



AQUA AND EASTERN CHESHIRE PARTNERSHIP BOARD

# TRANSFORMING WORKFORCE IN PARTNERSHIP (TWIP) TO ACHIEVE INTEGRATED CARE

## SUMMARY

In 2011 East Cheshire NHS Trust, together with Eastern Cheshire Clinical Commissioning Group (ECCCG), Cheshire & Wirral Partnership NHS Foundation Trust and Cheshire East Council formed a partnership to facilitate integrated care for the population of East Cheshire. The partnership also successfully applied to become part of the Advancing Quality Alliance (AQuA) /King's Fund Integrated Care Discovery Community, which utilises action learning to explore the theory and practice of integration. This has allowed East Cheshire to share knowledge and understanding with seven other health and social care economies across the North West, and to access expertise and support in developing its own integrated care programme of work.

### The Eastern Cheshire 'Transforming Workforce in Partnership' (TWIP)

AQuA project now forms the initial work programme of the over arching Leadership, OD & Workforce work stream of the integrated care programme. It has a clear focus on the transformational changes to the workforce needed to bring about integrated care, and aims to influence the hearts and minds of the local workforce in order to support whole system change, rather than focusing on changing just one area of service delivery.

Integrated care has been defined in many ways but East Cheshire is currently expressing it as *"a co-ordinated care system which seeks to improve the quality and cost effectiveness of care to ensure that services are patient-centred and population-orientated"*

## KEY OUTCOMES

This case study is intended as a means of capturing good practice around establishing an integrated care programme, specifically in relation to creating a workforce-focused set of projects, which will support and enable whole-system change.

Since the Partnership's inception relationships have been forged between several organisations and progress is being made towards achieving integrated care. However, it is recognised that transforming the workforce is not going to be an easy, fast or straightforward process and that the Partnership as well as the local workforce, is only at the beginning of its transformation.

This overview will be followed by future case studies as the programme achieves its key objectives.





# GOOD PRACTICE CASE STUDY

## BACKGROUND

In 2011 clinical leaders from across East Cheshire went on a study trip to the United States, organised by the North West Leadership Academy, to provide primary and secondary care clinicians an opportunity to work together. There they visited Kaiser Permanente and other organisations, to understand more about integrated care by looking at a system that has been in place for the last twenty years and continues to be refined today. They returned to the UK convinced that integrated care is the way forward and wanted to test whether the local health economy could work in an integrated fashion. This is of particular importance in East Cheshire where a rapidly ageing population and many 'frail elderly' are creating greater challenges which require new ways of working.

A model was drawn up of how the new system could look, but there was a lack of understanding on how to begin this process of large scale change. Therefore a partnership was formed to develop a programme of work that could deliver the proposed system.

The Partnership comprises members from:

- Eastern Cheshire Clinical Commissioning Group (ECCCG)
- East Cheshire NHS Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Central and Eastern Cheshire NHS Primary Care Trust
- Cheshire East Council
- Vale and South Royal CCGs
- General Practitioners



## AQUA INTEGRATED CARE DISCOVERY COMMUNITY

AQuA launched its Integrated Care Discovery Programme in September 2011. It will run for 18-24 months and is jointly delivered with The King's Fund. East Cheshire is now one of eight communities across the North West that meets to learn, share and discover how to achieve integration.

AQuA's overall aim is to deliver measurable improvements in the outcomes and co-ordination of health and social care services, for those defined populations that are served by member organisations. It does this by testing and developing models of team, service and system level integration in participating economies and identifying what building blocks are necessary in order to create an integrated care system. The building block that East Cheshire focuses on primarily is that of leadership, organisational, and work-force development.

The other seven communities include; Salford, Trafford, Bolton, Cumbria, Oldham, Western Cheshire and Central Manchester. These communities are focusing upon a wide range of areas, including the frail elderly population, long-term conditions and whole system change.

Every organisation that is a member of this AQuA Programme is offered four days a year faculty support from the King's Fund, which East Cheshire NHS Trust has used for the Integrated Care Programme on behalf of the Partnership Board. This has included a half day on governance for integration and a full day on the impact of integrated care on the workforce.

