Health and Wellbeing Board

22 November 2023

Integrated Care Programme - Workforce Development project update

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Report of Director of Integrated Community Services

Electoral division(s) affected:

Countywide

Purpose of the Report

1   The purpose of this report is to provide an update to the Health and Wellbeing Board on the progress of the Workforce development project underway across the Health and Social Care sectors of the County Durham Care Partnership.

Executive summary

2   Chief Officers across the County Durham Care Partnership agreed to initiate a project focusing on workforce development in 2022 as statistics suggest that workforce in the health and care sector is vastly under resourced.

3   Work began earlier in 2023 to identify the key priorities at a local level for workforce development.

4   Representatives from Durham County Council, County Durham and Darlington Foundation Trust, Tees, Esk and Wear Valley Trust, Primary Care and ICB commissioning are present on the project steering group.

5   7 key priority areas were identified by the group, rationalised into 4 task and finish groups.

6   A scoping document was produced and agreed by the Integrated Services Leadership Team (ISLT) on 12th June 2023.

7   Scoping documents and project plans were then developed for the 4 task and finish groups, attached at Appendix 2 - 6 for information.

8   Work to establish baselines across the partnership began in July 2023 with any quick wins identified in the early stages planned for implementation in the new year.

9   The ICB has also recognised that workforce development is a key area for improvement with a meeting held to discuss across the region earlier in the year. The ICB is also in the process of developing a workforce development strategy to attract and retain more people to the health and care sector.

10   A matching exercise is currently underway to identify whether work sits best at a local or regional level to make the best use of resources and avoid duplication.

Recommendation(s)

11   Health and Wellbeing board is recommended to:

(a)   Note the content of this report;

(b)   Ensure that representatives attend the monthly project meetings where appropriate;

(c)   Note that the work plan may change from the time of writing this report due to ongoing work to consolidate local work with that of the development of the ICB workforce strategy.

12   A progress update will be brought back to the board in March 2024.

Background

13   Developing the skills and effectiveness of our workforce is one of the key drivers behind the County Durham Care Partnership and the Integrated Care Board (ICB). The Partnership and the ICB has a strong focus on workforce planning in line with the national direction of travel toward more integrated workforce arrangements with work beginning to progress this.

14   Partners in County Durham have committed to take advantage of the opportunities offered in the Integration White Paper and the Hewitt Review, building on our experience of joint working including that throughout the Covid pandemic with strong relationships created as a result.

15   The aim is to share and build on information and informative data as well as good practice in terms of workforce and develop practical solutions to our shared pressures across the system. We work together, as partners in the County Durham health and care system, to look at ways to create flexibility and diversity of roles through shared recruitment, retention, skills development and career progression opportunities, training, and apprenticeship schemes. We hope to tackle the nationwide shortage of resource within health and social care and develop staff availability to fill vacancies regardless of organisational alignment through values based recruitment to ensure the workforce has the right skills at the right time.

16   The NENC People and Culture Plan is currently in development and will be delivered against the backdrop of significant workforce challenges which present the greatest risk to improving health and care provision in our communities. It is crucial that we prioritise our workforce and create stability to ensure the best possible care for the people of County Durham.

17   This project supports the ICB strategy aiming to outline a shared vision that moves us further towards a 'one workforce' model, focusing on greater integration and recognising and building on the strong foundations already in place.

18   The ICB and the County Durham Care Partnership are committed to ensuring that the North East and North Cumbria is a better place to live and work and supports the ambition of becoming employers of choice and increasing the job fill rate across health and social care services by 50% by 2029 across the region.

Work to date

19 In early 2023, a County Durham Care Partnership project steering group was established to identify the priorities of the project.

20 The steering group and project teams are made up of representatives from Durham County Council, County Durham and Darlington Foundation Trust, Tees, Esk and Wear Valley Trust, Primary Care and ICB commissioning to ensure a partnership approach.

21 The Steering group agreed that the project should consist of the following 7 key priority areas:

- Development and pilot of a joint generic health and care role

- Consideration of joint appointments across organisations

- Values based recruitment implemented across the Partnership

- Retaining our Workforce (including career progression routes/opportunities, shared management development, apprenticeships, training opportunities, shadowing, mentoring etc)

- Creating an agile workforce (consideration of onboarding processes, notice period, international recruitment, ensuring equality/equity across the partnership, opportunities for graduates/newly qualified/short term contracts etc)

- Promoting working in Health and Social Care (to include social media, advertising campaigns, promotion to schools and universities

- Developing a consistent approach to data collection to inform future needs of workforce.

22 It was agreed that these 7 areas should be aligned with 4 task and finish groups namely:

- Cross Organisational roles

- Recruitment

- Retention

- Data and demand management.

23 A task and finish group with an assigned lead, has been put in place for each of these 4 areas and has developed a project plan to ensure the benefits are achieved.

24   Work has begun to baseline current activity across the partnership which has allowed us to identify some quick wins including cross promotion of job opportunities and shared awareness of the benefits of integrated working through social media engagement and the use of video testimonials on our respective websites.

25   The baselining has also identified that the individual organisations in the partnership each currently have improvement activity underway focusing on recruitment and retention activity which will continue. The task and finish groups offer the opportunity to share learning and avoid duplication and to take advantage of economies of scale where possible.

26   In conjunction with the baselining and project plan development, an exercise to consolidate the ambitions of the ICB workforce strategy with that of the local workforce development project are underway.

27   A matrix is in development to identify whether work will be done regionally by the ICB, at a local level through this project or if a watching brief would be a more appropriate use of resources.

28   Some local ambitions may be separate to those identified at a regional level and these will continue as part of this project as required.

Expected Outcomes and Benefits

29   The anticipated outcomes of this project will be:

- To agree an approach to use limited workforce for the benefit of residents in County Durham,

- To agree an approach to a pilot for a joint generic health and care post,

- To improve opportunities for career development and progression,

- To promote joint understanding across the system,

- To reduce staff turnover and promote movement within the County to retain expertise as much as possible,

- Understanding of influences on individuals & organisations for use in informing future ways of working,

- To create a blueprint for future workforce and its ongoing development,

- To identify system opportunities & creative solutions to workforce shortages and/or increased demand,

- To influence the culture in partnership organisations to work in a more integrated way.

30   The anticipated benefits of this project will be:

- Increased morale, atmosphere, and relationships and job satisfaction and career progression,

- Improved wellbeing in the workforce,

- Employees willing to go the extra mile,

- Better customer service and customer satisfaction,

- Improved individual performance and productivity,

- Reduced employee turnover,

- More people contribute ideas and support innovation,

- Ability to address workforce shortages.

Next Steps

31   Work against the project plans continues in the task and finish groups.

32   As work progresses, further quick wins will be identified and will be planned for implementation in the new year and beyond.

