West Wales Care Partnership

Regional Workforce Strategy: Initial Proposals

# Introduction

The West Wales Care Partnership and Regional Partnership Board have recognised that the implementation of the Social Services and Wellbeing Act and other recent national policy and legislation is having a significant impact on the whole health and social care workforce, requiring new approaches to practice and shifts in internal culture. Workforce issues must be addressed through an integrated agenda, not only across statutory partners but in partnership with the third and independent sectors.

The Regional Partnership Board has recognised the importance of an appropriately-skilled workforce fit for new ways of working and able to support integrated service arrangements. Workforce has therefore been seen as a key enabler for the strategic priorities identified by the Board. The Institute of Public Care at Oxford Brookes University (IPC) was commissioned in early 2017 to engage with stakeholders to ascertain the potential value of a regional workforce strategy. Clear benefits of such an approach were identified. Following on from this initial phase of work, a group of key senior workforce leads from across the region was convened on 16 October 2017 to propose an approach to developing and implementing plans for the next 6 months to April 2018. This document summarises the key points agreed by the group. It should be read in conjunction with the IPC workforce development report prepared in May 2017 (attached).

# Summary of group discussions

The purpose of the meeting was to:

* Be clear about the context for further regional working.
* Scope the potential remit of work in each of the 3 areas above.
* Agree immediate next steps and resources needed to take work forward.

The group made the following overall recommendations.

* The national context and recommendations from the IPC report were discussed and accepted. The overall direction of travel, towards joint and integrated regional workforce arrangements, was supported.
* NHS engagement was discussed. It was agreed that the aspiration was for joint health and social care approaches to workforce wherever possible, but that many projects would need to be social care specific.
* It was also agreed that the following 3 areas needed to be considered for the overall strategy:
* It was also agreed that any work should take full account of wider population based workforce planning activities in local authorities, and work being developed at a national level including Social Care Wales.
* The following sections summarise the proposed approach to taking this strategy and associated activities going forward over the period to April 2018.

# Regional data, analysis and planning

## What the area involves and what existing resources it will effect

There are at least four existing data collection points:

* SCWDP
* Commissioned data [Local Government data unit]
* Social worker planning tool
* STF data

It was noted that there is inconsistency across the region in terms of gathering non-regulatory data.

Existing resources affected by data collection include SCWDP teams, collectors of STF data and HR teams. Data collection will shift from Social Care Wales to CSSIW next year.

## Target deliverables by March 2018

* Define what data collection needs are, how it should be collated and why.
* Plan the method and format of data collection.
* Decide who will carry out the collection and analysis.

## Activities needed to deliver on these targets

* Agree a template for data collection, working with Social Care Wales and the Local Government Data Unit at national level
* Pilot it on a smaller scale with a few providers
* Analyse and evaluate the outcome

Wider group discussion regarding the scale and resource limitation of delivering against these activities led to a conclusion that a regional data mapping exercise should be carried out by March 2018.

## Existing resources or arrangements it should build on and how it might link with SCW agenda

The data sets already available will likely, in part, support the development of a regional approach to data analysis though it was agreed that any new approach should be based on needs of the sector. SCW agenda for a workforce strategy aligns with this regional activity with a draft initiative to profile the workforce via the analysis of relevant data.

## Estimated resources needed to undertake the activities and where they should come from

As an estimate, it was agreed that 25-30 days were needed to focus on the mapping exercise on a full time basis.

# Regional workforce development

## What the area involves and what existing resources it will effect

Two areas were highlighted as priority: AMPHs and domiciliary care recruitment.

AMPH: It was recognised that there are opportunities for consolidating existing partnership arrangements between Carmarthenshire and Pembrokeshire to extend across the region.

Dom care – recruitment and development support: Targeted resources are necessary to deliver in this complex area which can be supported locally.