Also, as a member of the Discovery Community East Cheshire takes part in full day workshop every six months, where all eight groups come together to consider integration and to discuss a particular topic linked to integrated care. In addition to this, sites are offered technical support sessions to look at the building blocks or domains for integration. To date the sites have been offered sessions focusing on "change", governance and finance and contractual mechanisms. Additionally, every six weeks, the community hosts a facilitated action learning set for programme leads and action learning workshops,



# GOOD PRACTICE CASE STUDY



## AIMS & OBJECTIVES

The **'Transforming Workforce in Partnership'** project aims to:

- Develop strong operational working relationships that can accommodate individual organisational requirements.
- Work in partnership to support the workforce to successfully integrate interventions.
- Describe the generic skills required within integrated community teams.
- Implement a competency-based, cross-organisational workforce plan for a named locality to support an integrated community team 24/7.
- Develop integrated training and development programmes.
- Develop an integrated model for shared learning & development across East Cheshire.
- Understand variations in policies and procedures, align where practical and manage potential issues.
- Deliver innovative solutions that enhance quality and performance beyond the project boundaries.
- Gain efficiencies by reducing duplication in staffing resources, recruitment, training and development and their processes.

## KEY STAGES OF SET-UP

**2011** – Clinical leaders from across East Cheshire undertook a study trip to the United States to gain a better understanding of integrated care



**2011** – Eastern Cheshire Partnership Board was formed



**Nov 2011** – The Eastern Cheshire Partnership was accepted as part of the AQuA/Kings Fund Integrated Care Discovery Community



**Jan 2012** – The 'Transforming Workforce in Partnership' Project Board was formed and a project manager appointed



**May 2012** – Integrated Care Programme Director appointed and Board identified



**Jan – Aug 2012** – the TWIP project board has continued to meet and two workshops were held in May and June to determine project plans and identify working groups. Fortnightly teleconferences map progress, identify issues and additional activity. The Project Board have also met with the AQuA community at a biannual event as well as smaller action learning sets every six weeks



**May – Aug 2012** – establishing the vision, governance and programme management office of the over arching Integrated Care Programme (includes the Leadership, OD & workforce work stream - the TWIP projects will form its initial work programme)



**Next Steps** – See the end of this case study



# GOOD PRACTICE CASE STUDY

## HOW IT WORKS

Originally Eastern Cheshire Partnership considered looking at dementia as a field within which to implement service change - an approach that has been adopted by several other regions. However after some consideration, the Partnership decided that workforce issues in general were a better focus, as workforce bridges the gap between system change (how people behave and work) and service redesign (how the service operates). In other words, the aim became to change the culture of the local workforce to elicit service change.

A decision was taken to initially focus on a range of initiatives that would encourage matrix working across key teams (HR, training & development, communications & engagement) and start to include additional partners, particularly in primary care and the voluntary sectors. It was further agreed that the key focus was to be front line staff and specifically those working in community/ locality settings.

The TWIP project's current work streams include:

### Training

- Mapping of current training delivered to develop a shared learning and development prospectus for an agreed range of common core programmes
- Reviewing delivery to promote geographical rather than organisational access
- To identify gaps and agreement on how to fill them

### Recruitment and HR

- Review existing apprenticeship schemes and offer cross organisational placements
- Assess potential/value of a single East Cheshire apprenticeship scheme
- Develop an integrated recruitment resource about working in East Cheshire
- Develop linked/shared jobs bulletins

- Develop a pool of assessors to support recruitment processes
- Offer and support an East Cheshire programme for a graduate from the NW HR training scheme

### Generic skills

- Address a number of areas of practice that are barriers to collaborative care
- Establish common core competences required for integrated locality working
- Support the Neighbourhood Teams project in developing its workforce plan
- Work alongside clinical re-design, IT and information projects to support workforce implications

### Communications & engagement

- Develop a shared, consistent and accessible narrative for staff to share and support understanding and promotion of integrated working.
- Members of the Project Board have been identified as Responsible Officers for each of these work streams, and the Executive Sponsor for this project is also the Executive Sponsor for the Integrated Care Programme's Leadership, OD & Workforce work stream. This gives clear lines of accountability and ensures consistent and focused governance.

### RESOURCES

Until August 2012, East Cheshire NHS Trust covered the cost of the TWIP Project Manager.

