



WORKFORCE & ORGANISATIONAL DEVELOPMENT STRATEGY

**Sharing our Values, Learning
& Opportunities**

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1.0 FOREWORD

The Public Bodies (Joint Working)(Scotland) Act 2014 requires NHS Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. The main purpose of integration is to use the available resources to improve the wellbeing of people who use health and social care services, in particular those whose needs are complex and who require support from health and social care at the same time.

To be successful, Dundee Health & Social Care Partnership (the Partnership) needs a strong, committed and sustainable workforce. Their development is key to the successful implementation of our Strategic & Commissioning Plan (the Plan).

We acknowledge that we will face challenges and have developed a set of Guiding Principles to underpin how we will work in responding to these challenges and making the necessary changes to working practices.

The integration of health and social care across Scotland offers an unprecedented opportunity for us to develop and implement different ways of working across our localities to achieve the expressed outcomes for the citizens of Dundee.

The provision of health and social care services to the citizens of Dundee is a complex task and is set within a challenging financial and resource agenda that will affect areas such as funding and the ability to recruit staff. This requires more creative responses and a greater understanding of the strengths that exist across Dundee and how we develop and involve our own people.

To support the Partnership in the realisation of the priorities detailed within the Plan, we have developed a set of Guiding Principles. Further consultation and development with our integrated workforce, service users, carers and the wider community will identify the variety of ways these principles can be applied.

The Public Bodies (Joint Working)(Scotland) Act 2014 (the Act) requires NHS Boards and Local Authorities to plan and deliver adult health and social care services in a more integrated way to improve outcomes for individuals and communities.

The over-arching aim of integration is to improve the well-being of service-users. National guidance has been developed to ensure the following underpinning principles are central to our approach and this strategy. These principles state that the planning and delivery of health and social care services should:

- Be integrated from the point of view of service-users;
- Take account of the particular needs of different service-users & the particular needs of service-users in different localities in which the service is being provided;
- Take account of the particular characteristics and circumstances of different service-users;
- Respect the rights of service-users;
- Take account of the dignity of service-users;
- Take account of the participation by service-users in the locality in which service-users live;
- Protect and improves the safety of service-users;
- Improve the quality of the service;
- Be planned and led locally in a way which is engaged with the community;
- Best anticipates needs and prevents them arising; and
- Make the best use of the available facilities, people and other resources.

The Partnership does not directly employ staff but “it is responsible for coordinating services”^{*} as detailed within the published Integration Scheme.

^{*}(http://www.audit-scotland.gov.uk/uploads/docs/report/2015/nr_151203_health_socialcare.pdf)

3.0 PURPOSE

The purpose of our Workforce and Organisational Development Strategy (the Strategy) is to ensure that the Partnership recruit, develop and retain the right people, in the right place, at the right time to deliver positive outcomes for the people of Dundee.

This Strategy covers all staff within those service areas as detailed within the Integration Scheme. This includes staff employed by NHS Tayside, Dundee City Council, Third and Independent sectors, volunteers, peer mentors and unpaid carers.

The Partnership acknowledges that the vision and priorities within the Plan will ultimately be realised by the actions and behaviours of our integrated workforce.

This strategy will:

- Provide a framework for a positive and enabling organisational culture;
- Give clarity of direction to our workforce working in health and social care services;
- Ensure that the priorities for our workforce are aligned with the priorities of our citizens and the priorities set out by the Integration Joint Board and our change programmes;
- Support leadership at all levels to give clear direction to employees and the success of integrated services;
- Deliver a framework for continuous professional development.

We recognise the distinct perspective each individual brings to their role and value the contribution they make to the health and well-being of the people of Dundee. Understanding of both the similarities and differences of the integrated workforce is key to the successful implementation of our Strategy.

This Strategy details how we will support and develop our whole workforce to work in a co-productive, engaged, flexible way to improve the outcomes for the citizens of Dundee.

The Integration Joint Board (the IJB) developed this vision in partnership with the citizens of Dundee and those who work in Health and Social Care services. To realise the vision and ambitions for the people of Dundee, we fully appreciate that investing in our workforce's commitment, expertise, experience, energy and innovation is essential to our success in pursuing and achieving our ambitious and wide ranging agenda.

“Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life”.

(Strategic and Commissioning Plan, Dundee Health & Social Care Partnership 2016 – 2021)

Our Vision for an Integrated Health & Social Care Workforce

We will achieve our vision by supporting our workforce to gain a greater understanding of individual and local needs, in particular, the skills and strengths of specific populations. This will drive a more locally informed response and the greater participation & engagement with the people of Dundee.

“Our integrated workforce will embrace partnership with citizens to realise their aspirations and full potential”

5.1 Engaging our Workforce

An 'engaged workforce' is one of the nine National Health & Well-being outcomes which apply to integrated health and social care. The outcomes are detailed here. The Scottish Government have proposed that the indicator chosen as a proxy for staff engagement is "the percentage of staff that say they would recommend your workplace as a good place to work".

