

Subject: **Organisation Development Strategy 2018 - 2021**

Purpose: The purpose of this Organisation Development (OD) Strategy Document is to describe (1) the development aspirations of North Ayrshire Health and Social Care Partnership (NAHSCP) and (2) how the Partnership will continue to develop its people, processes, systems and structures to achieve its strategic priorities and vision.

Recommendation: The IJB is asked to approve the Organisation Development Strategy 2018 – 2021

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
OD	Organisational Development
LD	Learning Disabilities

1.	EXECUTIVE SUMMARY
1.1	<p>The Organisation Development Strategy describes the difference we are seeking to achieve in the Partnership - in terms of people, process, systems and structures - to help achieve our strategic priorities set out in our new Strategic Plan.</p> <p>It presents an estimate of where we are on our journey and outlines the key principles that will underpin the range of individual, team and Partnership-wide interventions that can help the Health & Social Care Partnership make progress towards achieving its ambitions.</p>
2.	ILLUSTRATION
2.1	<p>Whilst the document is necessarily “high-level”, it recognises the strengths and added value of the Partnership in its widest sense recognising the contribution of the third and independent sector, communities, families and carers.</p> <p>Some practical examples of anticipated interventions of ongoing OD support:</p> <ul style="list-style-type: none"> • Tarryholme Drive and Warrix Avenue: supporting leaders, their teams and service users in their design of the model for care and their vision for change; linking to the vision and aims of other service developments (e.g. Learning Disabilities). • Learning Disabilities – Supporting the vision & strategy, articulation and implementation; to provide a productive and fulfilling service for users and work experience for staff. • Cumbrae: helping leaders articulate the design and plan the implementation of integrated services, including encouraging the emphasis of preventative and

	<p>early intervention, plus recognising the contribution of the third sector and the Cumbrae community.</p> <ul style="list-style-type: none"> Quarry Road: helping staff contribute to the public engagement for this development, to promote the Partnership and to collaborate in additional ways with the public.
3.	PROPOSALS
3.1	The IJB is asked to approve the principles and rationale presented in the document.
3.2	<u>Anticipated Outcomes</u>
	<ul style="list-style-type: none"> Healthy appetite for change Shared learning for continuous improvement Clear and confident identity Productive collaboration Embedded values Societal contribution
3.3	<u>Measuring Impact</u>
	<p><i>Main methods:</i> are surveys (e.g. staff engagement), focus groups and performance information.</p> <p><i>Measurements include:</i> staff members report - playing to their strengths and can offer evidence of productive shared learning; people report engagement with their team(s); NAHSCP can evidence meaningful involvement of the community with staff in service design; NAHSCP receives compliments and reports of positive experiences; progression on the strategic priorities.</p>
4.	IMPLICATIONS

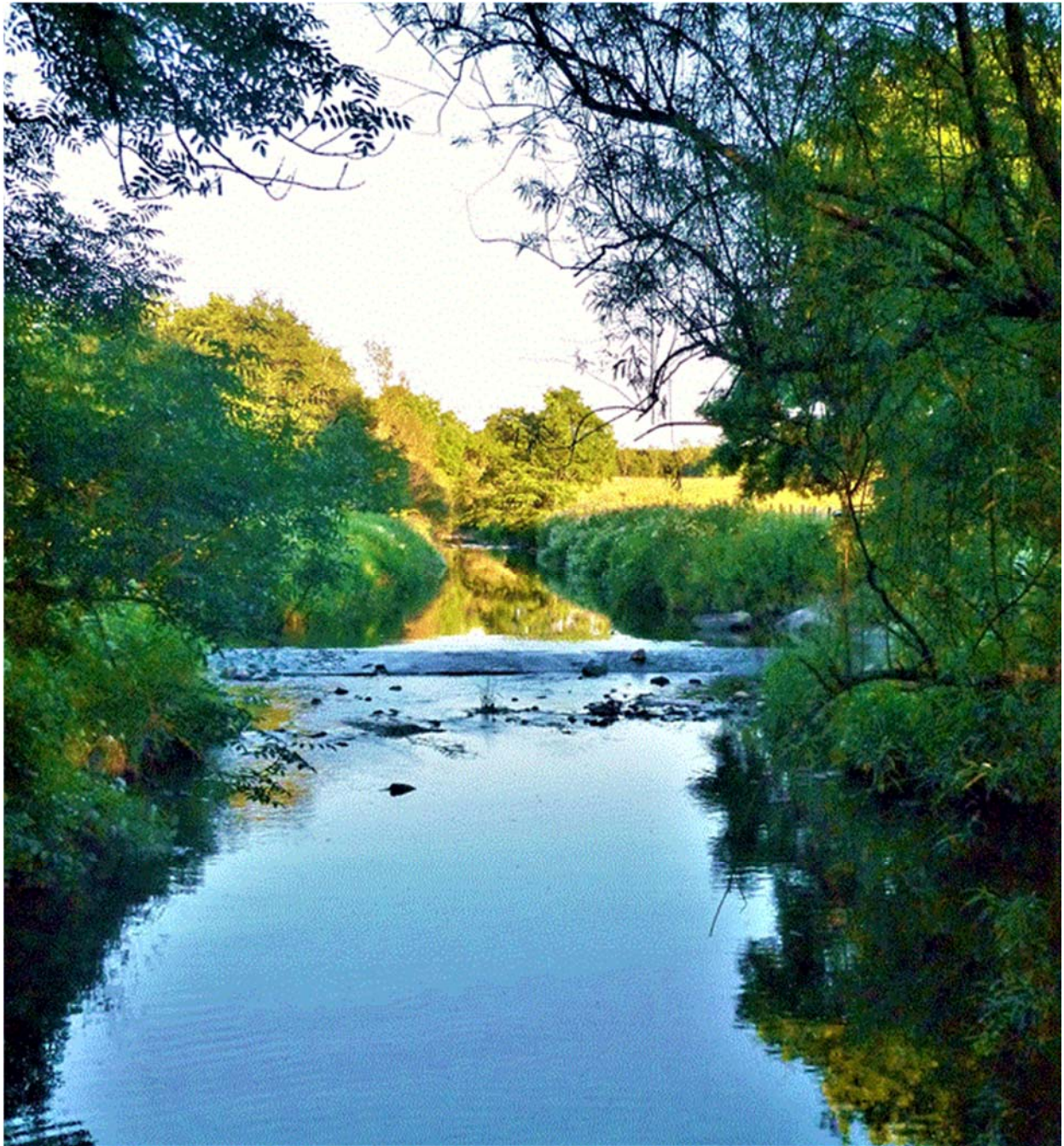
Financial:	The OD strategy requires no new or additional funding.
Human Resources:	The strategy is intended to support staff in embracing new ways of working including multidisciplinary team-working and public engagement in service design.
Legal:	None.
Equality:	The OD strategy is designed to develop, promote, enable and comply with our equality policies.
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	The strategy is designed to enable fulfilment of the strategic priorities identified in the Strategic Plan 2018-2021.
Risk Implications:	The OD strategy links to the Strategic Plan and Operational Plans of the NAHSCP. Its success is partly dependent upon the success and robustness of these.
Community Benefits:	None

	Direction to :-	
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Direction Required to Council, Health Board or Both	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	This document has been reviewed and commented on the Partnership Senior Management Team and Leads from the Third and Independent sectors.
6.	CONCLUSION
6.1	The IJB is asked to approve the OD Strategy.

