatives and work streams.

A caveat in the report is that the workforce data is presented at an aggregated West Yorkshire and Harrogate (WY & H) level and therefore does not necessarily accurately reflect the local workforce picture for the Bradford District and Craven health and care system. In October 2017 the Integrated Workforce Programme met with Health Education England and local partners to review the availability of local workforce data and intelligence and to agree how best to identify the gaps. This information will be available early in 2018.

This report was discussed at the Health and Wellbeing Board in September 2017.

2. BACKGROUND

On 20th June 2017 the Bradford and Airedale Health and Wellbeing Board held a development meeting, facilitated by the Local Government Association, and focused on whole system working across the health, care and wellbeing sector. Workforce issues were identified as a key area for the Board's work programme in 2017-18.

The Integrated Workforce Programme (IWP) is an enabling programme which reports to the Integration and Change Board (ICB). It aims to work collaboratively to address the commonly identified system wide workforce challenges and to support achievement of the shared vision for the health and well-being of the local population. The programme geographically covers the Bradford District and Craven; working across and in collaboration with health, social care, voluntary services, the independent sector and with education and training providers. The programme is chaired by Karl Mainprize, Medical Director of Airedale Hospital Foundation Trust.

Its intention is to build on the good work and activity already taking place across the health and care system in relation to workforce rather than duplicating effort. The aim is to address any gaps, ensure delivery of the key priority areas and to maximise efficiencies by bringing people and expertise together; creating synergies where they do not currently exist in order to support the development of an integrated workforce that is fit for the future and increases the supply of talent where it is most needed.

The IWP's workforce strategy, approved in August 2016, was co-created and co-designed by partners within and across the health and care system (See appendix A). It brings together the workforce challenges, key priorities, good practice and potential workforce solutions from a wide range of health and care sectors and pathways. It provides an overarching and system wide strategy that has been shaped, tested and refined over time by a wide range of people. The strategy is not intended to replace organisational or pathway specific workforce strategies/plans but rather to enable these by addressing system wide issues and providing solutions in the medium to long term.

The IWP is mindful of the wider environment and context that health and care operates in and aims to work on a wider footprint wherever it is more appropriate, effective and/or efficient to do so. The delivery plan underpinning the strategy (see Appendix B) reflects this wider context and the good practice taking place both regionally and locally.

3. Report issues

3.1 National, Regional, Local Service Priorities

The Five year Forward View and the Five Year Forward View Next Steps for Sustainability and Transformation Partnerships (STPs) identify the need for health and care services to work together in a collaborative and integrated way to:

- Prioritise prevention and enable self-care at scale
- Support frail and older people stay healthy and independent
- Take the strain off A&E and hospital services
- Provide greater access to general practice and community based services
- Improve diagnostic, stroke and cancer services
- Place a greater emphasis on mental health (particularly children and young people)
- Leverage the potential of technology and innovation

Health population and service priorities at a local level are identified in the Bradford District and Craven Plan which highlights the need for:

- Prevention and early intervention at the first point of contact with a specific focus on children, obesity, type 2 diabetes, CVD, cancer, respiratory and mental wellbeing
- The creation of sustainable, high impact primary care through our primary medical care commissioning strategies and commissioning social prescribing interventions
- Supported self-care and prevention by maximising our community assets to support individuals and train our workforce to empower and facilitate independence
- Provision of high quality specialist mental health services for all ages and early intervention mental wellbeing support services
- Delivery of population health outcomes and person centred care through new contracting, payment and incentives in line with accountable care models elsewhere. This includes specific interventions that transform services to

address the physical, psychological and social needs of our population, reducing inequalities and addressing the wider determinants of health

- A sustainable model for 24/7 urgent and emergency care services and planned care.

Addressing these priorities in the wider context of achieving the triple aims of improving the health and wellbeing of the local population and improving the quality of care whilst addressing the system wide financial gap is challenging. It requires system wide integration and removal or a 'blurring' of the boundaries between primary and specialist services, health and social care and mental and physical health. The development of two Accountable Care Systems across the Bradford District and Craven, with an aim for total population coverage by 2021, will enable the achievement of these triple aims in many ways.