33   Work continues to develop a matrix identifying work which should continue at a regional or local level or whether a watching brief would provide the best use of resources.

34   Plans for each of the task and finish groups will then be reviewed against this matrix.

Author

Abbie Mcquillan, Integrated Care Programme Manager Tel: 03000 264714

Appendix 1: Implications

Legal Implications

All recommendations for improvement will be made within existing employment law and current policies for partner organisations.

Finance

There are currently no financial implications for this report. When detailed recommendations are developed, a cost analysis will be carried out.

Consultation

There is currently no consultation associated with this report. Interviews and staff opinions may be gathered as part of the work and this will be done in conjunction with consultation policies and the support of the County Durham Care Partnership where required.

Equality and Diversity / Public Sector Equality Duty

There are currently no implications. Any recommendations made will be subject to an equality impact assessment.

Climate Change

There are currently no implications.

Human Rights

There are currently no implications.

Crime and Disorder

There are currently no implications.

Staffing

There are currently no implications. The project work will seek the opinions of staff which will be used to inform the recommendations for attracting and retaining staff to the health and social care workforce. Any staff changes will be subject to impact assessments and the policies of the affected organisations.

Accommodation

There are currently no implications.

Risk

There are currently no implications. The task and finish groups have identified risks, and these will be developed into a risk register in due course allowing risks to be monitored, managed and where possible mitigated. Any recommendations made will be subject to a risk assessment to establish mitigating actions where necessary.

Procurement

There are currently no implications. Recommendations made will be subject to impact assessments and the policies of the affected organisations.

Appendix 2: Programme Level Workforce Development Scoping Document

SCOPING DOCUMENT			
Initiative:	**Workforce Development Programme**		
Rationale:	The development of integrated services across County Durham has brought together teams from health and social care. Developing the skills and effectiveness of our workforce is one of the key drivers behind the County Durham Care Partnership and the Integrated Care Board (ICB). In the future the Partnership and the ICB will have a strong focus on workforce planning in line with the national direction of travel toward more integrated workforce arrangements with work beginning to progress this. Partners in County Durham have committed to take advantage of the opportunities offered in the Integration White Paper and the Hewitt Review, building on our experience of joint working including that throughout the Covid pandemic with strong relationships created as a result. The aim will be to share and build on information and informative data as well as good practice in terms of workforce and develop practical solutions to our shared pressures across the system. We will work together, as partners in the County Durham health and care system, to look at ways to create flexibility and diversity of roles through shared recruitment, retention, skills development and career progression opportunities, training, and apprenticeship schemes to tackle the nationwide shortage of resource within health and social care and develop staff availability to fill vacancies regardless of organisational alignment through values based recruitment to ensure the workforce has the right skills at the right time. This will be run as a Programme with a strong dependency on the Integrated Care Programme and the Children's Sufficiency project and will follow project/programme management arrangements. The Programme will consist of the following 7 key priority areas: 1. Development and pilot of a joint generic health and care role 2. Consideration of joint appointments across organisations 3. Values based recruitment implemented across the Partnership 4. Retaining our Workforce (including career progression routes/opportunities, shared management development, apprenticeships, training opportunities, shadowing, mentoring etc) 5. Creating an agile workforce (consideration of onboarding processes, notice period, international recruitment, ensuring equality/equity across the partnership, opportunities for graduates/newly qualified/short term contracts etc) 6. Promoting working in Health and Social Care (to include social media, advertising campaigns, promotion to schools and universities 7. Developing a consistent approach to data collection to inform future needs of workforce. A project group with an assigned lead, will be put in place for each priority area to develop a detailed plan to ensure the benefits are achieved. Priority area 1 will inform how Priority area 2 can progress.		
Sponsor:	Michael Laing	**Programme Manager:**	Abbie McQuillan

		Programme Support:	Jenna Smith
Steering Group Membership:	▪ Michael Laing, Director of Integrated Community Services, CD Care Partnership ▪ Abbie McQuillan, Programme Manager, CD Care Partnership ▪ Jenna Smith, Programme Support, CD Care Partnership ▪ Lesley Martin, Development & Learning Manager, Adult Health Services, DCC ▪ Allison Nicholson, Head of Workforce & OD, CDDFT ▪ Sarah Douglas, Strategic Commissioning Manager OP PDSI, NENC ICB ▪ Tracy Leckenby, Commissioning Development Manager STPM, DCC ▪ Lesley Hodge, Associate Director of People & Culture, TEWV ▪ Amanda Cable, Senior Workforce Development Officer, DCC ▪ Joanne Coppillie, HR Business Lead OD/WFD, DCC ▪ Kate Burrows - Rep from the Independent sector ▪ Caryl Bowie, Practice Nurse Link, Primary Care, NENC ICB ▪ Helen Seymour, District Nurse Team Lead, CDDFT		
In Scope:	▪ Community Services (CDDFT) ▪ Adult Social Care (DCC) ▪ Primary Care (ICB) ▪ Integrated Commissioning ▪ The Care Academy ▪ Mental Health, Learning Disabilities and Autism (TEWV) ▪ Voluntary sector organisations (with CQC registration) ▪ Recruitment and retention ▪ Skills development ▪ Agreeing outcomes ▪ Training ▪ Career progression ▪ Mentoring ▪ Shadowing ▪ Joint posts/generic roles across the system ▪ Onboarding ▪ Agile workforce principles	**Out of Scope:**	▪ Children's & Young People's services and wider areas of DCC ▪ Public Health ▪ Pensions ▪ Agenda for Change outcomes ▪ Terms and Conditions for individual organisations ▪ Voluntary sector organisations (without CQC registration)
Constraints	● Differential national terms and conditions, agenda for change and job evaluation renumeration ▪ Legislative frameworks for each organisation involved ▪ Finance and budgets ▪ Partner organisational cultures ▪ Partner commitment to agreeing shared solutions ▪ Service pressures and demand ▪ Interdependency with the Integrated Care Programme ▪ Professional qualifications and maintaining registrations as well as associated supervisions		
Estimated Costs	TBC	**Timescales:**	May 2023 – October 2025

Objectives / Outcomes to be achieved:

- Agree an approach to use limited workforce for the benefit of residents in County Durham
- To agree an approach to a pilot for a joint generic health and care post
- Improve opportunities for career development and progression
- To promote joint understanding across the system
- To reduce staff turnover and promote movement within the County to retain expertise as much as possible
- Understanding of influences on individuals & organisations for use in informing future ways of working

- To create a blueprint for future workforce and its ongoing development
- Identifying system opportunities & creative solutions to workforce shortages and/or increased demand
- To influence the culture in partnership organisations to work in a more integrated way