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North Ayrshire Health and Social Care Partnership Organisation Development Strategy 2018-2021

Preface

Purpose of this document

The purpose of this Organisation Development (OD) Strategy Document is to describe

- The development aspirations of North Ayrshire Health and Social Care Partnership (NAHSCP).
- How the Partnership will continue to develop its people, processes, systems and structures to achieve its strategic priorities and vision.

Background and sources

The approaches to change described here are derived from a large number of sources and link with NAHSCP's Strategic Plan and the Pan-Ayrshire OD Strategy. They embrace established good practices including those within North Ayrshire Council (NAC), NHS Ayrshire & Arran (NHSAA) and the Third Sector and Independent Care Sectors.

This strategy was informed by views of people who live and work in the areas we serve, health and social care colleagues participating in group events, and ongoing discussions with the Partnership's senior leaders and staff from other agencies.

Additionally, the learning from a number of resources has informed this document (see Resources).

Acknowledgements

The photograph on page 15 is used by the kind permission of Nicola Murray and North Ayrshire Council (NAC) (from the Big Picture Competition 2016). All other photographs are used by the kind permission of Evelyn Berry.

All photographs were altered for inclusion in this document.

Acronyms used in this document

CPP - Community Planning Partnership
IJB – Integration Joint Board
MAT – Multi-agency team
MDT – Multi disciplinary team
NAC – North Ayrshire Council
NAHSCP – North Ayrshire Health and Social Care Partnership
NHSAA – National Health Service Ayrshire and Arran
PSMT – Partnership Senior Management Team
OD – Organisation Development

Contents

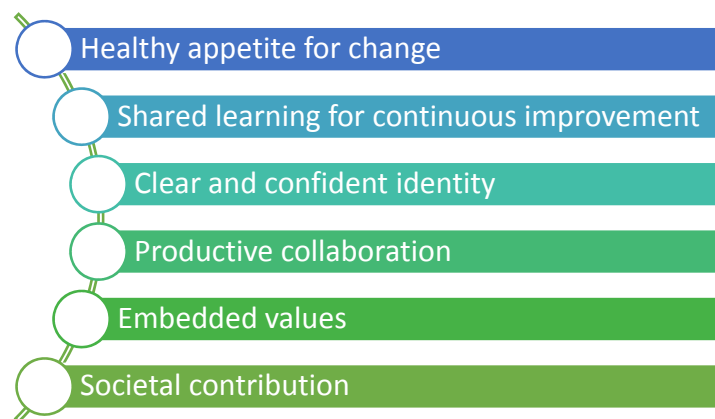
Page	
1	Cover
2	Preface
3	Contents
4	Summary
5	Where we are
10	Our direction
15	Making it happen
24	The difference
28	Resources

Summary

This document describes how our approach to Organisational Development (OD) will help achieve the vision of North Ayrshire Health and Social Care Partnership.

The difference

OD helps people make a difference. OD will help generate a healthy appetite for change in a context of shared learning. Embedding our values and forming a unique Partnership identity will enable productive collaboration to fulfil our vision of improving the health and wellbeing of the people in North Ayrshire and beyond.



... will be achieved by ...

The difference will be achieved through combining the assets of the partners – the **community, Third Sector, Independent Sector, NAC, NHSAA and the person or family** using our services to “add value” to the people we serve. Through effective relationships we can combine the different gifts and talents that all partners bring, to make progress. People will lead, collaborate, design, support and deliver different levels of change driven by a genuine commitment to success. This will be informed by:





Where we are

Background

Origins

Following a long history of joining health and social care in Scotland and the UK, legislation to implement health and social care integration in Scotland came into force on 1 April 2016. This brings together local council social services and local health board services under one partnership arrangement for each local authority area. One of the first of these 31 Partnerships, NAHSCP comprises North Ayrshire Council (NAC) and NHS Ayrshire & Arran (NHSAA), working with the Third and Independent Care sectors.

The Partnership and its reach

For people who live and work in North Ayrshire and other parts of Ayrshire, NAHSCP is responsible for the provision of local, community health and care services (everything outside of, but often interfacing with, acute hospital care - as in our management of the set aside budget to meet the costs of unscheduled or emergency admissions to hospital).

Contributing to the North Ayrshire Community Planning Partnership (CPP), we work with a range of stakeholders, including carers and communities, Education and Housing, plus East and South Partnerships, to help ensure that the people of Ayrshire get the right health and social care.

Our Localities

Assets, needs and opportunities

North Ayrshire, as with all of Ayrshire, has many assets – its rich history and traditions, thriving communities and aspirational future all contribute to its strengths in diversity, environment, talent, hopes and potential. To give a flavour of some of North Ayrshire's resources, the CareNA website has around 420 published profiles of providers (including Third and Independent Sector providers).

We have some of the most beautiful parts of Scotland, some of the healthiest and some of the most deprived. The Scottish Index of Multiple Deprivation portrays a range of social conditions and needs in North Ayrshire relative to the rest of Scotland. In 2012, 4.7% of the 15% most deprived data zones in Scotland were in North Ayrshire. In 2016, this has risen to 5.3%, although the health component of these relative measurements shows a slight improvement during the same period. Around 53,000 people of North Ayrshire live in the most deprived areas of Scotland. Between two points in a North Ayrshire locality or between Localities, there can be notable differences in life chances - for example, life expectancy can vary by ten years or more.

As well as differences, and particular local priorities (eg transport on Arran or the mental health of young people in Kilwinning) there are similarities – for example social isolation is a shared need in Three Towns, Irvine and North Coast.

Our Localities face many demographic trends similar to the rest of the UK. Our population is aging and we expect demand on services to increase.