## Target deliverables by March 2018

* **AMPHs**: Develop a more flexible approach to SCWDP funding allocation driven by need
* **Dom care recruitment**: Need to attract more people into the sector
* Work effectively with schools
* Attract more men into the sector
* Develop leadership skills

## Activities needed to deliver on these targets

* **AMPHs**: Develop a working group to focus on methods of developing practice and define what’s required to shift to a regional level
* **Dom care recruitment**: There is scope to appoint a regional lead for domiciliary care specific recruitment
* Form a regional group devoted to domiciliary care workforce
* Action learning sets for leadership development and problem solving

## Existing resources or arrangements it should build on and how it might link with SCW agenda

Domiciliary care workforce already a priority area for SCW. There are small bits of work ongoing but resources are small and work is piecemeal.

## Resources needed to undertake the activities and where they should come from

SCW facilitation grant and a more flexible approach to SCWDP funding allocation driven by need.

# Regional workforce function

## What the area involves and what existing resources it will effect

In line with the regionalisation of core funding streams such as SCWDP and closer working across agencies in support of the regional agenda, the feasibility of a regional social care workforce function. Mechanisms for this – including a centralised team or virtual arrangements would need to be explored. An element of local delivery would need to be retained. A possible model would be a shared leadership arrangement whereby different partners lead on particular aspects of the workforce agenda.

## Target deliverables by March 2018

Clearly articulate plans, options and benefits for regional working to all stakeholders across the sector.

## Activities needed to deliver on these targets

* Map out existing resources and identify expertise
* Make recommendations to the WWCP on a way forward as a basis for a more detailed business case for preferred option

## Existing resources or arrangements it should build on and how it might link with SCW agenda

SCW agenda recommends that a shift to regional working is undertaken, underpinned by the change from SCWDP to a regional workforce development grant.

## Resources needed to undertake the activities and where they should come from

Additional capacity to work on this change project till the end of March 2018.

# Future governance arrangements, summary of resources and next steps

A partnership governance review is being undertaken which will feed into the governance structure of workforce groups. It was agreed that the recruitment and retention crisis within the sector could be more effectively supported with greater resources from the 3 local authorities, underpinned by the development of an effective and practical workforce strategy.

A summary of the workshop will be fed back to the Regional Partnership Board to lead into a work programme which will span the next 6 months. It was agreed to share a summary paper amongst the group attendees prior to this. Attendees were thanked for giving up their valuable time to feedback and discuss each critical area for development within the regional workforce strategy.

**Appendix: A Regional Workforce Strategy for West Wales**

**Phase 1: Initial Scoping Exercise**

**Stakeholder Review**

1. **Introduction**

The West Wales Care Partnership recognises that the implementation of the Social Services and Wellbeing Act and other recent national policy and legislation is having a significant impact on the whole health and social care workforce, requiring new approaches to practice and shifts in internal culture. Workforce issues must be addressed through an integrated agenda, not only across statutory partners but in partnership with the third and independent sectors.

The West Wales Care Partnership (WWCP) has identified a potential priority for 2017 to develop an integrated workforce strategy for the sector. The strategy will support the workforce through these changes, and will address questions of recruitment, retention and staff development across the region. We understand that the strategy will be owned by the WWCP programme board and will guide a shared workforce programme going forwards.

The Institute of Public Care at Oxford Brookes University (IPC) has undertaken the first phase of the project for the Partnership, and this report summarises the findings from this phase, the purpose of which has been to identify an initial strategy scope as the basis for wider consultation. IPC has reviewed relevant national, regional and local guidance and legislation, and undertaken a series of individual interviews with key stakeholders to draw together a suggested draft scope of a regional strategy for further consultation, wider engagement and analysis and implementation in subsequent stages of the project.

1. **Context – Legislation and policy**

There are a number of recent significant legislative changes which are having an effect on the health and social care workforce in Wales.

## Social Services & Wellbeing (Wales) Act 2014

This wide ranging legislation affecting health, social care and wellbeing is beginning to influence in particular the range and level of preventative services needed to meet the needs of the population; promote wellbeing and prevent delay or reduce the need for care and support.