Our Strategy acknowledges the need for pro-active engagement with a number of different employers and recognises the variations in terms and conditions between each. However, we believe that a significant strength of our new integrated workforce will be in evidencing our shared culture, values, attitudes and the ability to develop core competencies and behaviours.

5.2 Priorities and Guiding Principles

The priorities detailed in the Strategy, alongside the 'Guiding Principles' (page 17), will inform how we support and develop our workforce and organisational structures to deliver health and social care services in Dundee.

The Partnership will continue to work closely with the different employing organisations, academic, professional and regulatory bodies to develop human resource policies, workforce plans, qualifications and the governance of professional practice.

To improve outcomes for our citizens, the Partnership will ensure that our integrated workforce have the necessary skills, knowledge and confidence to provide people in Dundee with the highest quality of services. We will build on the excellent examples of integrated practice that already exist to increase our multi- sector and multi-disciplinary approaches by ensuring that we have the right people in the right place at the right time. Learning and organisational development approaches will seek to enhance collaboration across and within health and social care professions to support greater integration and explore new and innovative ways of working, including new roles and qualifications. We will develop shared induction, training, supervision and continuous professional development for employees. We will also support employees through change by creating a positive environment for more flexible and responsive working to meet the needs and aspirations of the citizens of Dundee.

5.3 Governance

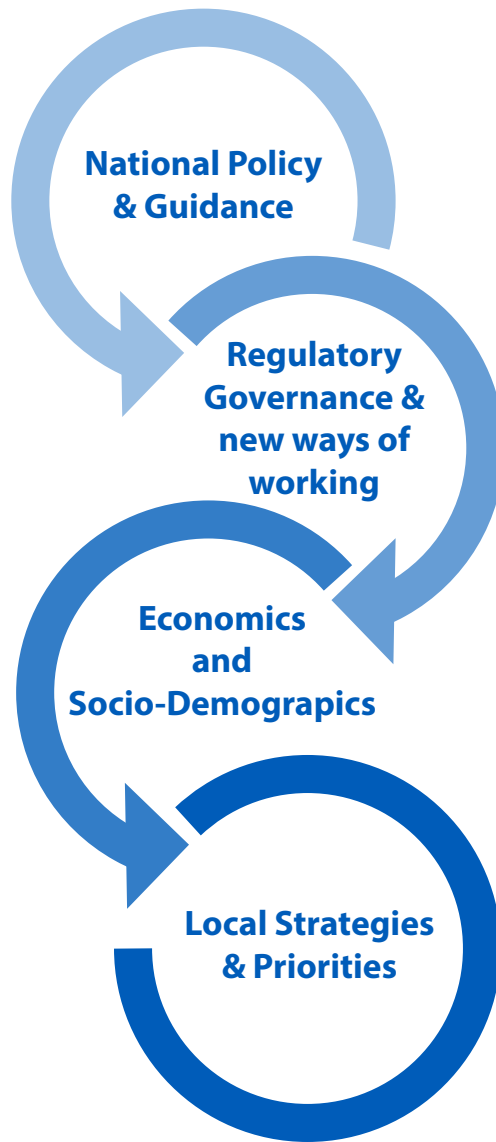
Clear lines of professional and operational accountability are essential for the provision of safe, effective, person-centred care and support. There will be robust employee governance arrangements in place for all employees of NHS Tayside, Dundee City Council and the Third and Independent Sectors who are employed within health and social care services.

The Tayside Clinical, Care and Professional Governance Framework for Health and Social Care will be implemented and embedded at all levels to support our professional practice. Existing registration and regulatory professional codes of practice and standards also underpin this Strategy.

"Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework"

(Tayside Clinical, Care & Professional Governance Framework for Health & Social Care Partnerships (Final 17/3/15)). IN DRAFT

Figure 1



6.1 National Policy & Guidance

Nationally, the Scottish Government has made clear that the integration of health and social care is a critical component of its programme of reform. There are numerous national strategies that informed the priorities within this strategy and will inform its' implementation. They include but are not limited to:

Table 1

Everybody Matters 2020 Workforce Vision	Social Care (Self-directed Support) (Scotland) Act 2013	The Role of Third Sector Interfaces
Carers (Scotland) Bill 2015	Public Bodies (Joint Working) (Scotland) Act 2014	Social Service in Scotland a shared vision and strategy 2015- 2020

6.2 Regulation, Governance & New Ways of Working

Many of the current health & social care workforce are required to be registered with a particular professional or regulatory body. This expands in 2017 to include workers in housing support and care at home services. The requirements for initial registration and on-going continuing professional development for an integrated workforce will support the drive for shared learning opportunities and both formal and informal Learning Networks.

The existing clinical, care and professional governance arrangements for staff are currently being revised and will be subject to on-going review. The Professional Reference Group (referred to as R2), has been established locally, to advise on the implementation of the Tayside framework and will provide an assurance role to the IJB.