Partnership Development

Our context and some challenges

Mostly uncharted, our context it is often complicated and sometimes complex - due to external social, political and economic driving forces as well as the internal evolution of NAHSCP partners – their cultures, structures, systems and processes. The changing external environment is illustrated by the Scottish Government's focus on a 10–15 year strategy that builds on the 2020 Vision for health and social care in Scotland, acts of Parliament such as the Carers (Scotland) Act (2016) and policy developments that shape strategic direction – for example, The 2018 General Medical Contract in Scotland.

Furthermore, like other health and social care partnerships, we need to run our services and change them at the same time - during a time of increasing demand. To illustrate demand, in the last three years, we have seen a 30% increase for some services. We aim to inspire staff and engage with the public to embrace new ways of working whilst needing to make substantial financial cuts.

While advances and developments in approaches to care and support can alleviate pressure, the future will need different thinking to promote equity, to deliver enduring, quality services and to contribute to quality of life.

As the Partnership develops, anticipating and responding to various needs and pressures, we will continue to develop our services and work collaboratively and creatively with the public and providers to make a difference to society.

Anticipated development path of the Partnership

This strategy assumes a fluid environment where the application of mechanistic approaches to change is less effective and where more dynamic approaches are needed

As with other large complex change contexts, not all parts of our Partnership are in the same state of change. People in the Partnership will embrace the wave of change at different times. Another key premise is that the Partnership as a whole is likely to experience three phases of change (generative, movement and agility phases). These are described below to give context to the OD strategy, intentions and approaches.

The generative phase

In this initial phase, the Partnership has used strengths-based approach to help initiate change in parts of the Partnership. The philosophy and principles of this approach included:

People are connected to their strengths and their core values

Innovation happens in nurturing environments

Challenges are the raw material for all learning

This has been a fundamental approach in enabling and supporting the reviews of services across the Partnership and to help generate creative ideas. OD interventions will build on this positive, engaging and constructive beginning.

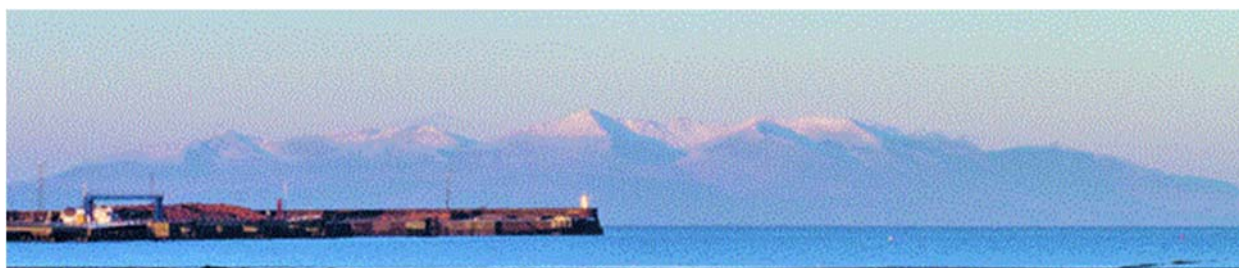
The movement phase

Having kindled and unleashed the creative potential and energies, the practices from the previous phase can contribute to the Partnership shifting into the second phase of *implementation*. This period is typified by a range of emotions and thoughts. The emphasis is on playing to the talents and strengths identified in the previous phase, to enable individuals and teams to join and align with the movement of change. This is the time when change becomes more tangible and results become more measurable. Success necessitates going beyond pilots or small tests of change.

The OD strategy for this phase will note the complexity, promote adaptability and focus on results. This phase is where the assets of the Partnership and the community will combine to help navigate our shared journey, implement real change and develop agility for future change.

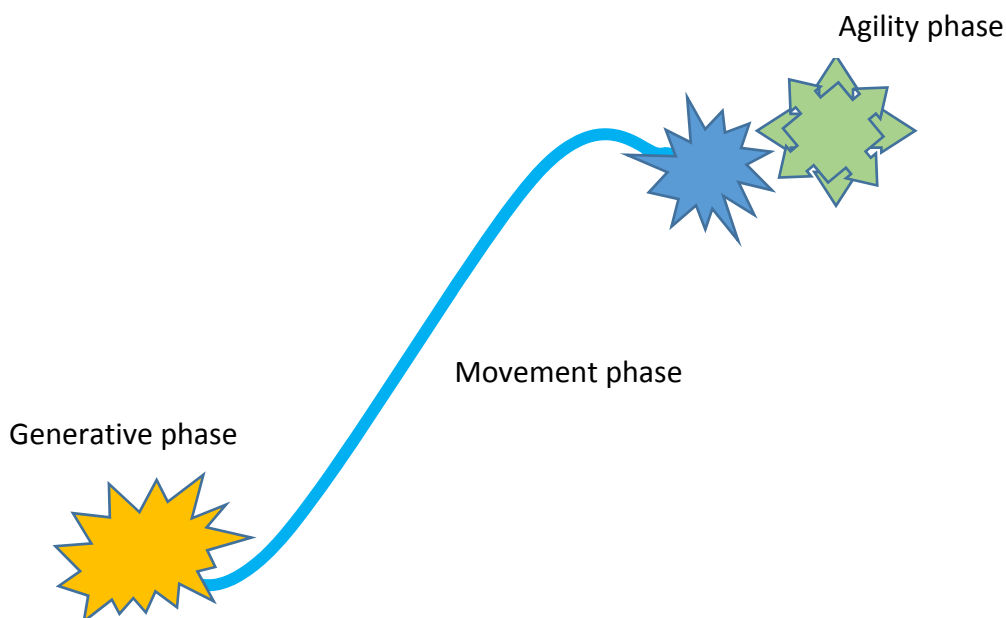
The agility phase

This is the anticipated future state where the previous phases have been successfully navigated, values are embedded and change has gathered momentum and is the new norm. In this state, the Partnership changes and learns in a constant cycle of improvement, dealing with external and internal developments with a fleetness of foot that continues to deliver success. It will be a time when the Partnership is ready to change again.



Focus of this document

The content of this strategy document majors on the first two phases of change described above and aims to position the Partnership for success in all three phases.