From September the work stream will have a dedicated budget to support project delivery, identified from within and overall ICP allocation. Other organisations within the partnership provide resources in-kind by allowing staff time out to attend meetings/ action-learning sets.

The plan in the long-term is to establish a joint funding 'pot' that all partners can contribute to, to enable sustainable programme delivery.

## KEY CHALLENGES

- **Pressure from above** – the emergent nature of this type of change means that it needs to happen at a pace that is dictated by those involved. It can often feel slow, but it is vital that learning should be captured as it occurs. Pushing for changes to happen more quickly can lead to frictions within the system.
- **Managerial Resistance** – conversely, whilst senior managers are pushing for faster change, middle managers can become resistant because they feel under pressure to change whilst continuing to deliver.
- **System Pressures** – with people living longer after retirement, the number who need additional support is putting more and more pressure on local services. Thus, although individuals may be committed to change, the system is struggling and it can't all change at once to meet this challenge.
- **Lack of common vision** – although every organisation has a similar vision of what integrated care is and what type of culture the programme is trying to achieve, there is no common umbrella vision or engagement strategy because the programme is still at its very early stages. This makes it difficult to create definitive plans and to start changing cultures. However in speaking to staff the project teams have engaged small groups at a time and explained how and why the system could work differently in the future. This, in some ways, contributes to gradual culture change from the outset.
- **Improvement Measures** – whilst the team can measure performance in terms of deliverables, it is difficult to put in place continuous improvement measures that can be used to evaluate project success, as it is not possible to establish baselines in some areas, such as behaviours and cultures. This issue will be addressed by one of the work streams.



# GOOD PRACTICE CASE STUDY

- **Relationship Building** – many members of the programme board and the project working groups are unfamiliar with each other and therefore building successful relationships will be key in accelerating the pace of change.
- **Strategic/Operational Gap** – there is a knowledge and information sharing gap between strategic and operational activities across East Cheshire. Although there are lots of established relationships and a number of integration activities at the 'coal face' senior leaders often seem unaware of these or fail to make reference to them, and people in the middle do get conflicting responses from ground level and senior level staff. This challenge can be overcome in time as people share knowledge and experience in order to close the gap.
- Operational staff who are asked to contribute to work programmes are generally able to clearly see the benefits to be had from working in a more integrated way. Equally they are able to identify key system and or infrastructure issues that are barriers to maximising those benefits. Senior leaders must be able to address these to ensure continued credibility and commitment of front line staff.
- Finding the time to undertake project work at pace is difficult – future project plans need to be realistic.
- A great deal of high quality work and pragmatic solutions are already being undertaken at grass roots level that senior leaders are unaware of – this needs to be harnessed.

## KEY LEARNING

- Integrated care is about system change not just organisational change; however every organisation must ensure that its internal functions are fully integrated as well.
- Staff involved in the programme are constantly learning as they go, which is a lot of hard work. This could lead to people becoming completely overwhelmed without adequate support.

## NEXT STEPS

The team will continue to progress the existing project work that has been identified. There are two key development days planned in October, one for the Programme Board to review progress and key gaps in the programme (notably around dispersed leadership and engagement) and one supported by the Kings Fund to consider the impact of integrated working/care delivery on the workforce, both at health economy level and at individual level.

These workshops, along with some internal activity and alignment of work streams, will enable the team to develop a clear project plan(s) for the next six to twelve months. A steering group will then be established which will agree evaluation measures for this work stream and ensure ongoing evaluation is in line with the overall ICP programmes key indicators and measures.

## SUSTAINABILITY

Sustainability of the programme is dependent on establishing an overarching vision and embedding this within all partner organisations by:-

- Ensuring that an integrated programme of training continues to be rolled out, which will establish a new way of working.
- Gaining wider engagement to drive momentum.
- Gathering outcomes from the TWIP project work streams and publicising these.
- Bringing together this work with service redesign work such as the development of neighbourhood teams.
- Establishing shared HR/OD activity between all of the partner organisations, and encouraging all HR departments to matrix work.
- Utilising the HR graduate scheme members to support integrated care by working across organisations boundaries.

## SUPPORTING MATERIAL

**Appendix 1** – Transforming the Workforce in Partnership PID

**Appendix 2** – ICP Structure

**Appendix 3** – ICP PID

**Appendix 4** – Developing an Integrated Care System

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