The focus of the Act is to enable people to live as independently as possible, and help them achieve outcomes that promote well-being. It promotes working in new ways and in partnership with communities, at local and regional levels. The development of new models of care and support will require significant changes in the skills and practices of the workforce. Part 8 of the Act and its guidance is explicit about some particular responsibilities of Directors of Social Services for workforce including:

* The Director of Social Services has a strategic leadership role to promote high standards across the care and support workforce, including the private and third sectors, and must ensure a whole sector workforce plan is in place including in relation to recruitment and retention, pre-employment vetting, registration, reward, addressing poor performance, career pathways, competency and qualification requirements, skill mix, training needs evidence based practice, compliance with codes of practice and contributions to workforce data. This should be undertaken as part of the development of effective partnership working arrangements.
* The Director should promote collaborative workforce learning through networks and relationships with other bodies to ensure they are able to deliver relevant and effective training and support a competent workforce.
* A crucial role of the Director is to promote a culture of continuous learning, evidence based practice and professional accountability. The Director acts as a role model for others and should champion the development of these skills and behaviours amongst service managers.
* As part of their senior corporate leadership role, the Director must also ensure the local authority has overarching personnel and safe recruitment policies supporting the requirement for a social care workforce to provide effective care and support services. This includes ensuring social workers employed are registered with the regulatory body in Wales to provide strong connectivity between employers and regulators.
* Finally, Directors of Social Services will ensure an effective recruitment and retention strategy to secure the capacity to provide local authority social services functions through the medium of Welsh. The ability of the independent and third sector to provide services in Welsh will also be a consideration when services are commissioned contracted from them.
	1. **Regulation and Inspection of Social Care (Wales) Act 2016**

The new system of service regulation and inspection established by the Regulation and Inspection of Social Care (Wales) Act 2016 is planned to be implemented and operational by April 2019. To achieve this, all service regulations will come into force in April 2018.

Social Care Wales, created under the Regulation and Inspection of Social Care (Wales) Act, will bring together workforce regulation, workforce development, service improvement and research in one organisation (Social Care Wales), extending registration of the social care workforce to domiciliary care workers by 2020 and residential care workforce 2022.

* 1. **Well-being of Future generations (Wales) Act 2015**

Under this legislation public bodies need to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future. The 7 principles of the Act are:

* A healthier Wales
* A prosperous Wales
* A resilient Wales
* A more equal wales
* A wales of cohesive communities
* A wales of vibrant culture and thriving Welsh Language
* A globally responsible Wales

It will expect them to work together better, involve people reflecting the diversity of our communities, and look to the long term as well as focusing on now take action to try and stop problems getting worse.

* 1. **Prudent Health Care**

Informed by the work of the Bevan Commission, the NHS in Wales is taking on the principles of prudent healthcare as it responds to challenges. Prudent healthcare puts NHS Wales at the front of a growing international effort to get greater value from healthcare systems for patients, and is underpinned by the principles that any service or individual providing a service should:

* achieve health and wellbeing with the public, patients and professionals as equal partners through co-production;
* care for those with the greatest health need first, making the most effective use of all skills and resources;
* do only what is needed, no more, no less; and do no harm;
* reduce inappropriate variation using evidence based practices consistently and transparently.

In the face of increasing demand and reducing resources, the prudent approach to health and care is to meet need at an early stage and to prevent escalation. This will have a significant effect on the behaviours and the distribution of the community and primary health care workforce in coming years.

* 1. **Other relevant policies**

Of course there is a wide range of other policy priorities which will have an impact on the health and social care workforce, including, for example:

| Policy Initiative | Description |
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| Building a Brighter Future: the Early Years and Childcare Plan (2013) | Describes the early years as ‘the foundation on which society depends for its future prosperity and progress’ and sets out the commitment of Welsh Government to improve the life chances and outcomes of all children in Wales. It brings coherence across different policies and programmes impacting on and influencing the early years. The key themes are:* children’s health and well-being
* supporting families and parents
* high-quality early education and childcare
* effective primary education
* raising standards
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| Child Poverty Strategy (2015) | Includes 5 key objectives for tackling child poverty and improving the outcomes of low income families in Wales:* To reduce the number of families living in workless households.
* To increase the skills of parents and young people living in low-income households.
* To reduce the inequalities which exist in the health, education and economic outcomes of children and families by improving the outcomes of the poorest.
* To use all available levers to create a strong economy and labour market which supports the tackling poverty agenda and reduces in-work poverty in Wales.
* To support families living in poverty to increase household income through debt and financial advice, action to address the poverty premium and action to mitigate the impacts of welfare reform.
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| The Mental Health (Wales) Measure(2010) | Primary legislation passed by the Welsh Government in 2010 and came into force in 2012. The measure aims to improve access to services, whether people have mild or significant mental health issues. It focuses on the role of different services including primary care, secondary care and mental health advocacy. It also gives people who have been in secondary care the right to refer themselves back into services if they need to, thereby bypassing a GP referral. The measure has a number of guiding principles. In short:* Ensuring care is shaped around the individual, involving the patient and their carers’ in the planning and delivery of care and treatment.
* Equality, dignity and diversity.
* Clear communication in terms of culture and language.
* Comprehensive and holistic, person-focused care and treatment.
* Proportionate care and treatment planning.
* Integrated and co-ordinated care.
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| Together for Mental Health(2012) | A 10 year strategy for mental health from 2012 – 2022, *Together for Mental Health* has a strong focus on early intervention and prevention. It is inclusive of all ages and aims to encourage person-centred care which supports recovery and enablement. It outlines high level national outcomes for mental health across Wales. These include:* The mental health and wellbeing of the whole population is improved
* The impact of mental problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.
* Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.
* Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions
* Access to, and the quality of, preventative measures, early intervention and treatment services is improved and more people recover as a result.
* The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved.
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| The Statement on Policy and Practice for Adults with a Learning Disability | This laid out the rights for people with a learning disability living within Wales: *“All people with a Learning Disability are full citizens, equal in status and value to other citizens of the same age. They have the same rights to:** *Live healthy, productive and independent lives with appropriate and responsive treatment and support to develop to their maximum potential.*
* *Be individuals and decide everyday issues and life-defining matters for themselves joining in all decision-making which affects their lives, with appropriate and responsive advice and support where necessary.*
* *Live their lives within their community, maintaining social and family ties and connections which are important to them.*
* *Have the support of the communities of which they are a part and access to general and specialist services that are responsive to their individual needs, circumstances and preferences.”*
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| Transforming Care: a national response to Winterbourne View | This review made several recommendations to the Welsh Government on how services for people with learning disability might be taken forward:* Joint and integrated commissioning arrangements which support care models based on good practice.
* Accurate and reliable data on people with challenging behaviour, where they are and at what cost.
* Improving the competency of the care and support workforce supporting people with a learning disability and challenging behaviour.
* Regulating and inspecting services for supporting people with a learning disability and challenging behaviour.
* Repatriation of people placed out of area
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| Recommendation A regional workforce strategy in West Wales is needed to address the changing focus, practice and skills of the health and social care workforce as driven by legislative and policy requirements identified in this report. |

1. **National Workforce Agenda**
	1. **The NHS**

The NHS is Wales’ biggest single employer, currently employing around 89,000 staff and providing a significant contribution to both the national and local economy. As well as meeting the future needs of the population, the workforce must also develop new ways of working to address concerns about an expected shortfall in the future NHS staff, especially for certain types of jobs and in different areas of Wales. There is a need to think radically about the workforce of the future; the skills that NHS Wales will need and who will be the key decision makers in patient pathways.

According to the NHS Confederation for Wales workforce education planning has tended to focus across Wales on the numbers of regulated professions, rather than on the needs of patients and the skills and competencies required to support independence. The NHS Wales Shared Services Partnership (NWSSP), on behalf of the Welsh Government, will invest over £85 million in 2016 - 17 in the education and training of the next generation of healthcare professionals. This includes initial education for nurses, midwives, health visitors, allied health professionals, scientists and pharmacists. The funding also supports:

* Some post graduate education for advanced practice;
* Community nursing roles;
* Non-medical prescribing;
* Education to support health care support workers meets the requirements of the healthcare support worker career framework.