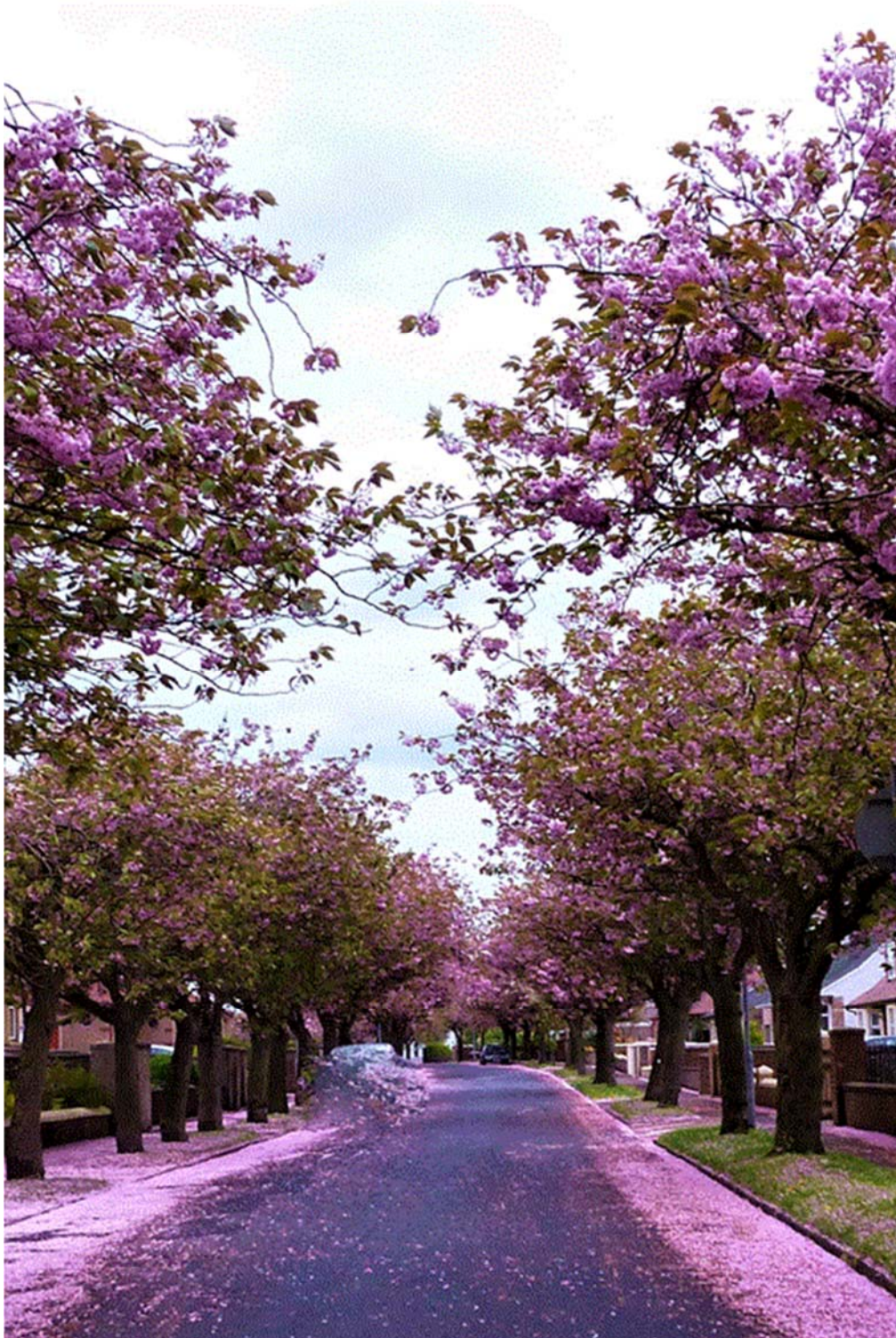


The developing nature of the Partnership and its context are better suited to a considered and emergent OD approach. This approach will align people, processes, systems and structures as the Partnership develops. The aim is to release the passions, talents and energy of people involved with the Partnership. Our evidence-based OD will:

- Enable fulfilment of the vision, values and strategic priorities.
- Enable change through people to build future capability and continuous improvement.

Given the context and challenges of partnership development, the OD strategy encompasses the need to change with the simultaneous need to deliver on outputs and outcomes. For this reason, the strategy is necessarily specific in some areas with greater flexibility in other areas.

This strategy aims to complement rather than duplicate or replace the Workforce/OD/People and other relevant strategies and policies of the employing bodies. Contractual terms and conditions do not fall within the scope of this strategy. The OD strategy and activities are monitored by the Partnership - specifically the Partnership Senior Management Team (PSMT) and the Integrated Joint Board (IJB).



Our direction

This strategy supports our direction in:



Vision, values and priorities

North Ayrshire Health and Social Care Partnership has clearly articulated its vision, values, service principles and priorities in its Strategic Plan

Vision

The vision is stated as:

“All people who live in North Ayrshire are able to have a safe, healthy and active life.”

Values

The values state the way in which the Partnership engages with everyone. They are:

- Person centred
- Respectful
- Efficient
- Caring
- Inclusive
- Honest
- Innovative

Strategic priorities

To deliver the vision, North Ayrshire Health & Social Care Partnership has five priorities:

- Tackling inequalities
- Engaging communities
- Prevention and early intervention
- Improving mental health and wellbeing
- Bringing services together

What is changing?

Working to our five strategic priorities requires changing the delivery of health and social care and adopting new ways of working.

New ways of working

An overview of the historic and aspired ways of working appears below. In 2017, a small sample of staff (around 70 from NAC, NHSAA, Third Sector and Independent sector) estimated our progress in moving from historic ways of working to the new ways of working. An average of their assessment appears in the right-most column.

Historic ways of working	New ways of working	2017 estimate of progress
Specialist health care needs are dealt with hospitals only.	Care and support provided in communities with access to hospitals when people need it.	Moderate
Care provided is disjointed with handover of individuals between services.	Health and Social Care services are brought together	Below moderate but not historic
The care delivered to meet acute needs is reactive.	The emphasis is on a preventative approach with ease of access and available information	Below moderate but not historic
Statutory Agencies are responsible for planning and delivering of services and prioritisation of resources.	Communities plan, drive and deliver change and prioritise resources.	Below moderate but not historic
Self-care is infrequent	Self-care is encouraged, supported and facilitated by communities.	Below moderate but not historic
Individuals are passive recipients of care	Individuals determine how their needs are best met, supported with professional advice and help	Moderate
Carers are largely undervalued	The value of carers is recognised by local communities and proactive help is given to support their role.	Moderate
Risk averse care and support	. . . a new approach to managing risk which ensures the delivery of safe, effective and innovative services.	Below moderate but not historic

We are increasingly embracing *new ways of working* but acknowledge we are still on our journey. This section highlights some examples of how we are enabling the shift to our desired direction and new ways of working.

