

## WY&H System Leadership Executive Group

7 August 2018

### Local Workforce Action Board - Workforce Investment

#### Summary

1. In May 2018 the WY&H System Leadership Executive Group was consulted on the process the Local Workforce Action Board should follow to invest available Health Education England (HEE) funding in support of the West Yorkshire and Harrogate workforce strategy. A process of engagement was agreed based around the WY&H Health and Care Partnership programmes and Place needs. This process has now been completed and specific investment proposals have been prioritised. SLE support is now requested.

#### The investment envelope

2. The envelope available for distribution through this process is £1m.
3. The LWAB is funded by HEE with underspends carried forward into the following year. At the end of last year £400k was available for this investment process to support ICS programmes. The envelope now available to support the ICS programmes and workforce strategy has risen to £1m, as a result of the 2018/19 HEE allocation of £500k and a reassessment of other commitments. This has made it possible to support a greater breadth of programmes than previously envisaged.

#### Investment Process

4. This investment plan has been developed following discussions at the LWAB in April and SLE in May 2018. Following a process which combined structured conversations and formal bids we have identified investment ideas and schemes developed within places, from partnership priority programmes and from LWAB work streams. Each proposal was evaluated by WY&H workforce leads against the criteria of;
  - a) Is there alignment with the West Yorkshire and Harrogate workforce strategic themes?
  - b) Is there transformation potential in the proposal?
  - c) Is there potential for the initiative to be delivered at scale or replicated?
  - d) Can the benefits be sustained?
  - e) Can the programme be delivered in the coming 12 months?
5. Where appropriate, schemes have been identified as candidates for implementation at scale to maximise impact. Following the initial evaluation, the draft investment plan was subject to a moderation meeting on 30 July 2018. In attendance were:
  - Dr Ros Tolcher, Chief Executive, HDFT and LWAB co-chair
  - Mike Curtis, Local Director, HEE and LWAB co-chair
  - Ian Holmes, Director, WY&H HCP
  - Daniel Hartley, Regional Director of People and OD, NHS England and shadow board rep.
  - Sandra Knight, HRD, BDCT and LWAB Workstream Lead

- Pat Campbell, HRD, BTHFT and LWAB Workstream Lead
- Chris Mannion & Kate Holliday – LWAB Transformation Leads
- Emily Downes, Programme Support Manager, HEE

## Investment Proposals

6. The table below provides a high-level summary of the proposed investment priorities (the top scoring proposals) categorised by ICS or LWAB programme and the strategic workforce theme that they support. A more detailed description of each of the schemes is provided in Appendix 1. A summary of the ten strategic workforce recommendations is provided in Appendix 2.

	ICS or LWAB Programme	Description	Supporting strategic workforce themes	£'000
<b>1</b>	<b>Mental Health</b>			<b>228</b>
<i>a.</i>	<i>Mental Health</i>	Suicide prevention	Maximise contribution of existing staff through upskilling	22
<i>b.</i>	<i>Mental Health</i>	Peer support	Maximise contribution of existing staff & volunteers through upskilling & new ways of working	72
<i>c.</i>	<i>Mental Health</i>	Mental Health First aiders	Maximise contribution of existing staff through upskilling	134
<b>2</b>	<b>Primary care</b>	Psychologist and OT roles in general practice	Grow the General Practice workforce through new roles	<b>200</b>
<b>3</b>	<b>ICS</b>	WY&H careers programme	Getting more people training for a career in health & social care	<b>200</b>
<b>4</b>	<b>Unpaid Carers</b>			<b>75</b>
<i>a</i>	<i>Unpaid Carers</i>	Supporting NHS staff who are carers	Maximise contribution of existing staff through improved retention	40
<i>b</i>	<i>Unpaid Carers</i>	Supporting young carers to consider careers in health and social care	Getting more people training for a career in health & social care	35
<b>5</b>	<b>Place based working</b>	The Wakefield hub	Developing effective workforce infrastructure	<b>50</b>
<b>6</b>	<b>Stroke</b>	Establishing a learning and development network	Maximising contribution of existing staff through skills development and improved retention	<b>20</b>
<b>7</b>	<b>Prevention</b>	Making Every Contact Count (MECC)	Maximise contribution of existing staff through upskilling	<b>100</b>
<b>8</b>	<b>LWAB Delivery Group</b>	Improving CPD offer for post registration staff	Maximise contribution of existing staff through upskilling	<b>90</b>
<b>9</b>	<b>WYAAT</b>	Airedale initiative - proof of concept	Transforming Teamwork & Productivity	<b>22</b>
	<b>Total</b>			<b>985</b>

7. Total LWAB investment proposed is £985,000. These investments support specific workforce needs required to advance ICS programmes that have transformational potential. In relation to the primary care proposal other funding is being sought to extend this programme across all Places. This investment is one part of the overall investment in workforce and workplace change that is happening across the ICS, most of it led and funded by or via employers and CCGs. Work on a comprehensive long-term investment plan for workforce in West Yorkshire and Harrogate continues, beyond annual HEE funding to the LWAB, taking into account all possible sources of funding and all programmes.