In 2017 - 18 it is anticipated that NWSSP will commission over 3,000 (whole time equivalent) student nurse placements. This is a 13% increase in nursing training places, on top of the 10% increase in 2016/17, and 22% increase in 2015 - 16. Midwifery training places will increase by 40%. Regional workforce analysis, planning and development is undertaken by Local Health Boards including Hywel Dda which will need to focus, according to the NHS Confederation on:

* Developing workforce planning and workforce redesign skills within organisations and supporting clinical leaders and managers to deliver this agenda;
* Developing clear strategies for training and development of the core workforce in addition to education commissioning of new staff;
* Organisation development strategies to support redesign;
* Addressing the needs of the support workforce across both health and social care; Prioritising planning which addresses the need to deliver care closer to patients homes and maximising opportunities to develop skills to support this in primary care and community service and spreading the use of supporting technologies.
	1. **Social care**

Arrangements are changing at the current time. Previously the Social Care Workforce Development Programme (SCDWP) and the Social Care in Partnership programme provided grants, along with their local arrangements and budgets, support workforce planning and development in every local authority from the Welsh Government. Overall national leadership for workforce was provided through the Care Council for Wales. This has now changed and become Social Care Wales and there are new arrangements being developed on a regional basis for co-ordinating workforce planning and development for social care. It is proposed that these comprise:

* Utilising the footprint of the Statutory Regional Partnership Boards, wherever possible, to link national, regional and local priorities, in line with the Social Services and Well-being (Wales) *Act*2014 (the Act) requirements and Ministerial aspirations.
* A commitment from Social Care Wales for a named Link Senior Manager and Officer to be identified with a specific responsibility to understand the workforce development and service improvement needs of each region and to act as a conduit between Social Care Wales, regions and citizens.
* A commitment to support regional engagement; with a financial contribution for “Facilitation”, using an appropriate funding formula to determine Fair Shares for each Statutory Regional Partnership footprint.
* The Regional Operational Contacts to work closely with Social Care Wales Link Managers and Officers to create a virtual network, which will enhance collaboration with commissioners and provider organisations, avoid duplication and maximise resources.

Social Care Wales development priorities for 2017-18 are to focus on care and Support at Home, including domiciliary care; Looked After Children; and dementia. The SCWDP grant for 2017/18 will be required to focus on:

* Continuing to support social care staff engaged in duties delivered under the Social Services and Well-being (Wales) Act 2014 to have the knowledge, skills and competencies to operate in the legal and cultural expectations of the Act
* Supporting implementation of the Regulation and Inspection of Social (Wales) Act including supporting the domiciliary care workforce to prepare for registration and supporting knowledge of responsible individuals. Social Care Wales will be developing materials to support in these activities
* Supporting efficient approaches by drawing upon and working with the Social Care Wales national plans/ programmes: including Step Up to Management; Social Services Practitioners; Middle Manager Development Programme; Team manager development programme; and learning and development programme for the Acts
* Continuing the current support for both Social Work qualifying training and post qualifying training in Wales;
* Supporting frontline social care workers to develop their skills overall in relation to social care, and support introduction of the revised induction framework from September 2017; and
* Supporting the infrastructure for learning and development across Wales, including local and regional partnership and joint working.

The grants will be based on a regional approach to workforce analysis, planning and development, and Regional Partnerships will be required to:

* Steer and oversee the development and delivery of a Regional Learning and Development Plan, based on workforce data and evidence;
* Ensure the plan supports delivering the duties of the Social Services and Well-being (Wales) Act 2014
* Plan and ensure delivery of learning and development across the social care workforce
* Monitor progress against plans; and
* Evaluate the impact of the Regional Learning and Development Plans on services and the workforce.

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| RecommendationThe regional workforce strategy in West Wales will need to meet the requirements of national workforce arrangements and grants and ensure that regional governance, management and delivery arrangements are in place to deliver against key national and regional priorities. |

1. **Regional workforce data and existing plans**

General data about the size and make-up of the social care workforce is provided in the SCWDP annual workforce grant application. Generally, however, interviewees said data about the workforce for analysis and planning purposes was inconsistent and overall poor. It did not enable partners to plan priorities together across the region.