There is an urgent need to actively embrace new models of working, looking to harness the drive and passion of local communities through co-production models and to better utilise strengths/asset based approaches. This also includes the need to promote the full range of options detailed within **Social Care (Self-directed Support) (Scotland) Act 2013**. It is recognised that to fully implement the Act all staff will need to embrace and be supported to embed different ways of working.

The principles of integration focus on the need for resources to be better directed towards prevention & early intervention, for greater engagement & participation of the local population in the identification of needs and how such needs are to be met and for such resources to be more locality based and organised.

6.3 Economics & Socio-demographics

The challenge all providers of health and social care services have is to balance the increasing demands they face from a population that has a greater number of older people living with complex care needs with a need to make significant reductions in local authority spending and address NHS budgets.

The shift in the balance of care from traditional institutional types of settings to more personalised approaches, including more versatile care at home services will require changes to traditional organisational and professional culture and boundaries. To work towards new cultures, we will need to recruit our future workforce from a wider range of backgrounds and build capacity within communities to reflect modern services and good practice.

7.1 Our Population

An understanding of the operating context of our population in Dundee is crucial to future workforce planning and development. We know that our demographic profile, the complexity of their needs and expectations of services are changing.

The population in Dundee is projected to increase gradually by 6.5% by 2035, to approximately 153,697. By 2035 it is anticipated that the number of people living within the city, aged over 65 years will increase whereas, the percentage share of all age groups below 65 years is expected to decline. However, the share of those aged 65-74 is expected to rise from 9.1% to 11.4% whilst the percentage aged 75+ is also expected to rise from 8.9% to 13.4%.

We know that deprivation in Dundee is high, with over 29% of the population living in 15% of the most deprived areas of Scotland. This will have a significant impact on both demand for our health and social care services and the potential labour supply from our local communities, particularly for the direct care sector. Whilst we are not expecting the large increases in the older population that other areas of Scotland will face we do know that the combined effects of deprivation and health inequalities mean that people living in Dundee experience age-related morbidities and multi-morbidities (living with two or more long-term conditions) at a younger age than people living elsewhere in Scotland. In 2014, Dundee City had the second largest rate of social care clients at 42 per 1000 population.

<http://www.gov.scot/Publications/2014/11/1085/downloads#res463974>

Increasing service user expectations and complex needs have resulted in our services adopting more personalised approaches which will increasingly be co-produced in partnership with individuals within our communities. These new approaches will need to be reflected in how we deploy and develop employees to improve choice and opportunity for people in Dundee in the coming years.

7.2 Our Workforce

Economic Activity is a measure of those who are employed or actively seeking work (those in employment and the International Labour Organisation unemployed). In the year to September 2013, Dundee had an estimated economically active population of 67,200 or 71.3% of the working age population (age 16-64). Economic activity levels in Dundee trail the Scottish average by 5.5%.

Table 2

Economically Active Working Age Persons		Economic Activity Rate (%) Working Aged Persons
Dundee City	67200	71.3
Scotland	2 604 300	76.8

Source: Annual Population Survey Oct 12 - Sep 13

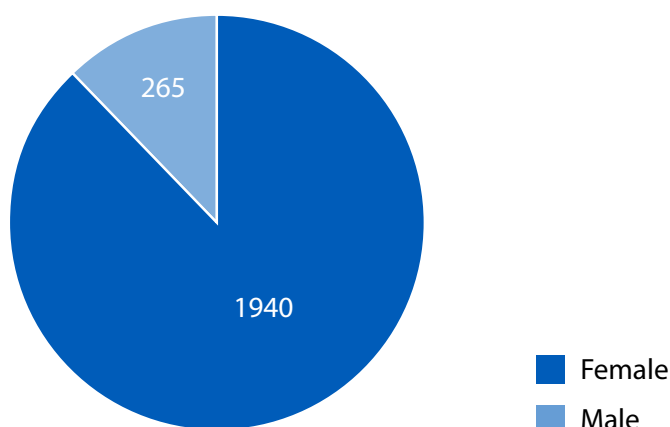
7.3 Health & Social Care Partnership Workforce Demographics

There are a number of key characteristics of the current health and social care workforce that need to be considered when identifying the actions required to support a future integrated workforce.