Local presence, person-centred delivery

The Partnership's Strategic Plan describes how it will position teams locally to provide person-centred care. We have identified six Localities (Arran, North Coast and Cumbrae, Garnock Valley, Three Towns, Kilwinning and Irvine) which are identical to the Localities of North Ayrshire Community Planning Partnership (CPP) and compatible with GP clusters. New teams will be formed, with a local focus and collective mission, to move towards the new ways of working and so enable new levels of person-centred health and social care.

Multi-agency teams (MATs) and multi-disciplinary teams (MDTs)

We envisage locality-based teams composed of selected key professions supported by other teams who can operate in a broader geography – especially in our pan-Ayrshire responsibilities. Teams will comprise NAC, NHSAA, Third Sector and Independent Care Sector members as determined by local needs and assets, with the imperative of providing person-centred, timely, quality services.

Measuring outcomes and outputs for the person or family who uses our services, and for localities, will help shape the operations of MDTs/MATs. Teams will use data and information to support their planning, resourcing, delivery and reporting and inform the reporting of overall performance of the Partnership.

Close connections with the local community will be part of the service delivery as each team will develop and tap into the local assets.

Local Partnership teams will connect with each other to share learning and collaborate to ensure cohesive, congruent, holistic solutions.



A productive perspective on professional identity and professional leadership

Professional leadership will be part of the essential ingredients for success of our teams. The creation of health and social care partnerships provides a new landscape for innovation, for developing professional standards and practice, and clinical/professional leadership, which are special to partnership working. Professional leadership will be an integral part of team operations and processes

The safety of the people we care for remains paramount. The aim of our MDT/MAT approach is to make best use of the highest level of professional expertise, to help all professionals “bring their best to the table”. This focus will need, and enable, strong professional identity.

Successful MDT/MATs can look at blending of tasks with the effective maintenance of professional standards. There will be shared responsibilities without the dilution of professional standards or professional identity.

We have the opportunity to explore these new opportunities.

New leadership for successful MDTs/MATs

The multi-disciplinary and multi-agency nature of the locally-focused teams means a shift to new levels of autonomy or self-management for the team members. This demands a leadership approach that is built on empowerment rather than technical expertise or discipline experience. It requires enabling leadership - with new levels of accountability. It gives freedom to act within a clear, safe framework. Collaborating in these contexts requires a leadership style that can support the local team while respecting and valuing the whole Partnership.

Specialist teams

Our new ways of working will have teams within teams and interconnected teams. Some teams will be MDTs or MATs whilst others will be specialist teams. Effective team working will not only mean working effectively within teams but also between teams, including connecting with and developing specialist services teams.

Engaging and collaborating with the public

We are encouraging and inviting North Ayrshire residents and users of health and social care services to take care of their own health and wellbeing and to be mindful of the wellbeing of others in the community. By collaborating in this way, we hope to improve health and wellbeing in North Ayrshire and help to lessen the demand on services. We hope that by working with the public in new ways we can help build communities that are even more vibrant and more resourceful.



Making it happen

Overview

OD interventions will help make things happen and will:



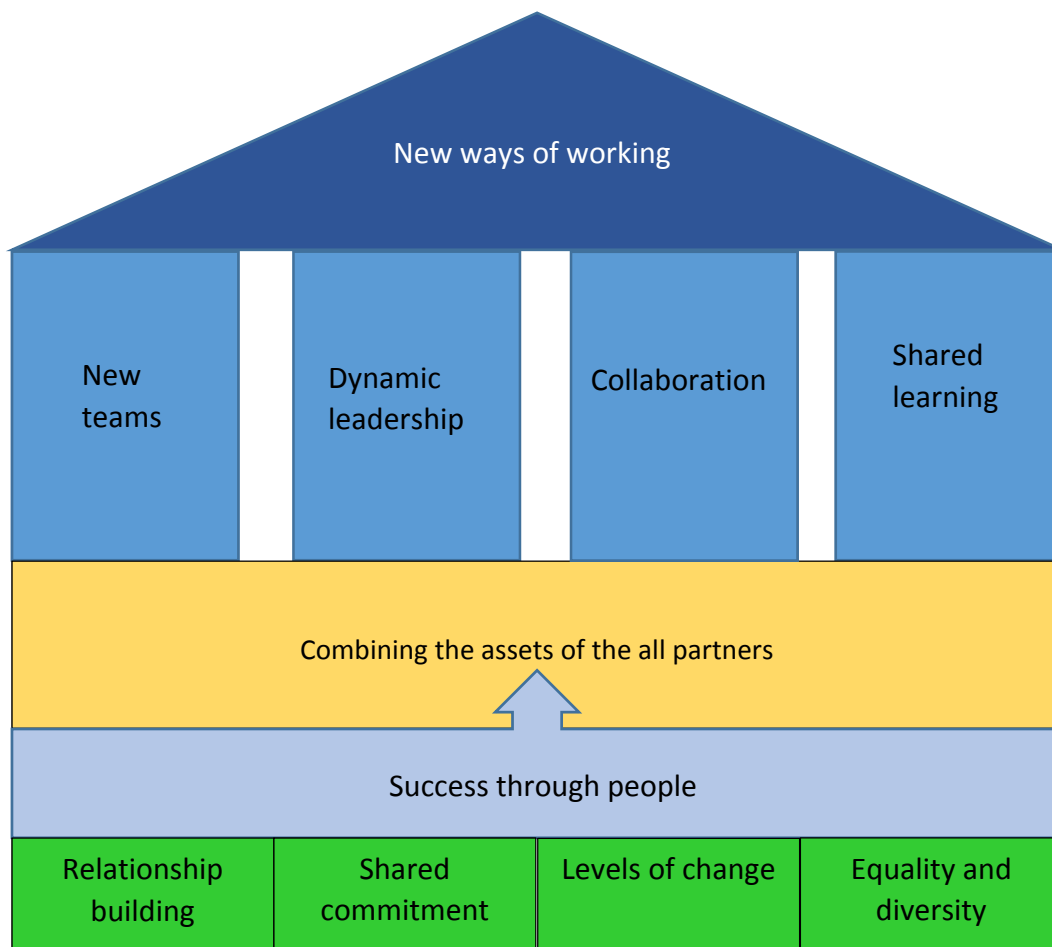
We believe that success will come through people. This belief relies upon four “foundations”: Through effective relationships and valuing the different gifts and talents that all partners bring, we can combine our assets to make significant progress. People will design, support and deliver different levels of change driven by a genuine commitment to change and success.