High Level Risks

- Loss of expertise and knowledge through poor staff retention or not adequately promoting the benefits of working for the Partnership
- Additional pressures on retained staff
- Duplication of/Additional work
- Lack of sufficient budget to implement training/ new policies/procedures
- Lack of staff buy in or employee resistance to change leading to disengagement with the project
- Not having the right capacity at the right time to produce the right result for staff and residents of County Durham
- Negative publicity around generic roles/loss of expertise
- Not taking advantage / not enough promotion to attract the right candidates to partnership organisations
- Differences in organisational terms and conditions causing barriers to joint working

Milestones:	Date	Deliverables	Date
(1) Agree projects and key priorities	11th July 2023	- Programme level Scoping document agreed with sign off from ISLT	11th July 2023
(2) Planning Phase	31st July 2023	- Wider priorities from ICB to be considered	8th June 2023
		- Leads to be aligned to each priority area	14th June 2023
		- Project plans for each of the key priority areas to be developed and agreed by the Sponsor	31st July 2023
		- Risks and benefits with measures of success to be identified and agreed with Sponsor	31st July 2023
(3) Project teams in place	30th Aug 2023	- Project teams to be agreed	30th August 2023
		- Roles and responsibilities established and agreed and project plan updated to include names	
(4) Desktop baselining exercise	31st Oct 2023	- Collection of all current recruitment policies for each organisation	31st July 2023
		- Collection of workforce projects currently underway to ensure no duplication	30th Sept 2023
		- Carry out matching exercise across local and regional (ICB) workforce activity	31st Oct 2023
(5) Implementation Phase	October 2023 – December 2024	- Carry out activity on priority project plans	*TBD once priority plans agreed*
		- Carry out activity on priority project comms plans	
		- Monitor and manage risks	

		▪ Identify the benefits as they are realised	
(6) Evaluation & closure	Jan – Oct 2025	▪ Lesson learnt ▪ Next steps ▪ Closure report and identification of any further ongoing activity for each of the 4 priority areas	

High-Level Benefits:

- Increased morale, atmosphere, and relationships and job satisfaction and career progression
- Improved wellbeing in the workforce
- Employees willing to go the extra mile
- Better customer service and customer satisfaction
- Improved individual performance and productivity
- Reduced employee turnover
- More people contribute ideas and support innovation
- Ability to address workforce shortages

Project Management Recommendations:			**Yes**

Reviewed By:	Michael Laing	Date:	June 2023
Approved By:	ISLT	Date:	June 2023
Last Updated By:	Jenna Smith / Abbie McQuillan	Date/Time:	22/05/2023

Appendix 3: Key Priority 1 – Cross Organisational Roles

SCOPING DOCUMENT			
Initiative:	**Workforce Development Programme – Priority 1 Cross Organisational Working**		
Rationale:	The development of integrated services across County Durham has brought together teams from health and social care. Developing the skills and effectiveness of our workforce is one of the key drivers behind the County Durham Care Partnership and the Integrated Care Board (ICB). In the future the Partnership and the ICB will have a strong focus on workforce planning in line with the national direction of travel toward more integrated workforce arrangements with work beginning to progress this. Partners in County Durham have committed to take advantage of the opportunities offered in the Integration White Paper and the Hewitt Review, building on our experience of joint working including that throughout the Covid pandemic with strong relationships created as a result. The aim will be to share and build on information and informative data as well as good practice in terms of workforce and develop practical solutions to our shared pressures across the system. We will work together, as partners in the County Durham health and care system, to look at ways to create flexibility and diversity of roles through shared recruitment, retention, skills development and career progression opportunities, training, and apprenticeship schemes to tackle the nationwide shortage of resource within health and social care and develop staff availability to fill vacancies regardless of organisational alignment through values based recruitment to ensure the workforce has the right skills at the right time. This will be run as a Programme with a strong dependency on the Integrated Care Programme and the Children's Sufficiency project and will follow project/programme management arrangements. The Project will consist of the following the following key priority areas: 8. Development and trial of a joint generic health and care role 9. Evaluation of trial and consideration of further future joint appointments across organisations Priority area 1 will inform how Priority area 2 can progress.		
Sponsor:	Michael Laing	**Project Lead** **Programme Support:**	Helen Seymour Abbie McQuillan / Jenna Smith
Workstream Membership:	▪ Helen Seymour, Locality Matron, CDDFT ▪ Rebecca Wright, Locality Matron, Team Lead, CDDFT ▪ Sarah Douglas, Strategic Commissioning Manager, ICB ▪ Kathryn Turner, HR Business Lead, AHS, DCC ▪ Paul Copeland, Strategic Programme Manager Integration, DCC		
In Scope:	▪ Benchmarking with other organisations who have adopted	**Out of Scope:**	▪ Children's & Young People's services and wider areas of DCC

	a similar role to establish role responsibilities and salary ▪ Identification of job role and skills ▪ Identification of impacts on the current establishment ▪ Identification of impacts on other agencies (e.g. Dom Care providers) ▪ Criteria for evaluation / measures of a successful trial ▪ Management/supervision arrangements ▪ Funding ▪ Charging models for social care element ▪ Hosting organisation arrangements ▪ Training delivery ▪ Joint management arrangements ▪ Escalation arrangements ▪ Complaints process for the new process		▪ Public Health ▪ Pensions ▪ Agenda for Change outcomes ▪ Terms and Conditions for individual organisations ▪ Voluntary sector organisations (without CQC registration) ▪ Generic recruitment and retention policies ▪ Intermediate care ▪ Recruitment and retention policies ▪ Workforce strategy development ▪ Wider data and demand management including future workforce planning
Constraints	▪ Other Providers already exist and this may bring additional unwanted competition ▪ Salaries need to be competitive with other similar organisations to ensure equity and attract new candidates to the post ▪ As social care is a chargeable service, this will need to be considered within the trial and the implications on intermediate care ▪ Recurrent funding for the roles is yet to be confirmed ▪ Trial may be difficult as will to continue support for service users ▪ Clear measures are required at the outside to determine performance measure to ascertain if the trial should continue and/or be rolled out further ▪ Matrix management across organisations can be challenging and professional development and training will need to be undertaken. ▪ Possible CQC registration may be required for CDDFT (handling of monies) ▪ Currently health and social care record case notes on different systems – an agreed approach will need to be implemented as to the standard of recording, on what system and who will then have access will need to be agreed.		

