Workforce Development Strategy to Support Integrated Personalised Commissioning and Integrated Care

1. Purpose

The main purpose of the strategy is to describe the workforce development requirements to deliver Integrated Personalised Commissioning (IPC) and Integrated Care. Its aim is to support Sustainability and Transformation Plan (STP) teams in the development of wider workforce strategies and inform their integrated care workforce planning. This overarching section focuses on the key skills, competencies and values required across our health, care and voluntary sectors to implement IPC and integrated care models. The Appendices provide the opportunity to operationalise the concepts from the IPC Operating Model.

This document has been co-designed by a wide range of stakeholders including senior workforce development leads across the South West, people with lived experience of IPC have also been engaged.

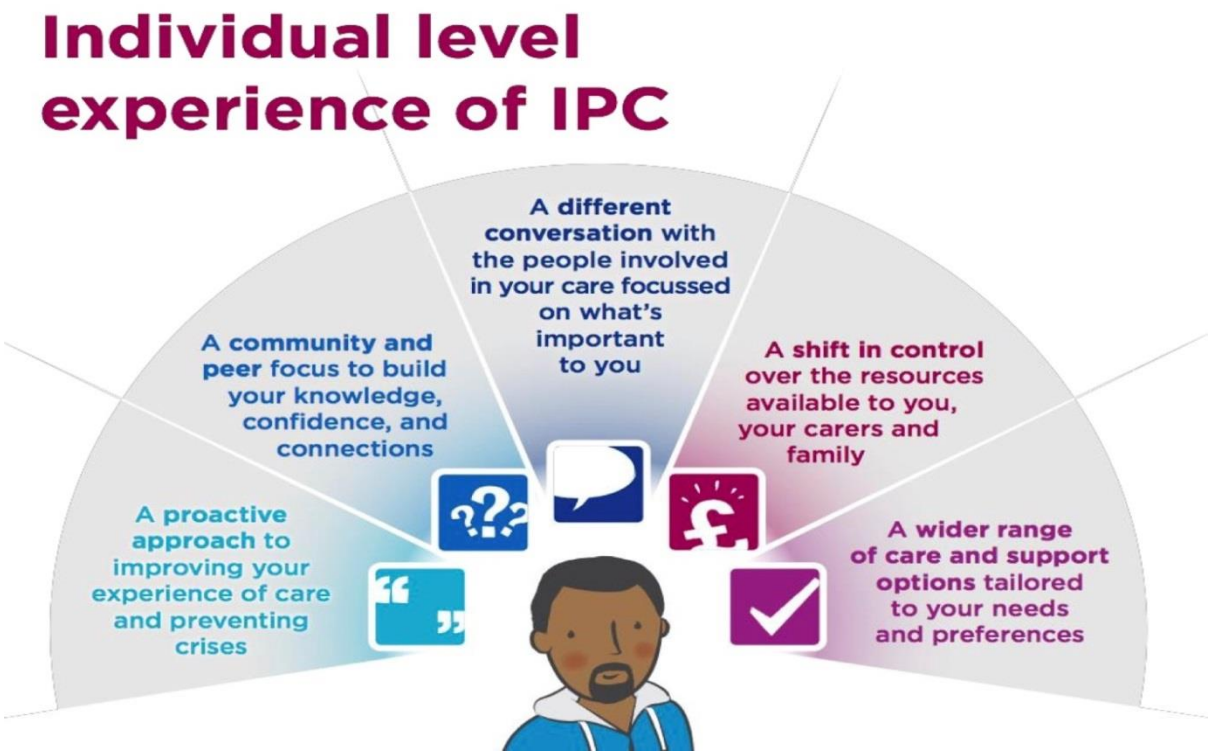
2. Introduction

The South West Integrated Personalised Commissioning programme was commissioned by Health Education England (South West) to work with key stakeholders to produce a workforce development strategy to support the integration agenda.

Integrated Personal Commissioning (IPC) is one of the pillars of the Five Year Forward View[1]. It empowers people and communities to take an active role in their health and wellbeing with greater choice and control over the care they need. It supports the improvement, integration and personalisation of services, building on learning from personal budgets in social care and driving bold expansion plans for personal health budgets.

Better integration between health and social care is a priority to address fragmentation between services, and improve people's experience of, and outcomes, from care. Other integration initiatives focus at the system, organisational or functional level. Alongside these approaches, IPC provides practical solutions to integration at the level of each individual, harnessing the potential for people and communities to co-ordinate their own health and care[2].

