

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

Health and Care Workforce

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To facilitate a discussion with the Health and Well Being Board partners on workforce and consider a framework moving forward to enable the workforce to be highly skilled, compassionate and caring, a workforce who feel engaged understood and valued for their work and the vital impact that they have on people's lives.
- 1.2 To ensure workforce planning is inclusive of all future care and health needs.

2. BACKGROUND INFORMATION

- 2.1 Improving the integration of health and social care systems is of particular emphasis within the Health & Care Act and Integration White Papers (Health and social care integration: joining up care for people, places and populations and working together to improve health and social care for all).
- 2.2 A collective challenge across health and social care is making the best use of resources to ensure there is enough workforce with the right skills and values in the right place to meet people's health and care needs.
- 2.3 Drivers for Change include:-
 - **Demographics and ill health** including population size, age structure, diversity, life expectancy, migration, birth rates, long term conditions, morbidity, workforce demographics.
 - **Public, people who need care and support, patient and carer expectations** including shared decision making, digital and health literacy, quality and safety of care, access to, and availability of care.
 - **Staff and student/trainee expectations** including working life and careers, training, equality, diversity and inclusion, culture, widening participation, generational preferences.
 - **Socio-economic and environmental factors** including health inequalities, economy & public finances, social determinants of health, labour market, climate change.
 - **Service models and pandemic recovery** including tackling the elective backlog, current and future service models, integration, personalised care, prevention and health promotion.

- **Science, digital, data and technology** including artificial intelligence, automation, wearables, robotics, big data, data security, digital literacy genomics and personalised medicine.
- **System shocks and external threats** including wars, pandemics, impacts of climate change, antimicrobial resistance etc.

2.4 The Health and Wellbeing Board has an opportunity to optimise the recent changes in the NHS and the plan for further integration to consider the leadership challenge to tie together care, work and education that people want, to purposefully shape and transform the future workforce.

How health and care can be good to work in

Establish a whole system learning culture where development and learning is supported by a single strong infrastructure. People want an equitable and empowering social care and health system that is more focused on wellness, health creation and prevention, driven by values that put people and their lived experiences and assets at the heart of a holistic, personal and joined up care system that is timely and responsive, enabling people to live their best lives as articulated in the Strategic intent (appendix 2).

Promote agile working

People want more time to care, more time to learn, teach, innovate and crucially, more time to live. Agile working has become normal and people want more flexibility in the hours that they work and the ability to move between role and responsibilities more fluidly as their interests broaden or change, a greater sense of belonging in the teams in which they work and more parity of esteem between health and social care. With more shared training and education opportunities to facilitate mutual learning and a multi-disciplinary mindset, with more person-centred work enabling them to provide more personal, preventative and productive care.

Progressive education

Moving towards a model of learn as you earn away from a system where academic achievement is heavily front loaded and singular roles based. A more progressive model of life long, allowing for flexible, adaptive and multi organisational as well as multi-disciplinary learning in virtual, global/local and physical spaces as part of wider investment in human capital within a global labour market.

Shape of workforce into the future

What we value and recruit, how we train and treat/employ people who reflect communities. How we can proactively shape the future rather than roll forward the past including better supporting our workforce.

2.5 **Elements needed to shape the future workforce**

People Plan - There should be a people plan for North Lincs - covering the wide range of strategic skills development to meet the wide-ranging needs of NL including the care and health sector, taking a longer term look and establishing the strong infrastructure needed to ensure there are the right people in place at the right time.

Workforce strategy for a specific sector workforce feeding data to the people planning process and focussing on the here and now elements across recruitment retention, career pathways, learning and development, workforce wellbeing and leadership. Developing a shared approach for a given sector or population.

Organisational development plans - across a system this would be deployed when there is system change to ensure the workforce issues are appropriately addressed but would also be essential in enabling multiple roles to work together in harmony to deliver specific interventions likely to be managed by multiple organisations.

- 2.6 Within North Lincs specifically there are the skills board and care and health workforce partnership together with the social work teaching partnership, roles of which are as follows:

Skills development and employability

Driving forward skills and employment in North Lincolnshire is a key priority. The North Lincolnshire Skills Transformation Board drive economic regeneration and economic inclusion focusing on quality and sufficiency of skills, access to employment, a more highly skilled workforce and higher paid jobs etc. Social care is a major employer, contributing £40.5 billion annually to the national economy, making it a key driving force for reform and transformation. A key focus area is supporting adults with a disability to access training, volunteering, and employment.

North Lincolnshire Care & Health Workforce Partnership

Established to understand how we all work with vulnerable people and the future demands being placed on the workforce, to be enabled to work to their fullest capability and potential. The partnership includes voluntary and public sector employers, educators and workforce regulators. Vulnerable people are clear on how they wish to live their lives and the public sector has a responsibility to ensure the workforce understand what is required and how to respond to the needs of individuals whilst maintaining a healthy workforce (see Appendix 1-strategy on a page).

Social work teaching partnership

An example of working across a wider area for the good of growing our own registered social workforce, ensuring a learning culture exists within services, placements and students are managed and supported

3. OPTIONS FOR CONSIDERATION

- 3.1 Option 1 - The Skills Board should have the responsibility for the North Lincolnshire people plan as described by the skills demand and supply study and ensure it continues to forward plan and continues to consider health and care (see Appendix 3-Local Skills Framework).