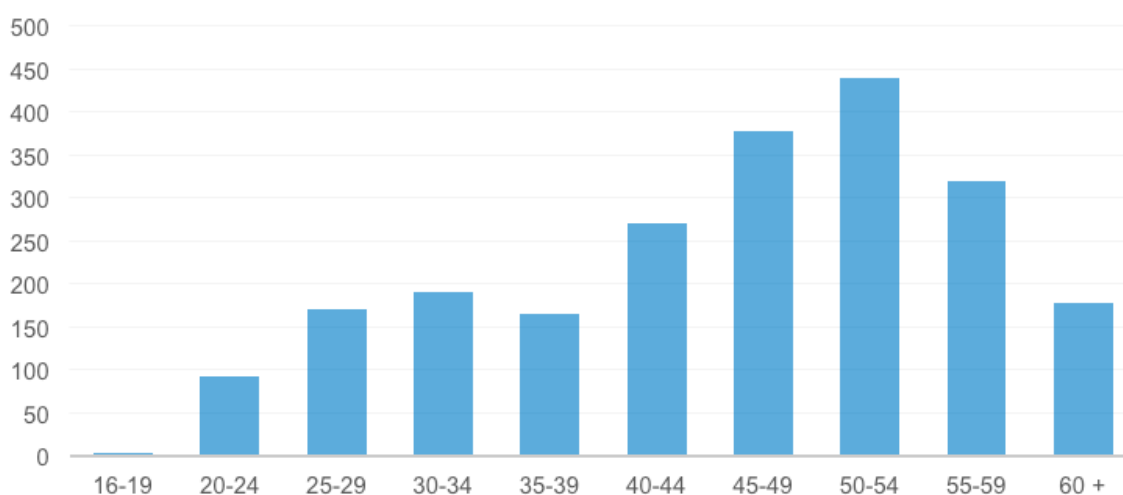
The combined Dundee Health and Social Care Partnership workforce is predominately female, over 40, employed for less than 35 hours per week and comprises of mainly the front-line workforce.

From the data provided by Dundee City Council and NHS Tayside the statutory workforce within the partnership is 88% female, 12% male.

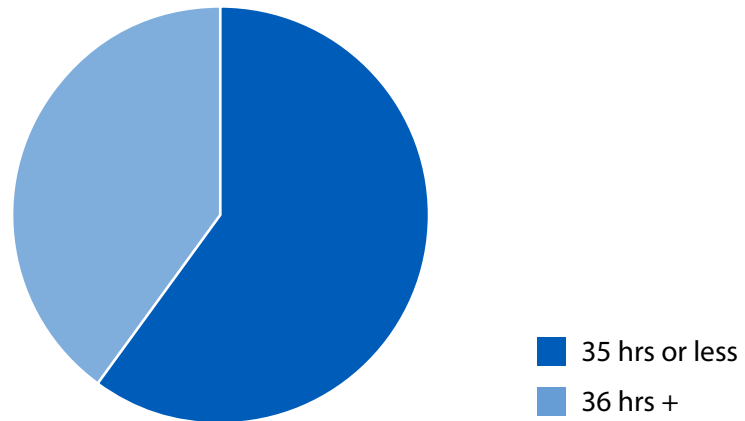
Gender



Age Band



Hours Employed



Nationally, the Third and Independent sectors employ 68% of the total social services workforce, around 129,000 people.

http://www.scottishcare.org/docs/037_280__ccpsandscottishcareengagementsurveyreportfinal1_1441190517.pdf

Figures provided by the Scottish Social Service Sector (2014) show that in Dundee the workforce is reasonably evenly split between public, Independent and Third sectors. The exact percentages are 35% Public, 34% Independent and 30% Third Sector.

<http://data.sssc.uk.com/images/WDR/WDR2014.pdf>

Though interestingly, alongside other areas that are classified as large urban or other urban, Dundee has a higher than average proportion of males in its Care at Home workforce.

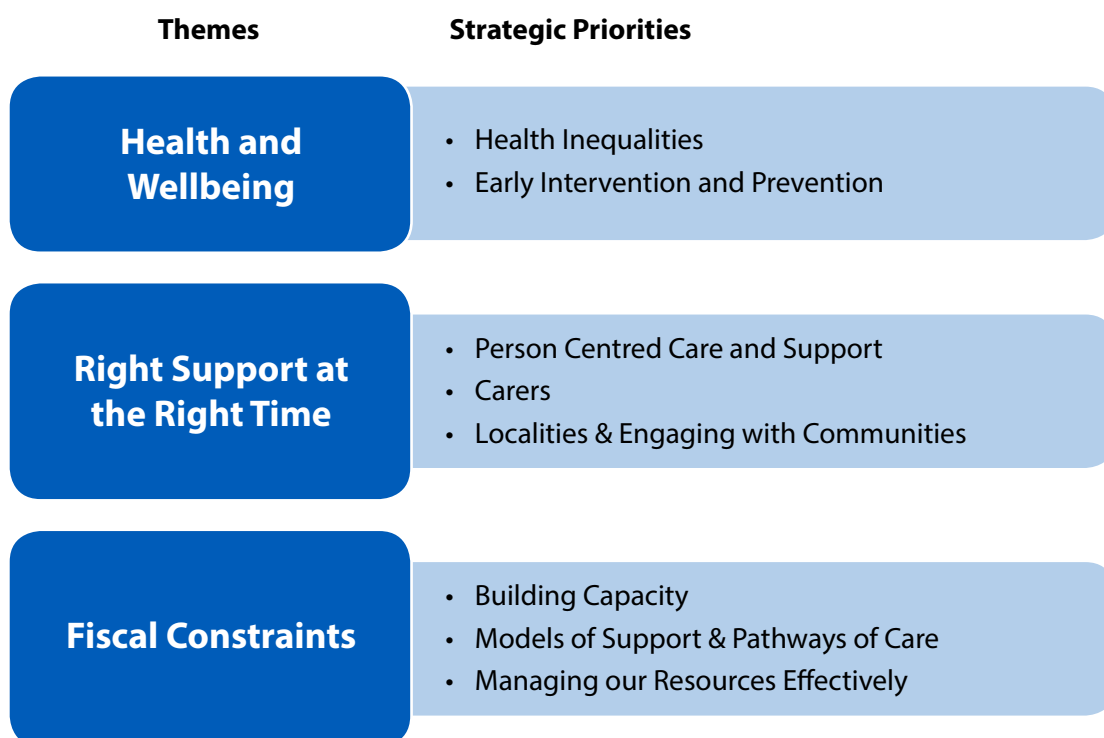
http://scottishcare.org/docs/037_280__schomedeliveryreport2015_1433756203.pdf