Estimated Costs	TBC	**Timescales:**	July 2023 – Oct 2025

Objectives / Outcomes to be achieved:

- To agree an approach to a trial for a joint generic health and care role
- Improve opportunities at the entry level recruitment in the health and social care sector
- To create a blueprint for future integrated roles across the County Durham Care Partnership for roles in health and social care
- To evaluate the trial of true cross organisational roles and develop a lessons learned with an agreed approach for further future roll out (if appropriate)
- To agree joint management arrangements for those individuals working across the system
- To influence the culture in partnership organisations to work in a more integrated way
- To agree a way of recording and accessing case notes across a cross organisational role
- To agree a funding mechanism for service users for support received from a cross organisational role
- To secure recurrent funding for the entry level health and social care role (if appropriate)

High Level Risks

- Negative impact on staff who aren't taking part in the trial
- Negative perception by domiciliary care providers through the introduction of the new combined role
- Lack of sufficient budget to implement new roles
- Lack of staff buy in or employee resistance to change leading to disengagement with the project
- Negative publicity around generic roles/loss of expertise
- Differences in organisational terms and conditions causing barriers to joint working
- Inability to agree management arrangements for joint roles
- Inability to agree charging model causing a blockage to the project
- Lack of appropriate ICT software to record joint case notes (also access to these)

Milestones:	Date	Deliverables	Date
(7) Agree projects and key priorities	11th July 2023	▪ Programme level Scoping document agreed with sign off from ISLT	11th July 2023
(8) Start up Phase		▪ Development of scoping document ▪ Refinement and agreement of scoping document by task and finish group ▪ Project plan to be developed and agreed by the Sponsor ▪ High level risks and benefits agreed with Sponsor with agreement to proceed	1st August 2023 31st August 2023 16th September 2023 16th September 2023
(9) Baselining and planning phase		▪ Baseline how other organisations have implemented a similar role ▪ Determine what the role should and shouldn't deliver ▪ Develop job role and responsibilities ▪ Job evaluation/agenda for change evaluation ▪ Agree organisational hosting and management arrangements ▪ Engage/comms with domiciliary care providers ▪ Agree evaluation criteria	TBD TBD TBD TBD TBD TBD TBD
(10) Trial Phase		▪ Carry out activity on project plan ▪ Carry out activity on Comms plan ▪ Monitor and manage risks ▪ Identify the benefits as they are realised	TBD
(11) Evaluation & closure		▪ Comparison to initial measures agreed ▪ Lesson learnt ▪ Next steps ▪ Closure report with decisions on future roll out	
High-Level Benefits:			

- Increased morale, atmosphere, and relationships and job satisfaction and career progression by reducing the feeling of "that's not my job"
- Staff will develop a wider skill set promoting a clear career progression pathway
- Ensure that the patient/service user is the focus of the service
- Improved wellbeing in the workforce
- Employees willing to go the extra mile
- Better customer service and customer satisfaction by reducing the footfall of people in the service users home providing an integrated, seamless, holistic approach to support
- Reduced staff frustrations as reduced number of handovers (including ability to access patients records)
- Improved individual performance and productivity
- Reduced employee turnover
- More people contribute ideas and support innovation allowing for improved learning and development
- Supporting the full understanding of what integration truly means
- Improved support to hospital discharge and urgent community response services

Project Management Recommendations:			Yes / No
Reviewed By:	Helen Seymour	Date:	19/09/23
Approved By:	Project Team	Date:	29/09/23
Last Updated By:	Jenna Smith / Abbie McQuillan	Date/Time:	31/07/23

Project Plan

Milestone	Activity	Timescales
Benchmarking against other organisations who have already implemented a similar role		**Sept 23 - Dec 23**
	Identify what has worked for others	
	Identify what hasn't worked for others	
	Identify what the role can do	
	Identify what the role shouldn't do	
	Research how recruitment was undertaken	
	Identify if a patient criteria was used and what it was	
	Identify if these were a trial period and if so, how long did they last	
	What communications did other carry out - gain copies of comms plans	
	Identify what comms worked well	
	Establish lessons learned from other Trusts/Las	
	Question what would they do differently next time	

	Gain copies of job descriptions, salary details, training plans	
	Establish if they identified impacts on other roles internally and externally	
	Establish if other carried out consultation and how this was done with lessons learned	
Setting expectations - Planning		**Jan 24 - March 24**
	Agree the key functions of the role	
	Agree what the role will not do	
	Identify skills and experience required for the role	
	identify existing staff who could match to the role	
	agree a criteria for patients to be part of the trial and determine length of support	
	Investigate and identify impact on Dom Care agencies in Durham and surrounding areas	
	Identify implications on intermediate care processes	
	Identify stakeholders and complete detailed comms plan	
	Establish if consultation exercise is required and plan	
	Identify where role fits in the community services structure	
	identify management / supervision process	
	Identify funding streams for role and training	
	Agree a training plan	
	Establish how and when training can be delivered and secure a training budget	
	Draft a complaint process for the process	
Developing the role		**Apr 24 - Jun 24**
	Develop standard operating procedure and performance measures	
	Agree complaints process	
	Agree and how and where patient data/notes are to be recorded and accessed (incl information governance)	
	Agree lengths of contract	
	Agree process and notice period in the event that the trial is discontinued	
	agree a host organisation	

	develop job description	
	Job evaluation / agenda for change evaluation carried out	
	budgets to be agreed and set up	
	reporting arrangements to be agreed	
	evaluation period and criteria for evaluation to be agreed	
	Charging model or funding process determined for social care elements of support	
	comms continues	
Recruitment		**July/August 24**
	Sign off Job description and person spec	
	Sign off job evaluation / agenda for change review	
	Develop job adverts	
	Approach any internal candidates	
	Possible consultation period?	
	Advertise roles	
	Interview for roles	
	Appoint to roles	
	Onboarding process	
	Induction and training process	
	continued comms	
Post recruitment (0 - 6 months after appointment)		**Sept 24 - March 25**
	Complaints process to be implemented	
	Supervisions / management reviews to be planned and taking place	
	Evaluation of new role to commence	
	Implementation of the charging model of social care element	
	Confirmation of ongoing funding for the trial	
Evaluation (6mths to 1 year)		**April 25 - Oct 25**
	cary out evaluation exercise at 12 month stage against agreed criteria	
	Develop lessons learned to date	
	Present findings to Chief Officers to agree next steps	
	Phase 2 plan developed if required	
	Seek recurrent funding approval if required	