In terms of social care workforce development the SCWDP plans for 2017-18 were submitted to the Welsh Government in early 2017 and state a number of objectives which are common to all three local authorities including:

* To ensure that staff across all partner organisations engaged in duties delivered under the Social Services and Well-being (Wales) Act have the knowledge, skills and competencies to operate under the new legal framework and that the necessary cultural changes are driven forward
* To ensure that all core learning and development, including induction and qualification training, is reframed to reflect the new legal framework
* To continue the current support for social work training in Wales
* To support skills and qualifications for frontline social care workers
* To support the infrastructure for learning and development across Wales, including local and regional partnership and joint working
* To continue to support development of the Partnership and the West Wales Workforce Programme Board.
* To embed work-streams to underpin the work towards a co-ordinated and integrated approach to the delivery of training and qualifications and collection of workforce information throughout the sector.
* To meet national qualification targets as determined by the Care Council for Wales (CCW) and the Welsh Assembly Government (WG).
* To support operational services with their workforce strategies as required to ensure we have the right people, in the right place, at the right time to adequately support front-line service delivery.
* To continue to build on constructive partnership relationships in the region to identify, plan and implement activity that will enhance local requirements.
* To ensure we work within the ‘More than just words’ framework

It was clear from the response of interviewees that the training and development resources in each authority and the Health board were appreciated and valued, but that further work was required to build a shared regional approach to analysis, planning and development to make best use of scarce resources, reduce overlap and ensure that specialist skills were available in the right place and focused on the right workforce issues.

In the time available for this stage of the project we were not able to secure information from the Health Board on its current workforce and OD plans or on relevant workforce data. We were told this does exist, but this will need to be explored in the next stage of the project. Similarly it was recognised that the recent regional population assessment in West Wales offers some useful contextual information but needs to be built on significantly to give a detailed analysis of workforce challenges across the region.

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| RecommendationThe regional workforce strategy will need to be underpinned by a significant improvement in the shared data about the workforce across the region and some re-negotiation about local and regional priorities. It will need to include potentially some revisions in workforce development plans and delivery arrangements.  |

1. **The purpose of a workforce strategy for West Wales**

The following sections discuss the purpose, focus and scope of a regional workforce strategy in West Wales. They are based on the interviews with key stakeholders, combined with our analysis of the national context and requirements. They are proposed for further discussion and development. With regard to the purpose of a workforce strategy in West Wales it is clear that, from stakeholder feedback, the following is required:

* The strategy needs to be a shared regional strategy which is clear about workforce analysis, planning and development resources and priorities, and how they will meet the wider regional transformation agenda. Its purpose should be to hold partner agencies to account for the delivery of both shared regional priorities and local workforce priorities. There was a strong desire to move away from shared and parallel workforce agendas towards an integrated joint regional analysis, driving joint plans and development interventions.
* The strategy will need to be driven by a regional lead for workforce with sufficient resources to deliver on shared analysis, planning and development priorities, and reporting to the Regional Partnership Board on the success of both shared regional and local workforce initiatives.
* It needs primarily to achieve sustained transformation in reforming the health and social care sectors delivery models aligned to the requirements of the Social Services and Wellbeing (Wales) Act 2014 and the goals of the ‘Well-being of Future Generations (Wales) Act 2015’ that seeks to improve the social, economic, environmental and cultural well-being of Wales.
* The strategy will need to address a long-term workforce planning agenda, working in closer partnership with the independent sector and local communities to look to prevent the escalation of health and care problems and take a more joined-up approach.

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| Recommendation The above elements summarise both interviewee and national expectations and should be proposed as the key purposes of the regional workforce strategy. |

1. **The scope of a workforce strategy**

In interviews a common consensus was that the strategy should combine the following:

* A clear shared baseline covering data on activity, resources and capacity across the region.
* A statement of principles and priorities for all workforce development activities undertaken by partners in the region, which should drive all workforce initiatives and activities by each partner, and form the basis of the Regional Partnership’s holding partners to account.
* An analysis of challenges and priorities across all relevant health and care patient and client groups in West Wales.
* A programme of joint regional projects focused on key shared priorities in the Area Plan and in response to the regional population analysis, led by a regional workforce lead answering to the Partnership Board.
* A clear statement of the individual and shared regional resources which will be put in to workforce analysis, planning and development across the region.

Concerns were raised that the scope of the regional strategy should not be too grand in the economy of scale as it this could result in it becoming too unwieldy, too big and difficult to manage and therefore it would be prudent to focus the scope on the above. This looks realistic and achievable.