7.4 Strategic & Commissioning Plan

The Plan details the Partnership's Vision and the eight strategic priorities that have been agreed and consulted on by the IJB. It is built on a number of key drivers that are articulated throughout this Plan.

We have grouped these drivers into three themes –

Figure 6



7.5 Current Workforce & Organisational Development Activity

In recent years, Dundee has embarked on a number of initiatives designed to prepare the current workforce for the opportunities and challenges of working within integrated services. Activities to date include rolling out an inclusive programme of Co-production Workshops and Adaptive Leadership development. This has brought together staff from across the different sectors and at different levels of seniority.

We have had a comprehensive Organisational Development plan in place for the past two years and will build on those achievements to progress the priorities identified within this Strategy.

Work is continuing in the development of shared induction programmes for care at home staff. Cross-sector & multi-disciplinary Learning Networks have been established. Large scale Recruitment Events have successfully engaged with individuals who had not previously considered a career in care. Similarly, learning and development programmes across the Partnership have increasingly been made open to staff, volunteers and carers from all sectors.

We have established a local Health & Social Care Academy to support the creation of our local workforce and will continue to work with colleagues to ensure our new entrants have the necessary skills, attitudes and knowledge to take full advantage of the opportunities integrated working presents.

Our current employment situation provides an opportunity to target specific populations in Dundee to view a career within health & social care as a positive choice. This will require expanding our understanding of essential and desirable selection criteria, broadening the range of recruitment and interview methods used, and increasing the on-job learning opportunities offered.

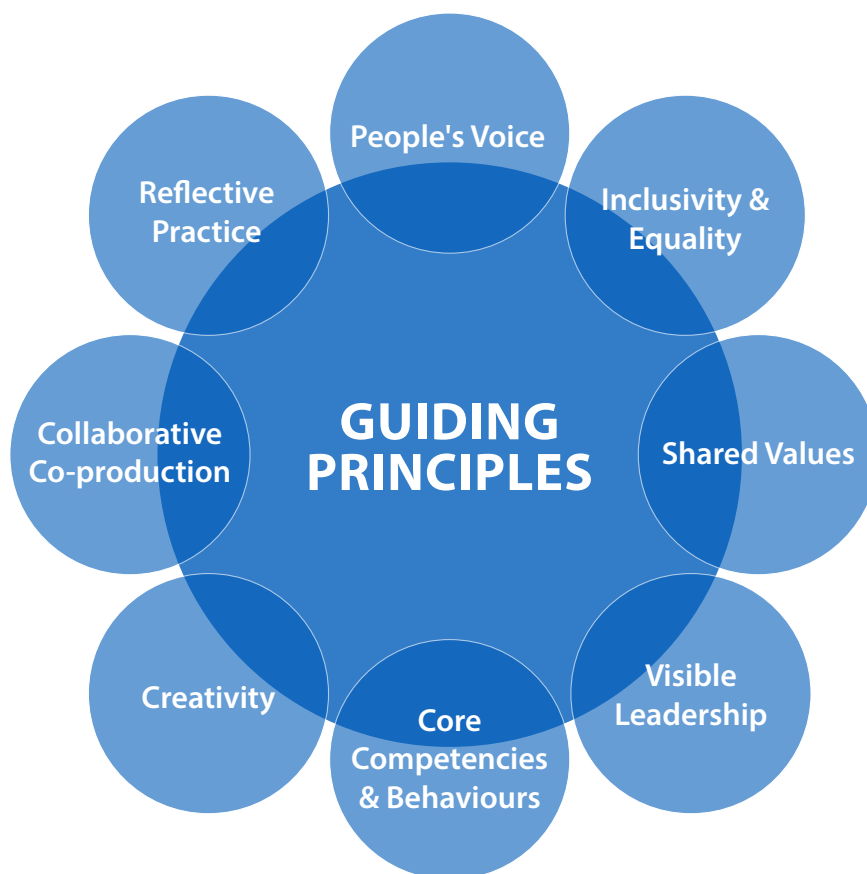
The understanding by the wider community of the workforce contribution to improving health and well-being is crucial to embracing collaboration and co-production. There will be greater recognition of the need to connect the personal self with the professional self to promote consistent good practice and retention.