Appendix 4: Key Priority 2 – Recruitment

SCOPING DOCUMENT			
Initiative:	**Workforce Development Programme – Priority 2 Recruitment**		
Rationale:	The development of integrated services across County Durham has brought together teams from health and social care. Developing the skills and effectiveness of our workforce is one of the key drivers behind the County Durham Care Partnership and the Integrated Care Board (ICB). In the future the Partnership and the ICB will have a strong focus on improved recruitment and workforce planning in line with the national direction of travel toward more integrated workforce arrangements with work beginning to progress this. The aim will be to build on good practice in terms of workforce recruitment across organisations within the partnership and develop practical solutions to our shared pressures across the system. We will work together, as partners in the County Durham health and care system, to look at ways to create flexibility and diversity of roles through shared and improved recruitment, to tackle the nationwide shortage of resource within health and social care and develop staff availability to fill vacancies regardless of organisational alignment through values based recruitment to ensure the workforce has the right skills at the right time. This project will be run as part of a Programme with a strong dependency on the Integrated Care Programme and the Children's Sufficiency project and will follow project/programme management arrangements. This project will not replace any ongoing projects to improve recruitment across individual organisations, however it will act as a way to share best practice. The Project will initially focus on reviewing with a view to streamlining the recruitment and onboarding process across partner organisations.		
Sponsor:	Michael Laing	**Project Lead** **Programme Support:**	Joanne Coppillie Abbie McQuillan / Jenna Smith
Workstream Membership:	- Joanna Coppillie, OD & Workforce Manager, DCC - Lindsay Sheridan, Senior OD & Workforce Lead, DCC - Adam Watson, Resource & Business Manager, CDDFT - Nicky Brodhurst, Learning & OD Advisor, CDDFT - Lesley Hodge, Associate Director of Operational Delivery and Resourcing, TEWV - Tracey Leckenby, Senior Commissioning Office, DCC - Andy Nuttall, Quality and Service Development Manager, DCC - Susan Lyttle, Payroll and Employee Services Officer, DCC		
In Scope:	▪ All recruitment processes across Adults Health and Social Care (includes promotional activity) ▪ Onboarding activity	**Out of Scope**	▪ Organisation/Partnership wide recruitment activity ▪ PDR/Supervision process ▪ Retention activity

	▪ Application forms for jobs in health and social care ▪ Technology used for advertising and applications for roles in health and social care ▪ Recruitment policies across health and social care ▪ Pre-employment activity for health and social care roles ▪ Secondments / temporary contracts / agile ways of working to attract candidates to roles across both NHS/Council opportunities without barriers ▪ Employee benefits for health and social care roles ▪ Joint promotional and marketing activity to raise awareness of diversity of roles in health and social care sector ▪ Value / competency based recruitment ▪ International recruitment		▪ Children's & Young People's services and wider areas of DCC ▪ Public Health ▪ Pensions ▪ Agenda for Change outcomes ▪ Terms and Conditions for individual organisations ▪ Generic recruitment and retention policies ▪ Workforce strategy development ▪ Data and demand management including future workforce planning ▪ Apprenticeship (these are part of the retention scope)
Constraints	▪ Lack of funding available to purchase new ICT systems ▪ Health and social care policies are usually determined by a corporate centre therefore may have a limited influence to change them ▪ Employment legislation needs to be adhered to ▪ May need to buy in social media / promotional expertise to increase awareness ▪ Salaries differ for similar roles across the NHS / Council therefore competition is inherent		
Estimated Costs	TBC	**Timescales:**	July 2023 – April 2025

Objectives / Outcomes to be achieved:

- ▪ To reduce the number of vacancies in the health and social care sector
- ▪ To influence the culture in partnership organisations to work in a more integrated way
- ▪ To reduce competition between the NHS and Council for roles in health and social care
- ▪ To improve the agile nature by reducing barriers of moving between organisations in the health and social care sector
- ▪ To attract more and better candidates to roles in the health and care sector
- ▪ To speed up the time it takes for pre employment checks and onboarding so new employees can start in post quicker
- ▪ To reduce the number of candidates who are successful but don't go on to take up the role due to time delays.
- ▪ To reduce the time taken by managers to recruit new employees.
- ▪ To allow candidates to review progress on the application process and speed up their own start date
- ▪ To recruit more suited applicants "right first time"
- ▪ Increased awareness of the diverse roles in health and social care due to increased social media presence

High Level Risks

- ▪ Legislation may stifle innovation
- ▪ Organisations could open themselves up to fraud if pre employment checks are reduced
- ▪ Salaries differ for similar roles across the NHS / Council therefore competition is inherent therefore benefits of this project may not be achieved

- Increased social media presence could increase the likelihood of negative attention on partner organisations
- Employment legislation needs to be adhered to otherwise organisations could be open to legal challenge
- Changes may not be adopted as need to be implemented at an organisational level
- Lack of appetite to adopt new ICT systems due to previous heavy investment of time and finance – also links to wider organisational systems (e.g. payroll)

Milestones:	Date	Deliverables	Date
(12) Agree projects and key priorities	11th July 2023	▪ Programme level Scoping document agreed with sign off from ISLT	11th July 2023
(13) Start up Phase	16th Sept 2023	▪ Development of scoping document ▪ Refinement and agreement of scoping document by task and finish group ▪ Project plan to be developed and agreed by the Sponsor ▪ High level risks and benefits agreed with Sponsor with agreement to proceed	1st August 2023 31st August 2023 16th Sept 2023 16th Sept 2023
(14) Baselining and planning phase		▪ Baseline how other organisations recruit in the health and care sector ▪ Investigate key priority areas of: 　- Improved Technology 　- Simplified application 　- Changing pre-employment checks & onboarding process 　- Advertising – social media, community engagement etc. ▪ Develop detailed plan to roll out priorities	*See detailed project plan*
(15) Implementation Phase		▪ Carry out activity on project plan ▪ Engage/comms with staff ▪ Monitor and manage plan risks ▪ Identify the benefits as they are realised	*See detailed project plan*
(16) Closure		▪ Lesson learnt ▪ Next steps (phase 2) ▪ Closure report with decisions on future roll out	*See detailed project plan*

High-Level Benefits:

- To reduce waiting times for patients as staffing shortages are reduced
- To improve innovation by attracting a diverse workforce to the health and social care sector
- Right staff are recruited at the right time, first time with a patient focus improving client experience
- Improved wellbeing in the workforce as the ability to move between organisations is easier
- Reduced staff frustrations as new staff are able to start in post quicker, reducing the strain on existing staff
- Reduced workload for managers when undergoing the recruitment process
- Managers and candidates are able to monitor their own progress through the recruitment process

- A simpler process / streamlined application form may encourage more applicants to posts in health and social care
- Increase awareness of what roles are available in health and social care widening the pool of applicants for roles
- Supporting the full understanding of what integration truly means

Project Management Recommendations:			Yes / No
Reviewed By:	Joanna Coppillie	Date:	22/09/23
Approved By:	Project Team	Date:	29/09/23
Last Updated By:	Jenna Smith / Abbie McQuillan	Date/Time:	31/07/23

Project Plan

Milestone	Activity	Timescale
Maximise and streamline the use of recruitment technology		**Oct - Dec 23**
	Baseline the current use of recruitment technology and planned developments across partners	
	Reporting on respective systems to be baselined - how and what is reported from systems and how is this used?	
	Identify what other systems are used by partners to support recruitment activity	
	Demonstration for partners on the use of UKCIL for hosting the application process (currently used to recruit for direct payments)	
Simplifying / streamlining the applications / interviews process		**Oct 23 - Jan 24**
	Sharing of DCCs project plan from making improvements to recruitment and resourcing	
	Sharing information on DCCs approach to streamlining application forms	
	Consideration to be given to the use of CV's going forward	
	Sharing of guidance for applicants for completing application forms	
	Findings to be shared with the project group regarding outcomes of ongoing work at TEWV to use video interviews (EDI)	