The need for a shift from hospital based to primary and community services requires proactive collaboration and effective integration on a number of levels. An example of supporting this shift is the Integration and Better Care Fund Narrative Plan 2017-19 for Bradford District which includes the initial stages of developing an operating model for out of hospital services which support people to be happy, healthy, and will bring care closer to people in their own home. This work has included a baseline analysis of current financial spend, activity and outcomes from the current home care market with an opportunity to invest 50% of the Improved Better Care Fund against new models of CQC registered domiciliary care closer to home, diversifying the offer to local people and the income streams which sustain the local market. This includes:

- Developing a new approach towards supporting people with dementia and their carers during the later stages of the disease progression;
- Developing a model of home care in hospital whereby the care and support follows the person and enables timely and effective early discharge;
- Expanding out of hours home care to enable people with complex support needs to remain at home; and
- Expanding the capacity of rapid response services to enable people to be cared and supported at home during times of crisis so that the situation can be stabilised and made safe without the need for a care home or hospital admission.

3.2 Workforce Priorities

In order to ensure effective delivery of these service priorities within the context of a challenging financial environment there is a need to ensure a system wide approach is taken to strategic workforce planning and development by:

- Developing employment models which enable cross boundary and cross sector working (supporting the triple aims of integration)
- Enabling workforce re-design, role re-design/role substitution and extended role scope to facilitate future models of care
- Engaging staff in new ways of working; working across boundaries ('blurred boundary working') and in an integrated way whilst maximising the opportunities for digitalisation

- Creating a cultural and mind set shift from one of 'caring for' to enabling self-care wherever possible
- Effectively planning for the supply of health and care roles (including new roles)
- Attracting, recruiting and retaining staff in the right numbers, with the right skills and in the right place
- Widening access routes into employment and, in particular, career pathways into the health and care sector that support diversity and inclusion, address skills gaps and promote economic well-being
- Investing in the upskilling of existing staff
- Ensuring good career structures/pathways and ease of movement of staff are in place within and across occupational groups, organisations and the wider system
- Releasing staff for training

3.3 Workforce Issues and Challenges

The data underpinning the challenges noted in this section is based on aggregated data and therefore does not accurately identify the particular health prevalence, population or workforce differences experienced in the Bradford District and Craven. Whilst some organisations have good data for their own workforce there is significant value in the District having a system wide view of the health and care workforce as a whole. The Integrated Workforce Programme is currently working with Health Education England and local partners to produce this local picture. It is important that the workforce is planned on the basis of new models of care and the anticipated demand and supply for new roles as well as addressing projected deficits in required traditional roles if service transformation is to be realised.

Regional data shows there are a number of challenges that need to be addressed in order to realise the workforce as a key enabler to system wide transformation and change:

- A lack of comprehensive and robust workforce data across the system. There is a particular gap on current workforce data within the voluntary and independent care sectors and also a lack of clear and robust data on the future skill mix and number and type of new roles required to implement new models of care
- Overall turnover rate in NHS Trusts across the region ranging from 12-18% in 2016
- Turnover of care workers within domiciliary care at 38% in last 12 months
- Vacancy rate for social care managers at 10% with 20% leaving their role in previous 12 months
- National shortage of professionally qualified staff
- The 'Brexit effect' (8,000 EEA health and care workers currently in WY & H and an apparent reduction in the number of applications to work in the UK since Brexit)
- High levels of older workforce/staff retirement
- High sickness absence rates
- Growth rates in demand in services (e.g. 4.5% in general practice)
- Lack of capacity & skills shortage in mentoring for clinical placements

- Resourcing and capacity to fund and release staff for training
- Over reliance on agency staffing in some sectors which has both a financial and quality impact on service delivery and care provision
- Ensuring the necessary cultural shift for working differently

The recruitment and retention challenges highlighted above have led to high to severe workforce supply issues (deficits of more than 10-15%) in the following areas across WY & H:

- Learning disability nurses
- District nursing
- Adult nursing
- Social care workers
- Social care – nurses

It is acknowledged that the implementation of new models of care locally will impact on the demand for these traditional roles in the future (e.g., learning disability nursing).