By focusing on what we share and do well, our integrated workforce will be better placed to support clearer roles and responsibilities and new career progression routes. We will promote more responsive ways of working as new roles emerge through the integration of health and social care services in coming years.

Overall the success and collective learning from the above activities in promoting a shared vision and value base for our current workforce and the promotion of a culture of collaboration and co-productions provide a solid foundation on which to implement the workforce and organisational development priorities outlined below.

We have adopted a number of Guiding Principles to support our workforce to deliver on the ambitions of integrated health and social care. These locally created principles sit alongside existing legislative, professional and clinical and care governance requirements.

Figure 7



These Guiding Principles will strengthen and be further embedded within our practice as the health and social care workforce moves to new approaches and models of working.

8.1 People's Voice

We will work with our citizens who live and work in Dundee to realise their ambitions and inform the continuing development of the Partnership. By broadening the range of methods we use to ensure that the people's voice is heard and building on our existing strong relationships, we will create new opportunities for service delivery and meeting outcomes. This will be supported and developed through the implementation of the Participation and Engagement Strategy.

8.2 Inclusivity & Equality

Our workforce will reflect the community in which it delivers care and support. We will be alert to the language we use to convey our commitment to "One Workforce". We recognise that each individual brings particular strengths and expertise and we will build on these at every opportunity. We will increase opportunities for those from the most deprived areas to become part of our workforce.

8.3 Shared Values

Our integrated workforce will have a shared value base. This is grounded in compassion, respect, courage, dignity and social justice. This value base will inform and direct new approaches to recruitment, induction and appraisal.

8.4 Visible Leadership

At times of change (both internal and external) our leaders will be available, approachable, authentic and able to communicate a clear vision. Leadership will be distributed at every level and will include our citizens.

8.5 Core Competencies and Behaviours

We recognise and value competencies and behaviours that are core to effective, healthy and safe practice. We value our differences and specialities. The development of a Core Competency & Behaviours Framework will assist with the recruitment and retention process.

8.6 Creativity

Embracing different ways of working, engaging and 'being' provides opportunities for more creative approaches to be tested and rolled out. We will empower our integrated workforce to explore different techniques and gain learning from a broader range of disciplines.

8.7 Collaborative Co-Production

These Guiding Principles will strengthen and become further embedded with our commitment to collaborative co-production as the health and social care workforce move to new approaches and models of working.

8.9 Reflective Practice

Reflecting on our experiences and critically evaluating why we do certain things in certain ways is an effective way of increasing knowledge and generating new ideas. This is key to increasing self-awareness and creating a culture of improvement and individual and collective responsibility for professional and personal development. Building a body of evidence to support our new approaches will promote the close connections between our personal and professional selves.

8.10 Levels of applying our Guiding Principles

Figure 8



Due to the changes in demand, on-going economic challenges and the identified strategic & commissioning priorities there will be a corresponding change to the make-up of the future workforce and the support and development they will require. These changes present both challenges and opportunities. Detailed below is our interpretation as to what these might be, how they will affect the workforce and some proposed responses.

Empowering the whole workforce to become engaged and valued for its contribution will be essential as we move towards viewing the workforce as one entity.

9.1 Challenges

- We know that we have significant Health Inequalities across Dundee and to an extent these may be replicated within our workforce therefore, just as our strategic & commissioning priorities seek to reduce these for our citizens, our workforce priorities aim to address these within our existing and new workforce.
- Changes in the balance of care from acute to more community working and supporting people in their home or a homely setting.
- Supporting staff to adopt more co-productive and personalised approaches include a focus on identifying expressed personal outcomes as oppose to meeting fixed eligibility criteria.
- Maintain current professional roles whilst recognising the changes to specific skills, knowledge and behaviours in order to work more collaboratively. Continue work to clarify core competencies and the specific and necessary professional specialities.
- Change in the numbers and gender balance between the different sectors that currently makes up the whole health and social care workforce and ultimately the promotion of a more shared cultural and operational context for our work.
- New types of worker role and a growth in personal assistants, the engagement of non-traditional health/social care workforce in supporting better outcomes for people, including leisure and sport staff, particularly with regard to increasing Social Prescribing approaches.
- Promotion of asset based approaches through the greater visibility and engagement of staff within local communities and more flexible and mobile working practices.
- The employment of workers with “lived experience” alongside those workers with more traditional qualifications.
- Implementation of new technology requiring both shifts in the skills mix required of staff and the possibility of removing the need for certain activities to be provided by staff.
- Increased involvement of service users, unpaid carers and community members in the design, delivery and evaluation of support and care responses. This requires greater attention to understanding the existing strengths of each community and how the integrated workforce can build an asset based approach to responding to identified needs.
- Increased use of co-production, public social partnership and social enterprise models.