Our mechanisms of change will include new teams, progressive inter-team working, dynamic leadership, co-productive collaboration between partners and other agents - and generous sharing of learning for accelerated development.

The model of Partnership change below depicts the components that will lead to change.

This section expands on how this change to new ways of working will be supported.

A model of Partnership change



Success through people – the four foundations

Relationship building

Developing relationships and embedding the Partnership's values in a range of service, team and staff engagement and design activities will continue to be an important focus for us. Employees and volunteers will feel part of the Partnership but also identify with their Localities and various teams of which they are members.

The positivity and 'can do' approach of people creates new and exciting opportunities for joined-up health and social care services that promote quality, person-centred care. Our approach values the wellbeing of all, and focuses on developing an attitude of thriving on change and building resilience.

Shared commitment

Our team-based shift to the new ways of working requires innovative and effective systems, structures and processes. These will be achieved through the commitment and efforts of staff (i.e. employees and volunteers of NAC, NHSAA, Third and Independent Sectors) working with the community. The Partnership shares a commitment to care and making a difference to society.

Levels of change

To meet the societal demand and to make the degree of positive difference to people's lives, change will happen at different levels – from simple and local to complex and wide. To be successful, people will make change at all levels.

Design and process improvement, will help “listen to the voice of the customer”, make best use of resources and improve the efficiency and effectiveness of resources. Process design and improvement will be vital components of our change interventions.

The new paradigm suggests additional broader and deeper changes, for example, in our team-based structures and systems – designed and implemented to make ambitious improvements in services. These team-based interactions, systems and processes will be created by all partners.

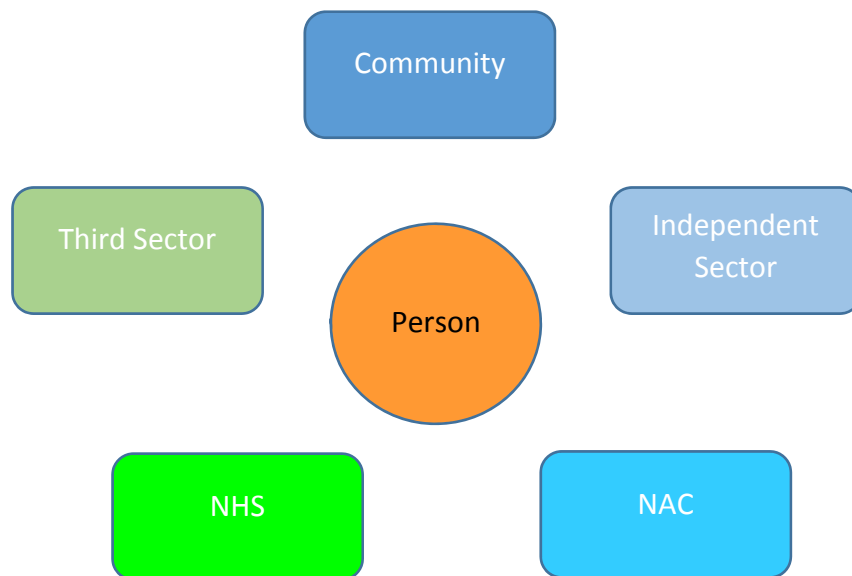
Equality and diversity

All aspects of this strategy will be delivered in a way that promotes equality, values diversity, protects human rights and tackles discrimination. Respect is reflected in our published values and success will be through getting the most out of our diverse staff and communities.

Building on the foundations of change

Combining assets

Achieving change, at all levels, will be through the harnessing of the strengths and talents of the people who contribute to the Partnership goals – getting the best from NAC, NHSAA, Third Sector, Independent Sector and the community. In our approach, the person using the service is at the centre and takes responsibility for their health and wellbeing and is part of decision making about their services.



All these partners have a role in managing change to build new, person-centred, quality services that will last and to develop healthy and successful communities.

By identifying and combining their greatest assets, individuals and teams across the Partnership will deliver the change required to achieve the strategic priorities. An inclusive approach to how we do this will enable the new ways of working through addressing real opportunities - with leaders, managers and frontline staff working with the community and being empowered to drive our change priorities.

OD interventions will support the individuals and teams who will make this happen. Progress will be underpinned by encouraging focus on key success factors of Partnership culture, teams, leadership, collaboration, processes, systems and structures.

People from across the Partnership working closely with individuals and groups in our Localities will make change happen. OD interventions will promote success through using the strengths, talents and assets of our people and the community to make the change.

Success through teams

Designing and developing teams

OD support for the design and development of teams will follow established good practice. Designing new teams will include identifying the spectrum of existing and predicted assets and needs, scoping the nature of teams to work effectively in these contexts and agreeing inter-team relationships and relationships with the community.

Ensuring cohesion with other Partnership teams (see Intra- and inter-team development below) will be essential to ensure a Partnership approach to local priorities.

Intra- and inter-team development

The construction of MDTs/MATs with attached and aligned teams will require the formation and development of new teams with relationships to other teams. To ensure a Partnership identity, rather than a narrow focus, inter-team development will help build and maintain cross-partnership relationships and collective productivity.

Our Pan-Ayrshire focus will mean continuous development of connectivity and relationships amongst teams more directly linked to East or South Partnerships.

Workforce planning

OD will support workforce planning and development.

Workforce planning is a dynamic approach to having the right staff with the right skills in the right place at the right time at the right cost. It involves determining the type of workforce and workforce skills required to deliver current and future services. Workforce planning in the Partnership has its own opportunities and particular emphases and OD can enable and support these opportunities. Workforce planning also links with the OD strategy in their relationship with workforce development to enable strategic change.

Workforce development

Workforce development focuses on developing the capacity, capability and effective behaviours of colleagues in the Partnership. Workforce development will be informed by workforce planning action plans.

Partnership OD interventions complement and do not replace or duplicate the workforce development responsibilities and activities of the employing agencies.

Success through leadership

IJB (Integration Joint Board)

Members of NAHSCP's Integration Joint Board (IJB) will continue to be supported to promote a learning and continuous improvement culture that actively promotes human rights and social justice. In its NAHSCP leadership role, and in its Community Planning Partnership role, the IJB can demonstrate the values of partnership working through example, affirm the contribution of staff through the application of best practice and be transparent and open to innovation, continuous learning and improvement.

PSMT (Partnership Senior Management Team)

As the most visible leaders, individually and collectively, the PSMT members shape the culture as role models as well as enabling strategic direction. PSMT channels the impetus, motivation and guidance of the IJB and other stakeholders. From an OD perspective, their leadership contribution is paramount to the success of the Partnership – being the wind in the sails of the teams charged with success of integration and service delivery.