3.4 **Service Drivers, Supportive Strategies and Collaboratives**

There are a number of national, regional and local drivers and associated service strategies and plans that set out the health and care transformation agenda, including:

- 5 Year Forward View (and sub strategies e.g. GP Forward View, Mental Health Forward View etc.)
- West Yorkshire and Harrogate (WY & H) STP
- Better Health Better Lives (part of Bradford Council's plan)
- Bradford District and Craven Health and Wellbeing Plan (our place based plan) which includes key objectives from the Bradford district Joint Health and Wellbeing Strategy (in development) and North Yorkshire County Council's Health and Wellbeing Plan
- Home First strategy for adult social care in the District
- Integration and Better Care Fund Narrative Plan 2017-19
- Children, Young People and Families Plan.
- CCG Primary Care Strategies

A number of collaboratives have been created or are in development in order to support the delivery of the transformation agenda including groups specifically focused on workforce to ensure it is an enabler and not a barrier to delivery, for example:

- Local Workforce Action Board (LWAB, WY & H)
- West Yorkshire Association of Acute Trusts (WYAAT)
- WY&H Mental Health Partnership
- 'Team Bradford' - Employers Conference
- Bradford Health and Care Education, Employment and Skills Partnership (BEESP) – In development

The establishment of these enabling partnerships is aimed at ensuring joint ownership, accountability and collective problem solving so that the actions of each constituent organisation do not destabilise but support the resilience and robustness of the whole system. An example of this is the work being progressed through WYAAT to agree common pay frameworks and also establish a medical bank so that organisations are collaborating rather than competing in solving recruitment challenges and reducing the reliance on agency and locums. The IWP will ensure alignment with these enablers and will work on the footprint deemed most appropriate in facilitating realisation of the strategy and plan.

3.5 Workforce Enablers

There are a number of high level workforce enablers that Bradford District and Craven can capitalise on to address some of its workforce challenges in a system wide way. These are embodied in or aligned with the IWP delivery plan workstreams:

- The apprenticeship levy = potential for 1,200 apprenticeships across WY & H per year
- Establishment of a West Yorkshire National Skills Academy Centre of Excellence for Support Staff Development
- 25% increase in medical student places in England – Bradford is applying to establish a second medical school in WY
- An additional 10,000 health professional training places
- Bradford and Leeds Universities are providing a 2 year Physician Associate training programme (first 25 graduating 2017)
- Pilot programme of new role of nurse associate and working in partnership with Bradford College and the University of Bradford to create career pathways that encourage progression of healthcare workers to Nursing Associates.
- Investment of 50% of the Improved Better Care Fund against new models of CQC registered domiciliary care closer to home, diversifying the offer to local people and the income streams which sustain the local market
- Investing in a sustainable workforce that ensures the sector remains competitive which includes working with providers to develop a local understanding of the living wage with an aim of working towards a level of equalisation with health care level 2 & 3 workers in social care.

3.6 Integrated Workforce Programme Delivery Plan Overview

The IWP delivery plan (see Appendix B for summary) is underpinned by the principles of system wide work programme leadership, not duplicating effort, sharing learning, expertise and resources and maximising efficiencies.

There are four key work programmes, each with a number of associated workstreams:

Work Programme 1	Growing Our Own (Attracting, promoting and recruiting the future workforce)
Work Stream 1a	<ul style="list-style-type: none"> • Inspiring and attracting young people (11-18yrs)
Work Stream 1b	<ul style="list-style-type: none"> • Developing a shared approach to delivering a wide range of apprenticeships
Work Stream 1c	<ul style="list-style-type: none"> • Encouraging entrants and re-entrants of all ages

Work Stream 1d	<ul style="list-style-type: none"> Developing and providing a wide range of volunteering opportunities
Work Programme 2	Developing Our Workforce Together
Work Stream 2a	<ul style="list-style-type: none"> Delivering joint leadership programmes
Work Stream 2b	<ul style="list-style-type: none"> Creating and delivering system wide learning and development opportunities
Work Stream 2c	<ul style="list-style-type: none"> Developing system wide career pathways
Work Programme 3	Creating the conditions to retain talent in the system
Work Stream 3a	<ul style="list-style-type: none"> Engaging, listening and involving staff across the system
Work Stream 3b	<ul style="list-style-type: none"> Providing common benefits and rewards
Work Stream 3c	<ul style="list-style-type: none"> Promoting mental and physical health and well-being and supporting healthier lifestyles
Work Programme 4	Developing a shared culture of integration and system wide working
Work Stream 4a	<ul style="list-style-type: none"> Promoting a shared understanding of integration and seamless care
Work Stream 4b	<ul style="list-style-type: none"> Developing a common set of values/behaviours for the system
Work Stream 4c	<ul style="list-style-type: none"> Applying these from recruitment through to day to day working