9.2 Opportunities

These include but are not limited to:

- Broadening the range of activities and therefore skill set of the workforce that contributes to the health and well-being of citizens.
- Creation of more varied learning and development methods, including volunteers, carers and service users as equal contributors and participants with access to accreditation where desired.
- Development of new career paths and more flexible routes into and within health and social care.
- Creation of new job types and more varied career pathways within health and social care.
- Through better use of current and new technologies test different approaches to creating a more flexible and mobile workforce
- Increased understanding within the wider community of the contribution of the workforce on the health & well-being of all citizens.
- Contribution to local and national discussions on future workforce planning and the content of accredited training courses particularly for key professional groups.
- Work with local and national academic and vocational bodies to support and review the development of new and existing qualifications.
- Mandating the active involvement of service users, their families and the local community in the on-going development, delivery and evaluation of all activity designed to improve the health and well-being of the citizens of Dundee.
- Development of a Core Competency Framework, comprising the skills, knowledge, behaviours and attitudes that are relevant to the integrated workforce in its totality.
- Explore the use of technology enable care to promote greater shared responsibility in provision of care and support

10.1 Developing Our Leaders

We require leadership at all levels within our existing organisations and from a broad range of backgrounds and experiences to drive our ambitious transformational change programmes forward for the integration of health and social care services. Clarity of direction and a clear vision about the future of health and social Care in Dundee will require strong leadership to meet the future challenges ahead. Our inclusive approach will support the development of locality working and the closer collaboration with all our communities. We have invested in leadership programmes and competencies in our partnership. We will build on these programmes. We will ensure that we develop and nurture our current and future leaders.

We will do this by:

- Equipping our leaders and managers with the tools and new models to support change and support our citizens and employees through it;
- Supporting our managers to think and act strategically, alongside operational priorities;
- Encouraging leadership at every level including citizen and front-line roles by embedding the Guiding Principles in practice;
- Introducing new leadership routes and qualifications for working in integrated services;
- Providing training/mentoring and coaching programmes
- Being inclusive in our understanding of who is a Leader;
- Creating shared spaces across partnership to test out new service delivery models;
- Promoting performance improvement for new services as a key leadership;
- Encouraging wider use of social media to promote the role-modelling and visibility of leadership and vision;
- Testing a variety of succession planning and “high-potential” programmes;
- Consolidating leadership mentoring programmes, shadowing and paired learning opportunities across and within partnership organisations.

10.2 Enhancing Our Workforce

Our existing and new workforce will require a different balance of skills, knowledge and experiences to fulfil our ambitions for the integration of health and social care. By constructively challenging how we operate, both individually and collectively, we will increase individual confidence, encourage more pro-active and anticipatory approaches. We will work to directly attract young people to have a career within health and social care alongside developing new roles and progression routes.

We will do this by:

- Creating new types of roles and new working practices;
- Attracting people from a broader range of backgrounds to consider a career in health & social care
- Exploring different recruitment approaches including Assessment Centres, direct targeting;
- Increasing values-based recruitment methods across partnership;
- Creating more flexible entry and career development pathways;
- Supporting our employees understanding of and response to health inequalities;
- Increasing multi-disciplinary approaches to promoting the health & well-being of our workforce;
- Creating opportunities to test more preventative and anticipatory models of support and care;
- Improving access routes for volunteers, peer mentors and unpaid carers to progress a career in health and social care.

10.3 Remodelling our workforce

Collaboration and promotion of our shared values is key to successful health and social care integration. As a Partnership we aspire for health and social care to be a career of choice. We will ensure that there are new job opportunities, develop shared recruitment and retention strategies and make sure that our workforce is valued for the work they do. We will address imbalances in our collective workforce by reskilling and deploying people to meet changing needs in local communities. We will ensure that there is a safe and health working environment for employees. Crucially we will equip our staff to be aware of health and social inequalities to improve the well-being and outcomes for the people of Dundee.

We will do this by:

- Promoting personal responsibility for continuous personal and professional learning through development of shared values underpinned by the Guiding Principles outlined in this strategy;
- Creating a core competency framework building on the Guiding Principles ;
- Implementing different methodologies in the creation of locality and community based working;
- Building new types of relationships with service users and communities of interest;
- Expanding shared induction/mandatory & refresher training options;
- Including carers/volunteers/peer support staff as standard in learning & development events;
- Expanding use of group (multi-agency/multi-disciplinary) supervision models;
- Increasing use of local and national on-line and blended learning options;
- Share learning programmes across and within partnership organisations;
- Being efficient in the use of our collective resources.