Additionally, most stakeholders advocated the need to develop a long term perspective e.g. a 5-year plan with information that contains an appropriate mix of ‘hard’ metrics-based information to inform in the short term and ‘soft’ strategic intelligence to plan for the future across both the health and social care agendas. It should not be overly complicated but must address both current and future needs and be robust enough to manage the business in the short term while flexible enough to cope with a range of future scenarios. Finally there was a clear steer that the strategy should be concerned with a combination of the following:

It was clear from interviews that many stakeholders considered that more resources and skills needed to be put into analysis and planning on a regional basis, and across health and social care in particular, to enable partners to take a longer-term view of future needs and how they would address them.

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| Recommendations The strategy should cover workforce analysis, planning and development across the full health and social care fields and all client and patient groups in West Wales. The strategy should form the basis of all workforce planning activity across the region, and steer any additional work on local workforce planning and development by any of the agencies involved through a clear set of shared principles. |

1. **Regional priorities, and implications for workforce resources**

As noted in section 4 the three local authorities have already committed to a set of priorities to meet the requirements of the SCWDP grant requirements this year, but we explored with interviewees what they might want to see as priorities for a regional strategy in the medium to longer term. By this we were explicitly proposing priorities which should be tackled on an integrated regional basis.

Responses varied, but there were a number of areas which came up on more than one occasion, and which are outlined here as the basis for more detailed discussion and feasibility analysis:

There is a significant difference between a commitment to sharing data, analysis and plans, and in working in an integrated way across the region on any of the issues above, but we think these areas offer an initial set of potential priorities for further testing. Certainly there was a common view that many of these activities might be delivered by a regional function, and that there was potential for improvements in effectiveness and reductions in costs.

Within this overview, there was a clear consensus that the strategy needed to support the key regional priorities, particularly in terms of helping to deliver 2 key strategic transformation agendas:

Firstly, the shift from acute and substitute care to the re-provision of these resources in the community requires adopting a whole-system approach to designing and sustaining more services to be delivered locally. This will require a lot of work on workforce redesign, including analysing new ways to contract and pay for services and in the infrastructure required to support these models.

The second area relates to building upon community /third sector resilience to better support to people in their own homes, creating larger community teams with a shared set of skills and sharing these with patients, service users and carers in a much more co-productive approach. All this requires the co-ordinated deployment of multidisciplinary teams as well as the close involvement of individuals and their carers in setting goals/meeting well-being outcomes and gradually shaping a culture change to combat social isolation and improve prevention.

It is likely that new approaches to multidisciplinary/community teams will be needed, possibly developed around groups of local GP practices. Appropriate multidisciplinary skill-mix is essential (GPs, nurses, generic support workers, Occupational therapists, social workers, third sector etc.), with effective delegation of tasks to the right level.

A regional strategy will need to support these very significant change agendas through effective analysis, planning, demand capacity modelling and development support at a regional level, but deployed locally to deliver change within an overall framework.

Other activities, such as local organisation development initiatives, local workforce planning and development for staff in areas such as induction, supervision, Welsh language skills, employment, health and safety, support for specific job roles guidance or procedures etc., might not be appropriate for a regional approach, although they would need to work within a framework of principles agreed at a regional level.

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| RecommendationThe areas identified in this section as potential integrated regional priorities should be explored further in the next stage of the project. |

If the regional partners did decide to pursue a significant number of the activities outlined above through an integrated regional approach, an exploration of the feasibility of a combined regional function may be worth considering. Partners would need to consider carefully the extent to which a shared regional function would be desirable, and if so how it would be constituted and how it would be governed.

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| RecommendationAn analysis of staffing and resources, and an options appraisal for the future configuration of workforce analysis, planning and development across the region should be included as part of the next stage of the project. |

1. **What should the actual strategy look like?**

The level of detail within the strategy was another important aspect and interviewees highlighted the need to ensure that the strategy does not become impenetrable. The final version needs to be sharp, concise and usable. From the suggestions made in the interviews we have drawn together the following key elements of a strategy for further discussion:

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| Sections | Contents |
| Summary analysis  | Current and future service demands Workforce data, analysisFuture needs including key areas of shortage, risk and opportunity |
| Key challenges | Agreed shared challenges including: Recruitment and retention prioritiesLanguage, equality and diversity prioritiesPerformance priorities Priorities by key professional groups including clinicians, therapists, nurses, care workers, social workers, managers and leaders |
| Key principles  | Shared principles that all partners sign up to in terms of the approach to workforce analysis, planning and development,  |
| Key regional priorities for workforce  | Agreed regional priorities and the resources that will be deployed to address them, with 3 year targets.  |
| Key local workforce activities  | What each local partner will focus on in terms of workforce analysis, planning and development, and how this will complement the regional programme. |
| Delivery, management, governance and performance  | How the strategy will be deliveredHow performance will be managedGovernance arrangements What resources will be used to address it.Arrangements with national bodies such as Royal Colleges and Social Care Wales |

The strategy will not be intended as a complete detailed delivery plan covering all workforce activities across the region. At the same time it will not simply be a general shared statement of good intentions by independent partners. The intention is that it will meet the needs identified by interviewees by being very specific about the shared regional priorities, clear about how they will be achieved including through integrated regional resources, and positive about giving a clear steer to each partner in terms of their local activities.

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| RecommendationThe next stage of the project should involve developing a draft regional strategy based on the framework in this section for the partnership to consider. |

1. **How should the strategy be developed and delivered?**

Stakeholders felt that the next phase of the project would careful management and a strong drive to achieve their aspirations. Many existing activities and arrangements will need to be reviewed, and new working practices and roles established. The following activities were discussed and we suggest that a detailed project plan should include some combination of them:

* Detailed analysis of workforce data to establish a common regional workforce position.
* A series of in-depth workshops for the Partnership to develop a common set of principles and priorities for the strategy.
* An analysis of current capacity and resources in workforce analysis, planning and development across the region
* A service design exercise with the Partnership to agree options for a shared regional resource and how it links with local arrangements.
* Wider engagement with managers and services to explore the options and draft strategy
* A final draft of a strategy and proposal for resources to be considered by the Partnership Board.

Interviewees were keen to secure ‘buy in’ across the directorates within each local authority and the LHB and their respective stakeholders/partners. Many of our interviewees stressed the need to ensure that directors and senior managers were involved in and gave priority to the planning process. There was agreement that plans would only be successfully implemented if this was in place and, crucially, there was a strategic workforce sponsorship or commissioning role to lead the work across the region. When asked ‘What level of involvement do you want in Phase 2 and 3 of the project’ interviewees were wholly positive, and keen to offer their support.

Consultation and engagement at each stage of the process was also referenced as a crucial factor. Whilst the approach undertaken for Phase 1 of this project was recognised and valued in seeking engagement of the views of key stakeholders in identifying the remit of the strategy there is a concern that views/opinions will naturally differ given the differing local demographic challenges, culture and priorities, and as a result of which it will be important to ensure that there is a very clear strategic context, focus and purpose to ensure sustainability.

1. **Conclusion**

In summary then, the recommendations of this report are:

* A regional workforce strategy in West Wales is needed to address the changing focus, practice and skills of the health and social care workforce as driven by legislative and policy requirements identified in this report.
* The regional workforce strategy in West Wales will need to meet the requirements of national workforce arrangements and grants and ensure that regional governance, management and delivery arrangements are in place to deliver against key national and regional priorities.
* The strategy will need to be underpinned by a significant improvement in the shared data about the workforce across the region and some re-negotiation about local and regional priorities. It will need to include potentially some revisions in workforce development plans and delivery arrangements.
* The strategy should cover workforce analysis, planning and development across the full health and social care fields and all client and patient groups in West Wales.
* The strategy should form the basis of all workforce planning activity across the region, and steer any additional work on local workforce planning and development by any of the agencies involved through a clear set of shared principles.
* There are some specific areas identified in the report as potential integrated regional priorities which should be explored further in the next stage of the project.
* An analysis of staffing and resources, and an options appraisal for the future configuration of workforce analysis, planning and development across the region should be included as part of the next stage of the project.
* The next stage of the project should involve developing a draft regional strategy based on the framework in the report for the partnership to consider.

This short exercise has produced a clear steer for the development of a regional workforce strategy and what it might involve, and we look forward to discussing it further with the Partnership Board in May 2017.

**Institute of Public Care**

**2 May 2017**