3.7 Integrated Workforce Programme Delivery Plan Progress

Whilst there is progress in all four of the IWP work programmes the decision was taken to fast track some work streams and to slow down others. This decision was based on the nature of workforce challenge and maximising impact, the maturity of the system in some areas, the breadth and depth of current partnership working, the availability of resources (capacity and funding) and the energy and enthusiasm to drive the work forward.

Further details of progress and how the various work streams align will be provided in the IWP presentation to the Committee. Key highlights include:

- a) Development of a Health and Care Industrial Centre of Excellence(ICE) - reaching out to schools to attract and develop the next generation of health and social care workers
 - ✓ ICE Board established
 - ✓ 3 Partner Schools identified (Bradford Academy, Bradford Girls Grammar and Parkside Keighley)
 - ✓ 2 Pathways developed (early years development linked to Better Start Bradford and adult - direct care) for start in October 2017

- b) Developing a shared approach to delivering a wide range of apprenticeships
 - ✓ Scoping the options for working in partnership with the private sector and Further/Higher Education in providing business level apprenticeships
 - ✓ Exploring the opportunities for creating apprenticeships across a number of health and care organisations to encourage integration
 - ✓ Identifying pathways through from ICE through to apprenticeships and higher level apprenticeships

- c) Joint Leadership Development

- ✓ 'Engaging leaders' and 'Moving Forward' programmes both now delivered as system wide leadership development provision
 - ✓ Opportunities being explored to set up coaching as an E system in order to develop a system wide coaching offer
 - ✓ Some progress made in mapping/sharing resources
- d) Creating and delivering system wide learning and development opportunities
- ✓ Sector wide representation identified and principles of joint working agreed
 - ✓ Initial scoping of potential areas to work together identified with the focus agreed as mandatory training (moving and handling and fire safety) to provide training passports and commonly agreed quality standards
 - ✓ Mapping of available training resources (venues) by postcode being undertaken to maximise system wide usage and convenience for staff
- e) Developing a common set of values/behaviours for integrated working
- ✓ Mapping of current organisational level values
 - ✓ Multi agency workshop held and six draft shared values for integrated working identified; currently being tested across the system
- f) Development of a Bradford Medical School
- ✓ Supports the 25% increase in medical student places in England
 - ✓ Supports the 'growing our own' work programme
- g) Promoting health and wellbeing in our workforce
- ✓ Open space session held at the Learn and Innovate Event in May; key priorities and potential areas for joint working identified
 - ✓ System wide resources and offerings being mapped to identify opportunities for improved effectiveness, greater choice and efficiencies

3.8 FINANCIAL & RESOURCE APPRAISAL

The general principle underlying the IWP is to share and use existing resources wherever possible. Additional resources have been used for development of the strategy and delivery plan and management of the programme and also to fund the development of the ICE.

3.9 RISK MANAGEMENT AND GOVERNANCE ISSUES

The IWP Board membership includes representation from all statutory health and social care organisations, the VCS Assembly, Carers Resource and Bradford University. The programme regularly identifies reviews and mitigates risks associated with the delivery of its plan through its own work stream highlight reports and in its quarterly highlight reporting to Integration Change Board.

The IWP work streams all report into one of the four system wide programme leads, who are all core members of the IWPB.

4. Options

Not applicable

5. Contribution to corporate priorities

6. Recommendations

- a) That the Committee is assured that the IWP strategy and work programmes are taking the right approach and actions to support achievement of the vision and objectives for health and social care in the District.
- b) That Members of the Committee provide support in communicating the ambitions and actions of the IWP at regional and district forums; providing any links or connections that the Board thinks may strengthen the approach of the IWP.
- c) That Members advise the IWP on the nature and frequency of further reports to the Committee.

7. Background documents

None

8. Not for publication documents

Not Applicable

9. Appendices

Appendix A – Integrated Workforce Programme Workforce Strategy