The diagram below explains what the individual experience of IPC should look and feel like, offering us a framework for workforce changes we need to see in order to deliver a truly personalised service for the future.



The IPC national operating model[3] identifies the following key features of IPC:

A person should:

- Experience a coordinated approach that is transparent and empowering.
- Be valued as an active participant in conversations and decisions about their health and well-being.
- Be able to access information and advice that is clear and timely and meets their individual information needs and preferences.
- Be clear about what IPC is offering them, it's purpose and who is involved.
- Have access to a range of peer support options and community based resources to help manage their health and well-being
- Have a named coordinator to guide them on their IPC journey
- Be able to develop their knowledge, skills and confidence to better self−manage their own health and well-being.

- Be clear about what resources are available to meet their health, well- being and educational needs (for children and young people).
- Be central in developing their care plan and agree who is involved
- Be able to agree the health and well-being outcomes they want to achieve, in dialogue with the relevant health, education and social care professionals. If this leads to a personal budget, a person should:

    1. Have up front, an indication of how much money they have available for healthcare and support.
    2. Be able to choose how the money is managed; a direct payment, a notional budget, a third party budget or a mix of these approaches.
    3. Be able to spend the money to meet their outcomes in ways and at times that make sense to them, as agreed in their plan

- These key features should be read in conjunction with the IPC personal budgets definition[4]. This highlights relevant guidance that IPC sites must ensure is followed.

3. Key principles of IPC workforce planning and development

From workshops and conversations with a range of stakeholders including local organisations across the South West, people with lived-experience and NHS England, we have identified the following key principles:

1. See the person as an expert in their own condition and empower people and families to make choices that are right for them and take greater control over their lives, with a workforce that has the confidence to support them to do this.
2. Take a strategic, whole system view of the organisational and workforce change needed for IPC, looking across sectors, organisations, disciplines and roles.
3. Training opportunities should be multi-sector at every available opportunity to encourage cross-sector understanding, build trust and break down organisational silos.
4. New and different roles that may be provided by voluntary and community sector such as the key co-ordination role, must be normalised.
5. People experiencing services need support to gain the skills to self-manage care, and our workforce will need to be able to move from being ‘expert fixers’ to ‘enabling facilitators’;

6. Understand that people have the right to make informed choices and the practitioner's role is to explain the risks of those choices and through shared decision making come to a mutual agreement about how best to meet the person's needs in the way that achieves that person's wishes about their life
7. On-going workforce support required to embed integrated working must be driven through local Sustainability and Transformation Plans.

4. Values and behaviours

The following Appendices to this strategy provide greater detail on the types of roles, competencies, skills and development required for our workforce. However it is important to emphasise the overarching values and behaviours we need from our entire workforce from leaders through practitioners to volunteers and our communities.

There are a range of papers which support the change we need to see so this strategy does not seek to replicate them. Helpful papers to read are listed below:

- Timmins, M (2015) *The Practice of System Leadership – being comfortable with chaos* Kings Fund: London
- Realising the Value Consortium (2016) *At the Heart of Health – realising the value of people and communities*
- Vize, R (2016) *Swimming Together or Sinking Alone – health, care and the art of systems leadership* Institute of Healthcare Management: London
- Draft paper due out in 2017 - *Person and community centered approaches: Empowering people and communities and driving a radical upgrade in prevention, wellbeing, health, care and support. A core skills education and training framework*

4. IPC Operating Model

The following Appendices have taken the issues identified by our stakeholders and seek to operationalise the workforce elements of the IPC Operating Model:

1. Proactive Coordination of Care – multi-disciplinary teams with single points of coordination for each person

2. Community Capacity and Peer Support – make the most of what's available to your through local area coordination and systematic access to peer support

3. Personalised Care and Support Planning – have a different or better conversation to identify what matters to you and capture it in one place

4. Commissioning and Finance Enablers – reshaping the finance and commissioning systems and culture to support personalisation and shaping the marketplace to deliver the services people need to achieve their outcomes

5. Leadership, Co-production and Change Enabler – developing system not organisational, collaborative not competitive leadership and articulating a clear vision for change

The IPC Operating Model is attached as Appendix 6, together with five Appendices exploring these themes.

Footnotes

1 NHS Five Year Forward View

2 IPC Emerging Framework

3 NHS England (2016) IPC Operating Model V1

4 NHS England (2016) Personal Budgets in the IPC Programme