The Care and Health Workforce Partnership should continue to focus on the needs of vulnerable people and establish the framework for how to ensure the workforce understand their needs and wishes. The care and health workforce partnership should take on the integration agenda and coproduce across organisations an organisational development framework to be utilised across all future integration and change agendas.

- 3.2 Option 2 - Create an alternative structure on which to deliver a better workforce offer for North Lincolnshire.

4. ANALYSIS OF OPTIONS

- 4.1 Option 1 – preferred. There is a need to do the following across existing partnerships:-

- Retain our workforce, with a relentless focus and improved work offer.
- Develop them further, fully utilise and invest in the skills and talents of the current workforce to enable them to do more throughout their careers, which also enables the above.
- Significantly grow the generalist workforce, expand at scale roles and skills that can be deployed across all sectors and settings as a low-risk/high benefit investment.
- Create new routes into local careers in caring to create faster, more flexible routes in for a local sustainable workforce.
- Develop shared solutions to shared problems, working with health and other partners to develop shared solutions, so that spend on the workforce is treated as an investment that contributes to wider economic health and benefits the local population.
- Develop a comprehensive communication and engagement plan for residents, in partnership. The 'system needs to own the whole demand issues and take collective action.
- Continue to increase the productivity of the workforce, including exploring the role of digital and technology. If the operating model does not change, the system will require untold new staff in ever changing roles.
- Engage colleagues in IT and Digital to ensure right systems will be in place. Do IT once do IT together develop technological solutions to reduce the need for workforce.
- Continue to develop an open, two-way dialogue with care providers. Providers are calling to be engaged early in a longer-term discussion about their viability and the overall make-up and stability of the market.

4.2 Option 2 - requires a redesign of the two existing groups and some additional capacity.

5. **FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

5.1 **Social work teaching partnership-social workers**

An example of good practise for the growing and developing social worker roles is the Humber teaching Partnership for Registered Social workers it conducts workforce planning providing strategic direction to succession planning and talent management activities to ensure the right number of people, with the right skills, in the right place at the right time to ensure provision of high quality care and support services.

From experience people develop well using this model and we plan to build on this good work and develop an infrastructure to support a wider 'grow your own' model to ensure retention of workforce into the future.

5.2 The ICS has multiple workforce groups but nothing in 'place'.

6. **OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

6.1 Potential risk of not full addressing workforce challenges includes provider failure, NHS and social care, negative impact on vulnerable people and reduced quality of care and increased safeguarding issues.

7. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

7.1 Not applicable at this stage.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 The current partnerships do include all partners either educator and or employers responsible for health and care in the area. They have had opportunity to engage and have influenced the two current strategies.

8.2 There are no perceived conflicts of interest associated with this report.

9. RECOMMENDATIONS

9.1 For the Board partners to support the recommended framework through the Care and Health Workforce Partnership to provide a better integrated workforce offer for those working with vulnerable people.

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Background Papers used in the preparation of this report –

- Appendix 1 – North Lincolnshire Care & Health Workforce Strategy 2022-25 - plan on a page.



- Appendix 2 - Draft Strategic intent

North Lincolnshire Strategic Intent

Our Ambition

Our ambition is for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing

People will;

- enjoy good health and wellbeing at any age and for their lifetime.
- live fulfilled lives in a secure place they can call home.
- have equality of opportunity to improve their health and play an active part in their community and enjoy purpose within their lives.

Our community first approach

Our transformation approach empowers and facilitates individuals of all ages including children and young people to participate in their own communities, putting people and communities at the heart of health and care. People will have personalised care, be enabled to self care and have control over their lives. People will get the best care closest to home. We will use our collective resources to improve outcomes for people and be informed by the voices of our diverse communities. We will use our Place assets and resources to strengthen prevention and community support, reducing the need for higher levels of care which is safe, effective and high quality in the right place at the right time. We will use the North Lincs E1 wisely and with integrity. We will ensure participation and prevention threads through all that we do. We will foster a culture of one team, enabling our workforce to achieve great outcomes for people and support the workforce to be well. We will ensure we have the most effective systems and enablers of change.

The ICS and Place Partnership will invest locally to deliver this strategic intent ensuring the community health and care system is the right size for the population, is organised to meet levels of need and inequalities; focuses on prevention at every level and opportunity; and is high quality. The Partnership will utilise digitally enabled care to support the individual and integration of the workforce. We will prioritise those most in need. We will enable partners to manage risk effectively, to work together to promote positive risk taking to improve the outcomes we aspire to.

Priorities for Collective Investment

The integrated practise model will be person centred

Mental health and wellbeing will thread through all that we do across all age

There will be a single workforce strategy covering; leadership and management, recruitment and retention, reward and recognition, career pathways, and talent development

Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire



People with long term conditions such as lung and heart disease, will improve experience proportionately good health

Healthy life expectancy will improve for our population

Access to health and care will take account of rural challenges

The health inequalities gap will reduce across our wards

Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing

- Appendix 3 – Local Skills Framework