### **Recommendations**

8. The WY&H System Leadership Executive Group is asked to:
  - a) note the process followed and receipt of the proposed investment plan; and
  - b) support the investment plan

**Ros Tolcher, WY&H LWAB Co-Chair**  
**Mike Curtis, WY&H LWAB Co-Chair**

Investment Plan – further information

Ref	Brief description of the bid (purpose, rationale and timeline)	Outcomes	Notes
1a	Roll out suicide training across West Yorkshire Fire & Rescue Services (WYFRS) and develop a sustainable approach to training across WYFRS	Reduced number of deaths by suicide; increased availability of trained officers on each duty rota able to respond to suicide crisis; increase awareness and suicide intervention skills across WYFRS; increased referral to other agencies; contribution to the national 10% targeted reduction in deaths by suicide; enhancement to the Safe and Well strategy delivery	
1b	Incorporate peer support as a core part of the mental health workforce	Identify current activities and best practice across WY&H; better understand opportunities and potential barriers; identify and engage senior peer support; train peer support champions; develop a collective vision for peers support	Includes VCS
1c	Develop a system wide approach and level of self-sufficiency / sustainability to the provision of Mental Health First Aiders for the health and care workforce	A greater awareness of workforce mental health across the system; a reduction over time in sickness absence due to mental ill health	Proposal scaled up to provide resources that would enable all places to draw down funds to replicate this
2	Test a new approach to supporting individuals with psychological needs within a primary care setting bringing physical and mental health provision closer together by placing a Clinical Psychologist within a GP practice	Reduction in GP appointments, improved psychological and physical wellbeing, better engagement with any suggested treatment or interventions	The Leeds place and the Mental Health Programme would like to pilot and evaluate two different roles in primary care. The proposal is to scale up funding if possible to allow all places to select and undertake similar trials. This wider offer is subject to securing additional resources - potentially from primary care network funding
2	Proposal to develop new models of occupational therapy delivery. To deploy Occupational Therapists and Technical Instructors to work directly in GP practices	This model could transform how Occupational Therapists are utilised across the health and care system. Benefits articulated in bid paper. Potential for this to be replicated at scale.	

3	Combined careers promotion - a ring-fenced budget to enable Calderdale, Leeds and others (see bids 26 and 27) to explore collaborative approaches to delivering projects such as care21, internships and ambassadors etc.		Both Leeds and Calderdale requested LWAB support with launching career promotion activity. The response has been to ring-fence a budget that will be available to fund a cross place solution if one is developed.
4a	Resource to support the design and implementation of a working carers 'passport' in acute and mental health trusts across wy&h	To support the 11% of the workforce with caring responsibilities as part of a strategy to improve retention (many working carers leave employment or reduce hours as a result of caring responsibilities). Number of carers to grow by 40% by 2040.	
4b	Resource to design, pilot and then roll out events promoting careers in health and social care to young carers across the partnership	Achieving dual aims of supporting unpaid carers and that might harness their skills as future employees in health and care settings	
5	To establish a virtual Wakefield place-based learning and development Hub to ensure that Wakefield has a confident, motivated workforce who have the right skills, values & behaviours and are engaged and supported to deliver the Connecting Care Vision	Minimum 3 x Introductory programmes developed and delivered across Wakefield - Frailty, MECC and EoLC; minimum 2 x specialist modules, shared resource bank established, increased access to learning and development opportunities for Independent and voluntary sector, relationships developed with Excellence Centre, more cost-effective use of learning and development resources	Would link in with Excellence Centre and Leeds Health & Social Care Academy and could be the start of a Hub and Spoke model across the ICS
6	Re-establish stroke clinical networks (medical and other staff groups) with a focus on training and development to promote cross place working and help improve engagement and morale. At least 12 'master class' style events over 12 months plus a network conference	Improved morale, wellbeing and connectivity providing a platform for further collaborative working. Potential recruitment and retention benefits.	

7	Embed consistent approaches to MECC across the health and care workforce; further development of the Health promoting Hospitals / Trusts approach across WY&H, supporting the workforce elements within the other three Prevention at Scale priorities and promoting the prevention scale agenda within other workforce priority settings / agendas	Adoption of MECC could potentially raise patient's awareness of the risks, exploring what opportunities are available to them and signposting to appropriate services. HPH would create a vehicle to emphasise health care's commitment to providing local people with the living wage and employment opportunities	Proposed investment less than initially requested and so will require a renewed delivery plan focussing on what is deliverable in one year within the allocated budget. Priority being the focus on MECC across the system rather than Health Promoting Hospitals
8	Improve access to (and affordability of) Continuing Professional Development for registered staff by working together across WY&H to procure courses	Key specialist academic modules currently unable to run due to cuts in funding due to lower numbers and course viability will be running in WY&H. The funding will deliver specialist skills and post registration development to 75 individuals across WY&H.	
9	Review existing job roles and structures within Airedale Hospital Trust with the aim of creating new roles that would help ease the burden on registered nurses and doctors	Workforce redesign will ease the burden on over-stretched trained staff at Airedale Hospital; other staff groups such as support workers will be empowered within the hospital at the same time expanding the scope of jobs so they can take on new responsibilities and skills; redesigning roles of registered nurses will result in better quality of care for patients	In time it may be appropriate to scale this work/approach up to – however at this time the priority is to avoid delays and to enable the project to commence

## Strategic Themes