Streamlining of pre-employment checks and onboarding process		**Oct 23 - March 24**
	Carry out baselining exercise across all organisations to establish timescales from interview to start date	
	Carry out information gathering with new starters to establish their experience of onboarding as a baseline position	
	Consider where pre-employment checks could be rationalised	
	TEWV to share project plan for onboarding improvements and key findings	
	TEWV to share how they use BSA to complete pre-employment checks and the benefits of external support	
	Share processes for DBS checks/review timelines	
	Review the processes for requesting references to consider any further streamlining where possible Do we need all the information we collect? What do we do with it?	
	Map out current onboarding process for each organisation and review for efficiencies	
Increase advertising and promotion of career pathways in Health and Social Care		**Sept 23 - Dec 24**
	Integrated Health and Social care job adverts to be placed on all organisations recruitment advertising platforms/social media (CDCP, DCC, CDDFT, TEWV)	
	Research how other health and care organisations promote the roles and use this to inform the communications plan	
	Consider how and where the care academy advertise and look for economies of scale	
	Consider national campaigns e.g. Community Care for social workers	
	Develop a communications plan to increase the presence of integrated roles across health and social care	
	Implement the communications plan - utilising regular social media and use of partner websites (incl CDCP)	

	Increase the use of readily available advertising for integrated roles e.g. on roundabout, adshells and radio as currently used by care academy)	Quick Win
	Gather case studies from exisitng integrated staff to use as promotional materials	
	Gather lessons learned from DCC on using videos of employees to explain the benefits of working in an integrated team	
	Consider promotion of video case studies on all websites across health and social care to promote integration	
	Create dedicated social media content for promotion of integrated health and social care roles	
	Create a plan to link into job fairs to promote roles aross health and social care (focused on integrated roles) as part of the Co Durham Care Partnership	
	Health and Social Care jobs fair to take place across all partners	
	Consider joint branded resources for job fairs	
	Develop a regular plan to engage with schools, colleges and universities	
	Consider more wider promotions of health and social care - incl housing providers, Public Health and Co Durham Together	
	Baseline and expand on current approaches for pathway to employment opportunites in health and social care	
Project closure		**Jan - April 25**
	Review baselining information and identify reduced timescales for onboarding or improved candidate experience since improvements	
	Review the use of different levels of application forms for different roles and determine if this has improved the conversion rate to applications	
	Gather lessons learned Complete a closure report detailing benefits with business as usual plan to continue on with jobs fairs etc is successful	

Appendix 5: Key Priority 3 – Retention

SCOPING DOCUMENT			
Initiative:	**Workforce Development Programme – Priority 3 Workforce Retention**		
Rationale:	The development of integrated services across County Durham has brought together teams from health and social care. Developing the skills and effectiveness of our workforce is one of the key drivers behind the County Durham Care Partnership and the Integrated Care Board (ICB). In the future the Partnership and the ICB will have a strong focus on workforce planning in line with the national direction of travel toward more integrated workforce arrangements with work beginning to progress this. Partners in County Durham have committed to take advantage of the opportunities offered in the Integration White Paper and the Hewitt Review, building on our experience of joint working including that throughout the Covid pandemic with strong relationships created as a result. The aim will be to share and build on good practice in terms of workforce and develop practical solutions to our shared pressures across the system. We will work together, as partners in the County Durham health and care system, to look at ways to create flexibility and diversity of roles through greater opportunities for retention, skills development and career progression opportunities, training, and apprenticeship schemes to tackle the nationwide shortage of resource within health and social care and develop staff availability to fill vacancies regardless of organisational to ensure the workforce has the right skills at the right time. This will be run as a project within the Workforce Development Programme with a strong dependency on the Integrated Care Programme and the Children's Sufficiency project and will follow project/programme management arrangements. The Project will consist of the following key priority areas: 1. Improvement of career progression routes/opportunities 2. Shared management development 3. Apprenticeships and training opportunities		
Sponsor:	Michael Laing	**Project Lead** **Programme Support:**	Caryl Bowie Abbie McQuillan / Jenna Smith
Workstream Membership:	▪ Caryl Bowie, Practice Nurse Link, NENC ICB ▪ Lesley Martin, Development and Learning Manager, DCC ▪ Amanda Cable, Senior Workforce Development Officer, DCC ▪ Helen Seymour, Locality Matron for Sedgefield locality and Countywide, CDDFT ▪ Danielle Barnes, Social Care Learning and Development Officer, Commissioning DCC ▪ Wayne Hall, Workforce and Organisational Development, CDDFT ▪ Michelle Lockwood, TEWV		

In Scope:	- Consideration of PDR / Supervision processes for roles in health and social care roles - Review and streamlining the approach to Career progression pathways in health and social care roles across the partnership - Sharing of best practice for Leadership & Management Development Programmes - Apprenticeships for roles across health and social care to achieve economies of scale, maximising the use of the apprenticeship levy across the partnership. - Training programme development for roles in health and social care - Review and promotion of employee benefits and consideration of sharing best practice - Joint promotional and marketing activity associated with health and social care roles - Information gathering from staff in health and care roles and using this knowledge to improve staff retention	Out of Scope:	- Children's & Young People's services and wider areas of DCC and CDDFT - Public Health - Pensions - Agenda for Change outcomes - Terms and Conditions for individual organisations - Recruitment activity - Workforce data analysis of information wider than that collected from stay and exit interviews - Development of cross organisational roles - Developing workforce strategies
Constraints	- Health and social care is a small part of partnership organisations and may not have the influence to change organisation wide processes and procedures for retention - Current PDR / Supervisions process is not always used for career development and timing (particularly at DCC) does not fall in line with budget setting processes - Staff may not have the confidence to share expertise and may be uncomfortable with mentoring / shadowing as an added pressure / burden. - Time not being made available to allow for mentoring/shadowing – novice fatigue - Time not being given to attend training in work time - Funds not being made available to backfill roles who are providing mentoring/shadowing - Performance indicators may be different for organisations within the partnership therefore having a different focus (Primary care verses Acute)		
Estimated Costs	TBC	**Timescales:**	July 2023 – April 2025

Objectives / Outcomes to be achieved:

- To reduce the turnover of staff and increase length of service in health and social care roles
- To develop a partnership approach to encourage the retention of all staff (this may be different for newer recruits verses staff who have been in post some time)
- To offer staff more opportunities for pathway progression across all partnership organisations, not just health OR social care but across both (including joint placements, shadowing, tasters, etc.)
- To use information available to create dedicate developmental opportunities for staff (e.g. use of exit interview data)