Leadership at all levels

Leadership can sometimes be seen as the responsibility of those in senior or managerial positions. To develop the Partnership effectively, to promote change and to enable working in a new team culture, a different approach to leadership is needed. As part of our collective development journey, colleagues, regardless of position, will be encouraged to demonstrate distributive leadership behaviours around spotting opportunities, setting a positive example, motivating others, communicating effectively, collaborating and making things happen.

Team leadership and front-line leaders

The contribution of teams and front line leaders working at a grass roots level will be essential for success. In the case of MDTs and MATs, the leadership role will not be based on professional or technical background. For some, this will mean a new leader-member relationship. Leaders at the “sharp end” will require a skillset that integrates coordinating or facilitating the team with linking to other teams.

OD interventions will aim to ensure that consistent leadership principles will be present at all levels and all roles in the Partnership.

Front-line leaders will be supported and enabled to move to the new paradigm and take performance to new levels.

Managerial leaders

Those who manage people in the Partnership will help colleagues adjust to new systems, practices, roles and responsibilities. OD will support:

- Creating approaches to communicate clear, shared and persuasive goals - engaging people to identify with the Partnership aspirations as well as local priorities
- Developing positive relationships across the Partnership, continuing to build a collective identity and continued commitment to change
- Enabling ongoing integration and improvements in services
- Empowering and developing staff to demonstrate leadership at all levels

Success through collaboration and shared learning

Partnership development takes place in an environment of collaboration and interdependencies - including the range of governance and professional standards relevant to those operating in regulated health and social care occupations and practice sessions.

Within integrated pan-Ayrshire responsibilities such as Mental Health, Primary Care and some Children's Services, NAHSCP connects with these services and works directly and indirectly with other learning, relevant activities in East and South Ayrshire health and social care partnerships. This collaboration helps assure a pan-Ayrshire perspective on OD planning and activities, as well as collaborative working and sharing of learning and resources.

In addition to the natural gifts and talents of people, their learning and experience, from what goes well and less well, are also huge assets on the change and improvement journey. Their insights from change – and their stories – are integral to sharing learning and success. These insights also help change work in other services as solutions and problem solving experiences are transferred across the Partnership and with its partners.



The Strategic Planning and Transformational Change Team

The Strategic Planning and Transformational Change Team works with all service areas and key partners, including the community, to design and implement sustainable change and service improvement. This work supports, and is focussed on, the key ambitions and priorities specified in the Strategic Plan.

The Team recognises that the people involved in the Partnership are key to success. The Team works to ensure that the engagement of those delivering services is attained and that staff, stakeholders, service users and members of the public are empowered to drive and deliver sustainable change.

Our locality profiling has helped shape our service focus and our Locality Connection events have helped get an enriched picture of some of our local assets and priorities. Our productive inclusion of data and evidence has shaped our change activities and will continue to inform meaningful change.

In addition, the Team enables and evaluates the change programme to ensure that service improvement has been delivered and sustained. It provides change, OD, project management, communications and engagement expertise. It uses and presents a range of data sources to inform service teams of their current position against the strategic priorities.

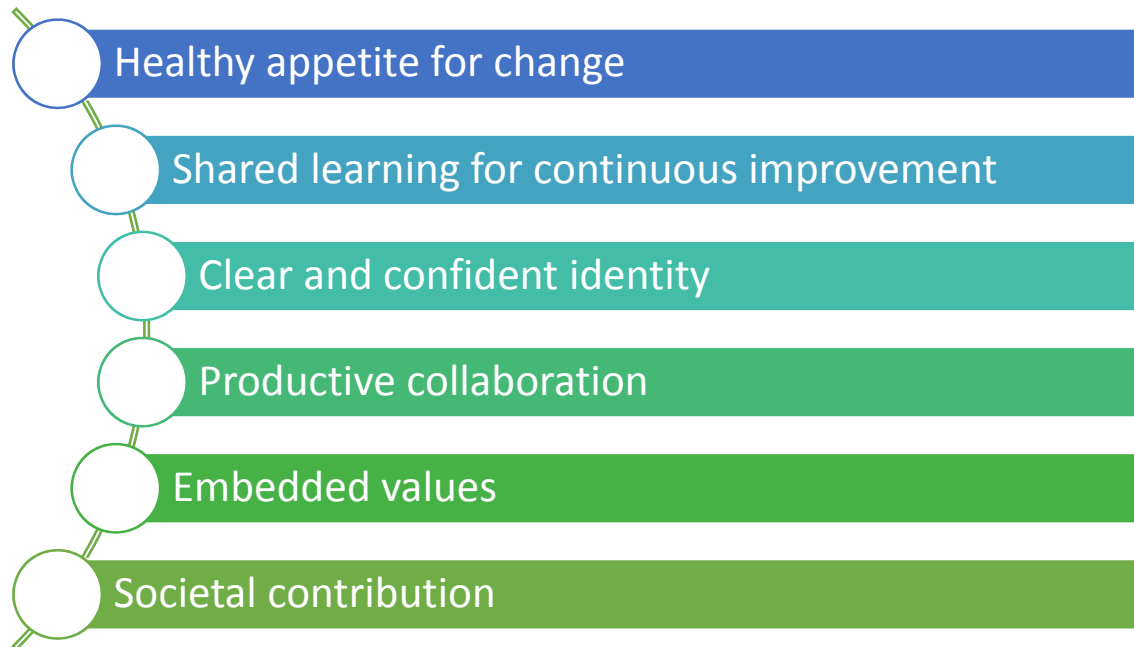
Communications with staff and other stakeholders is the life blood of engagement and change. As we move forward, the Change Team will continue to develop its communication tools, methods and reach.



The difference

Partnership development – enablers, outputs and outcomes

OD interventions, with staff engagement, workforce development and community engagement, will contribute to Partnership development and success. The key enablers, outputs and outcomes related to the OD strategy are:



Healthy appetite for change

We will thrive on change and manage change at a personal level. We will use the strengths and talents of staff to manage change, developing resilience and an appetite for meaningful change.

Shared learning for continuous improvement

The Partnership will provide opportunities for cross-partnership learning, including sharing good practice and learning from things that did not work well or at all. We will continue to explore and identify opportunities for joint learning and training – where there is common content or common interest for partners – to reduce duplication and to make best use of the assets of partners.

Learning and OD representatives from all three Ayrshire health and social care partnerships will continue to share learning and take opportunities to offer collaborative support for workforce development and continuous improvement.