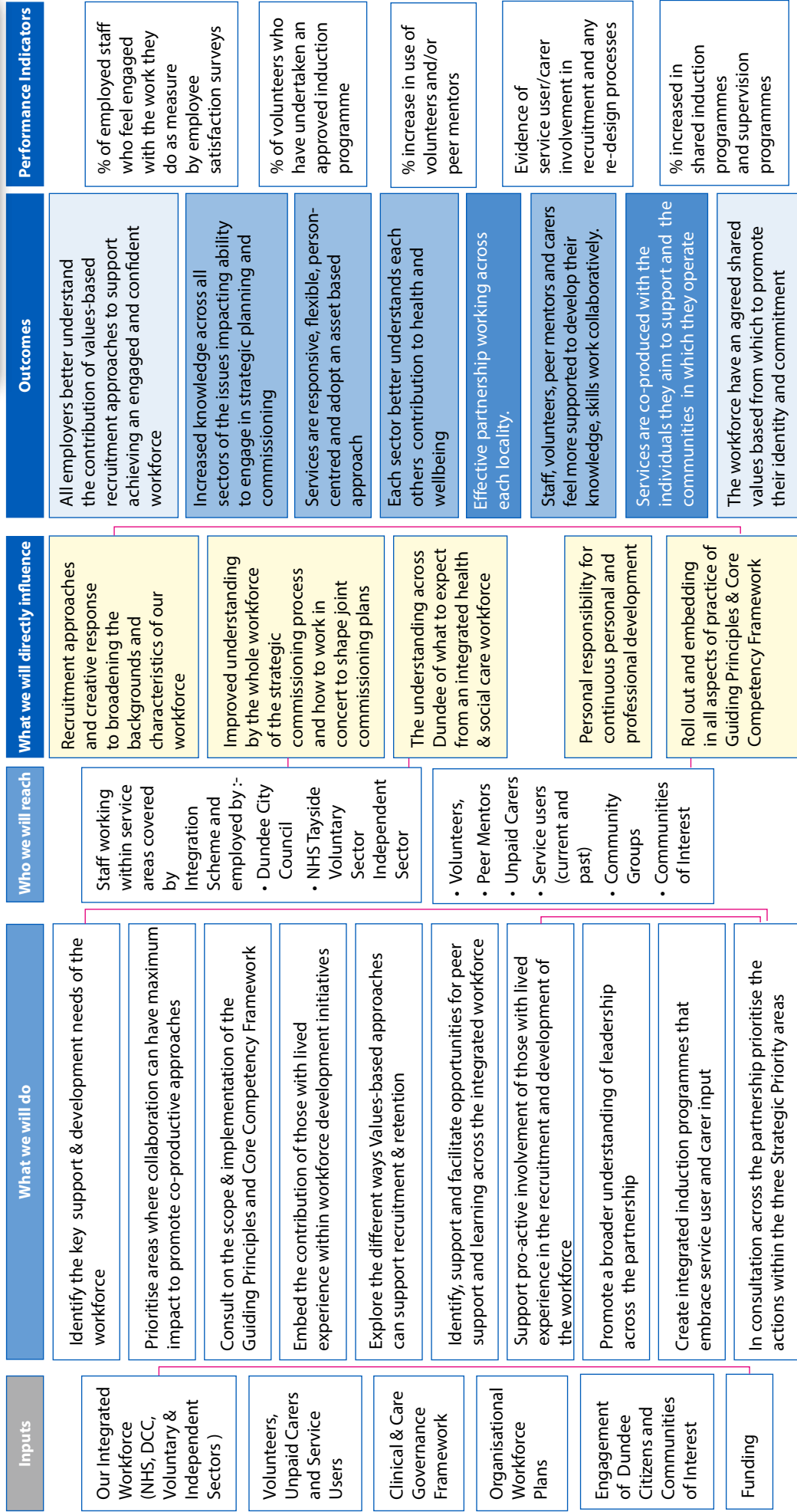
10.4 How Will We Measure Our Progress

To support the implementation of our Strategy, a logic model has been developed using agreed performance measures. The Strategy will be fully aligned with our performance and due diligence processes and the workforce strategies and plans of our partner agencies. Regular reports will be submitted by the Chief Officer to the IJB informing them of progress made.

LOGIC MODEL

Background: The Public Bodies (Joint Working) Scotland Act 2013 requires that Health Boards and Local Authorities jointly prepare, consult and submit to Scottish Ministers an Integration Scheme. The Integration Scheme for the Dundee Health & Social Care Partnership was formally approved in October 2015. Within that document the Partnership undertook to deliver, within three months of the establishment of the Integration Joint Board, a Workforce and Organisational Development Strategy for integrated functions. The Strategy sets out how support and development will be provided for and with the workforce. Reviews of the Strategy and this Logic Model will be undertaken in conjunction with the Integration Joint Board.

Outcomes Key	Acronym Key
Short Term (<12 months)	DCC - Dundee City Council
Medium Term (<3 years)	NHS - National Health Service
Long Term (<5 years)	



Assumptions: Systems and processes are built on the principles of human rights and citizenship, the values of inclusion and the principles of self-management and community development. Capacity building is being undertaken simultaneously in the statutory, 3rd & Independent sectors. Best value measurement is applied to outcomes not outputs.

External Factors: Demographic changes, Economic environment, Political change, Legislation, Local and National policy



The Dundee Strategic and Commissioning Plan and associated documents were produced, on behalf of the Dundee Integration Joint Board, in partnership with a wide range of stakeholders and was overseen by the Integrated Strategic Planning Group.

GET IN TOUCH:

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Dundee
Health & Social Care
Partnership