- To promote and streamline the PDR/Appraisal/Supervision processes to encourage the use of this for identifying training and development opportunities
- To provide more leadership and management training across the partnership t
- To encourage an agile and flexible approach to career progression
- To provide a mechanism for staff across the partnership to share skills and knowledge and encourage innovation
- To improve the internal promotion of development opportunities available
- To have shared access to e-learning packages for management and leadership across the partnership
- To promote the difference between leadership and management and identify the appropriate pathways for staff
- To promote the role of integration and how staff can be part of this and what it means to them
- To consider the option of implementing a combined training portal across organisations in the partnership
- To improve communication with the workforce to collect independent voices from a learning and development perspective, including the use of Internal forums
- To develop a coordinated approach to engaging with training providers
- To maximise the use of Apprenticeships with better utilisation of the Levy
- To include a process that Centrally sources refresher training delivered on a cyclical basis to all partner
- To benchmark across other organisations providing health and social care to consider wider best practice

High Level Risks

- Lack of appetite to change retention policies across the wider organisations leading to lack of buy in and policies and processes remaining unchanged with changes not be adopted at an organisational level
- Lack of time given to staff to engage in the project
- Lack of staff buy in or employee resistance to change leading to disengagement with the project
- Differences in organisational culture preventing integrated working
- Reluctance at manager level to promote movement between health and social care roles (seen as robbing Peter to pay Paul) limiting development opportunities available

Milestones:	Date	Deliverables	Date
(17) Agree projects and key priorities	June 2023	▪ Programme level Scoping document agreed with sign off from ISLT	June 2023
(18) Planning Phase		▪ Development of scoping document	4th August 2023
		▪ Refinement and agreement of scoping document by task and finish group	31st August 2023
		▪ Project plan to be developed and agreed by the Sponsor	16th Sept 2023
		▪ High level risks and benefits agreed with Sponsor with agreement to proceed	16th Sept 2023
(19) Baselining and Implementation Phase		▪ Carry out consultation with the workforce to establish a baseline of current position on retention ▪ Carry out benchmarking exercise with other health and social care providers to establish best practice and wider options available	*See detailed project plan*

		▪ Carry out engagement with wider stakeholders including GPs/Feds/PCN's to gather buy-in ▪ Carry out other activity on project plan ▪ Carry out activity on Comms plan ▪ Monitor and manage risks ▪ Identify the benefits as they are realised	
(20) Closure phase		▪ Lesson learnt ▪ Closure report and next steps	*See detailed project plan*

High-Level Benefits:

- To reduce the turnover and increase length of service for staff in health and social care roles maintaining consistency for patients/service users and reducing waiting lists
- To provide more leadership and management training across the partnership taking advantage of economies of scale and building an integrated culture at a senior level
- Improved cross working for career pathways and shadowing experiences. Staff will develop a wider skill set promoting a clear career progression pathway.
- A future integrated workforce with adaptability and the flexibility to move between organisations encouraging them to stay within the sector for longer
- The partnership will have a clear approach to talent management providing improved staff morale and wellbeing
- A coordinated approach to wider training delivery where training is available across both health and social care ensuring a shared knowledge as well as benefiting from economies of scale
- Staff will be more aware of the benefits and opportunities across health and social care resulting in happier staff with a better work/life balance

Project Management Recommendations:			Yes / No
Reviewed By:	Caryl Bowie	Date:	28/09/23
Approved By:	Project Team	Date:	29/09/23
Last Updated By:	Jenna Smith / Abbie McQuillan	Date/Time:	31/07/23

Project Plan

Milestone	Activity	Timescales
Benchmarking		**Sept 23 - Dec 23**
	Research how other health and care organisations promote retention (incl employee benefits)	
	Identify what currently exists within organisations across the partnership and identify opportunities for shared benefits / pathways / training - *further detail to be added to this plan at this point*	

	Identify any quick wins for shared benefits and implement across the partnership	
Investigate PDR/Supervision processes and training plans across partners		**Sept 23 - Jan 24**
	Desktop exercise to establish process for PDRs / Supervisions across Health and Social Care staff across the partnership	
	Establish current timelines for PDRs / Supervisions and development of training forward plans	
	Identify budget setting process for training for Health and Social Care staff across the partnership	
	Analyse all information regarding training forward plans collated	
	Identify recommendations for streamlining processes (may be for each organisation rather than an integrated approach in the first instance)	
	Present recommendations to ISLT	Jan-24
	Present recommendations to Chief Officers	Jan-24
Carry out consultation with existing staff		**Jan 24 - March 24**
	Devise a questionnaire for existing employees to include what currently attracts them to the organisation and keeps them there and would they be interested in other benefits from partner organisations	Jan-24
	Agree questionnaire	Feb-24
	Rollout questionnaire to all partner organisations	Feb-24
	Analyse information from questionnaire findings	Mar-24
Carry out engagement activity		**Jan - Dec 24**
	Develop a stakeholder matrix to include GP.s PCN's, Feds and wider organisations across Health and Social Care	
Increase advertising and promotion of career pathways in Health and Social Care - to link with the recruitment project	Develop a communications plan to increase the presence of integrated roles across health and social care	
	Implement the communications plan - utilising regular social media and use of partner websites (incl CDCP)	

	Gather case studies from exisitng integrated staff to use as promotional materials	
	Gather lessons learned from DCC on using videos of employees to explain the benefits of working in an integrated team	
	Consider promotion of video case studies on all websites across health and social care to promote integration	
	Create dedicated social media content for promotion of integrated health and social care roles	
	Baseline and expand on current approaches for pathway to employment opportunities in health and social care	
Evaluation and Closure		**Jan - April 25**
	carry out subsequent staff questionnaire to establish position against baseline 12 months previous	
	Analyse information from questionnaire findings	
	Implement any quick wins identified from questionnaire	
	Develop lessons learned to date	
	Complete a closure report detailing benefits with business as usual plan to continue on with improvements	
	Present findings to Chief Officers to agree next steps	
	Phase 2 plan developed if required	