The Partnership will be able to evidence how it has shared learning to accelerate its development and improve performance.

Clear and confident identity

Regardless of team or location or employer or role, we will feel part of North Ayrshire Health and Social Care Partnership.

People will be clear about their role and contribution, retain their professional identity, and feel part of a high performing team, or teams. People will feel loyal to these teams and to the Partnership as a whole.

Productive collaboration

Productive collaboration will make the best use of resources and talents of individuals and teams across the Partnership and with other stakeholders (such as North Ayrshire CPP). We will combine the energies and talents of people, including the individuals in Localities and community groups where we work, jointly learning, developing and delivering services to improve the health and wellbeing of the individuals and families in Localities.

Embedded values

We will uphold the values of the Partnership and these will be experienced in our actions and behaviours. We will value care, honesty, innovation, respect, person-centredness, inclusion and efficiency. Our culture will be about helping the people of North Ayrshire.

Societal contribution

Our resource-effective, high value services will help lead to the personal and community outcomes we are seeking:

- Through effective engagement and collaboration, we will have enriched communities and released their potential.
- We will have significantly tackled inequalities in our Localities and across Ayrshire.
- We will have made impressive and measurable improvements to the mental health and wellbeing of the people of Ayrshire.
- Our joined up services will be seamless to the individuals and families we help and will emphasize prevention and early intervention.

Measuring the difference

Given the planned and iterative elements of change, we will continue to use ongoing feedback (people's views) and input (performance data) to shape the content of Partnership OD interventions. This also helps the Partnership to review and adapt interventions to achieve the outcomes of the strategic plan.

Our main sources for monitoring, measuring and continuous improvement are surveys, focus groups and performance information.

Survey feedback

Input from colleagues is especially important for Partnership development. The Partnership collated input from managers and other staff to inform this strategy and specific interventions, and this approach will continue. Closer analysis of these survey results helps to shape the type and emphases of OD and support interventions.

In addition to these staff-wide approaches, more specific, targeted surveys are also used periodically to ascertain staff views.

New and existing groups

Input on change and on OD intervention plans has been sought from groups in a variety of contexts including focus groups and the Providers Forum.

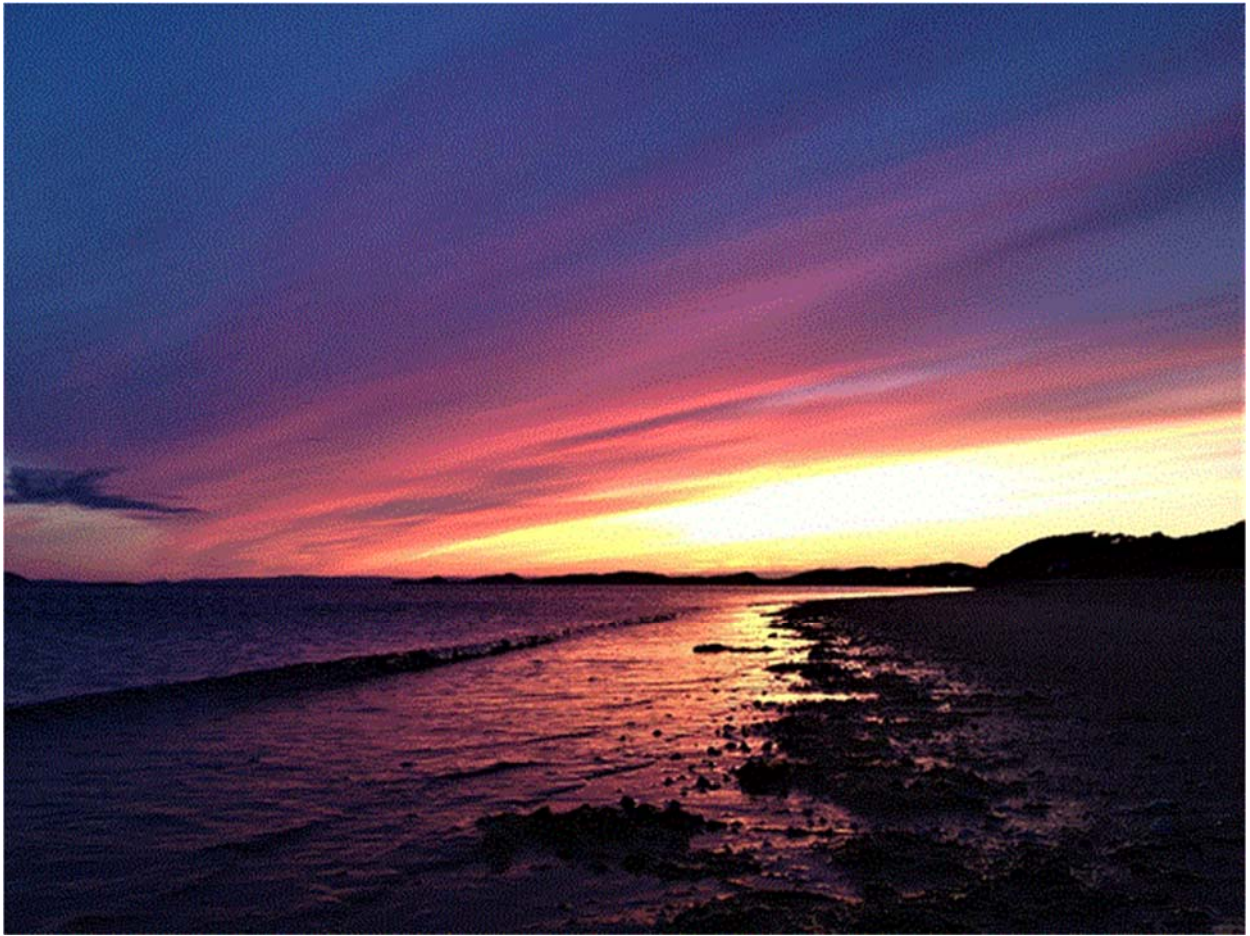
Aspire – performance review

The Partnership's Aspire process reviews service performance and delivery of outcomes. Meetings provide the Partnership Senior Management Team with the opportunity to review service performance and feed into OD interventions.

Making the difference

The Partnership will undergo a cycle of continuous learning and change. Our vision describes the difference we want to make, articulated in our five strategic priorities. Through an emphasis on meaningful outcomes, monitoring and evaluating our progress will inform what we do and help us learn from what we've done – and tell us what difference we are making.





Resources

Resources that influenced the content of this strategy include:

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