Appendix 6: Key Priority 4 – Data and demand management

SCOPING DOCUMENT			
Initiative:	**Workforce Development Programme – Priority 4 Data and Demand Management**		
Rationale:	The development of integrated services across County Durham has brought together teams from health and social care. Developing the skills and effectiveness of our workforce is one of the key drivers behind the County Durham Care Partnership and the Integrated Care Board (ICB). In the future the Partnership and the ICB will have a strong focus on workforce planning in line with the national direction of travel toward more integrated workforce arrangements with work beginning to progress this. This approach will include more consideration of data available to predict future workforce levels and skills required – to have a well led, valued and skilled workforce. Partners in County Durham have committed to take advantage of the opportunities offered in the Integration White Paper and the Hewitt Review, building on our experience of joint working including that throughout the Covid pandemic with strong relationships created as a result. The aim will be to share and build on information and informative data as well as good practice in terms of workforce and develop practical solutions to our shared pressures across the system. We will work together, as partners in the County Durham health and care system, to look at ways to create flexibility and diversity of roles through shared recruitment, retention, skills development and career progression opportunities, training, and apprenticeship schemes to tackle the nationwide shortage of resource within health and social care and develop staff availability to fill vacancies regardless of organisational alignment through values based recruitment to ensure the workforce has the right skills at the right time. This will be run as a Programme with a strong dependency on the Integrated Care Programme and the Children's Sufficiency project and will follow project/programme management arrangements. The Project will consist of the integrating workforce data for Adults Health and Social Care in order to manage demand and the changing needs of the citizens of County Durham.		
Sponsor:	Michael Laing	**Project Lead** **Programme Support:**	Allison Nicholson Abbie McQuillan / Jenna Smith
Workstream Membership:	- Alison Nicholson, Head of Workforce & Organisation Development (Performance & Improvement), CDDFT - Ian Walworth, Workforce Development, CDDFT - Tracey Leckenby, Commissioning Development Manager, DCC - Julie Dowey, Assistant Manager, Payroll and Employee Services, DCC - Karen Hall, Payroll and Employee Services Officer, DCC - Adam Farrell, Assistant Workforce Development Officer, DCC - Emma Hamblin, TEWV		

In Scope:	- Understanding current metrics for workforce data for adults health and social care - To ensure comparable nature of roles within organisations – grade matching, commonalities within skills and job roles - Common language and same understanding of measures in place - Identifying gaps in data collections across organisations in relation to adults health and social care - Best practice sharing on data modelling and usage - Modelling data - Links with population health data	Out of Scope:	- Children's & Young People's services and wider areas of DCC - Wider Public Health data - Pensions - Agenda for Change outcomes - Terms and Conditions for individual organisations - Generic recruitment and retention policies - Recruitment and retention policies - Workforce strategy development - Business Intelligence project at DCC (interdependencies to)
Constraints	- Restrictions are currently in place within organisations which prevent forward planning i.e. budgeting, funding, politics, access - Focus is currently on requirements in the immediate future with significant workload focused on a reactive rather than a proactive workforce strategy - Projected workforce pathways – routes in and career paths for various levels of skill sets for career progression and development		
Estimated Costs	TBC	**Timescales:**	July 2023 – April 2025

Objectives / Outcomes to be achieved:

- To influence the culture in partnership organisations to work in a more integrated way
- To encourage the ownership of workforce data by managers
- To ensure data is used to its full capacity, used for specific tasks and targeted for its audience
- To ensure data is used to its full potential to predict future workforce demands
- To equip Management with the capacity, correct information, knowledge and training on how to analyse data
- To take advantage of the different data sources to interrogate information to provide a complete picture/insight
- To address and reduce the number of errors/inaccuracies in workforce data
- To ensure that data meets requests/requirements and that managers are clear on its purpose at the outset
- To reduce the amount of manual intervention needed to generate reports from workforce data reducing disconnect, different interpretation of data across different services within a single organisation and also across the partnership
- To agree a common language and methodology for analysis of workforce data
- To improve and encourage links between workforce and public health data to support the development of a longer term workforce development strategy

High Level Risks

- Lack of sufficient budget to implement new processes
- Lack of time for staff to engage in the project
- Restrictions from national reporting influencing what and how data is used

- Lack of staff buy in or employee resistance to change leading to disengagement with the project
- Differences in organisational culture preventing integrated working
- Links are required to public health to ensure wider workforce planning is possible
- Politics in individual organisations across the partnership may limit the use of workforce data
- Wide access is required to the appropriate members of staff to ensure that data is used in a proactive way

Milestones:	Date	Deliverables	Date
(21) Agree projects and key priorities	11th July 2023	- Programme level Scoping document agreed with sign off from ISLT	11th July 2023
(22) Start up Phase		- Development of scoping document - Refinement and agreement of scoping document by task and finish group - Project plan to be developed and agreed by the Sponsor - High level risks and benefits agreed with Sponsor with agreement to proceed	1st August 2023 31st August 2023 16th September 2023 16th September 2023
(23) Baselining and planning phase		- Understanding current metrics - Comparable nature of roles within organisations – grade matching, commonalities within skills and job roles - Identifying gaps in data collections across organisations - Best practice sharing - Modelling data - Engagement and comms	*See detailed project plan*
(24) Trial Phase		- Carry out activity on project plan - Carry out activity on Comms plan - Monitor and manage risks - Identify the benefits as they are realised	*See detailed project plan*
(25) Evaluation & closure		- Comparison to initial measures agreed - Lesson learnt - Next steps - Closure report with decisions on future roll out	*See detailed project plan*

High-Level Benefits:

- Staff will develop a wider skill set promoting a clear career progression pathway
- Ensure that the patient/service user is the focus of the service providing a better client experience
- Ability to meet the changing needs of the residents of County Durham through the effective use of workforce data
- Improved wellbeing in the workforce and happier staff
- Travel data could be used to place staff in a office base closer to home improving work/life balance and allowing a quicker response to customer need
- Improved individual performance and productivity
- Reduced employee turnover

▪ Better use of staffing and financial resources ▪ Confidence of anticipating future issues and mitigating those ahead of time ▪ Supporting the full understanding of what integration truly means		
Project Management Recommendations:		**Yes / No**
Reviewed By:	Allison Nicholson	Date:	28/09/23
Approved By:	Project Team	Date:	02/10/23
Last Updated By:	Jenna Smith / Abbie McQuillan	Date:	31/07/23

Project plan

Milestone	Activity	Timescales
Benchmarking		**Sept 23 - March 24**
	Desktop exercise to understanding what current metrics for workforce data exists for adults health and social care across all partner organisations	
	Identify which metrics are currently not collected and would be useful to have / needed to predict future demand or management supporting (gap analysis following desktop exercise)	
	To understand the common language and the meaning of the same measures in place across the different organisations	
	To understand data modelling and usage across organisations	
	To understand existing links with population health data	
	Identify where population health data could be better utilised and devise a plan to implement improvements	
Sharing best practice		**Sept 23 - March 24**
	To identify areas of concern with workforce data and develop links with other groups	
	To identify where an organisation has good practice and share this with each other across the partnership - *project plan will be further developed at this time*	

	To identify where metrics across organisations would be useful and if these could be reported together to give a more representative view of health and social care	
Carry out engagement activity		**Jan - Dec 24**
	Develop a stakeholder matrix	
	Develop a communications plan	
	Agree communications plan	
	Roll out activity from communications plan	
Evaluation and Closure		**Jan - April 25**
	Develop lessons learned to date	
	Complete a closure report detailing benefits with business as usual plan to continue on with improvements	
	Present findings to ISLT to agree next steps	
	Present findings to Chief Officers to agree next steps	
	Phase 2 plan developed if required	