

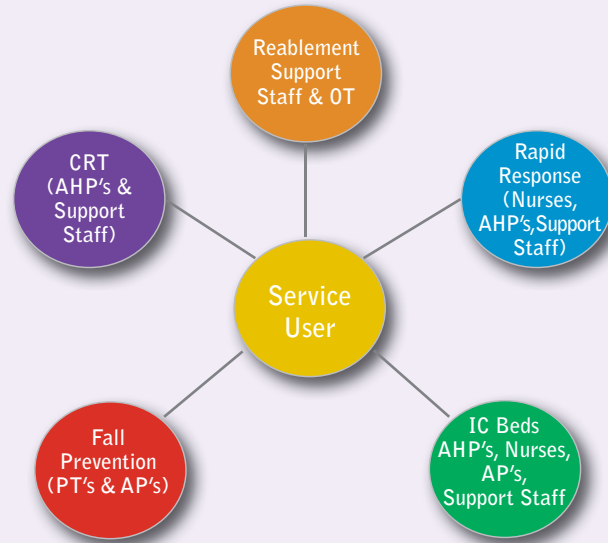
# Developing an Integrated Workforce using the Calderdale Framework

## The Calderdale Support and Independence Team

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### Pre Implementation

#### Pre Integration

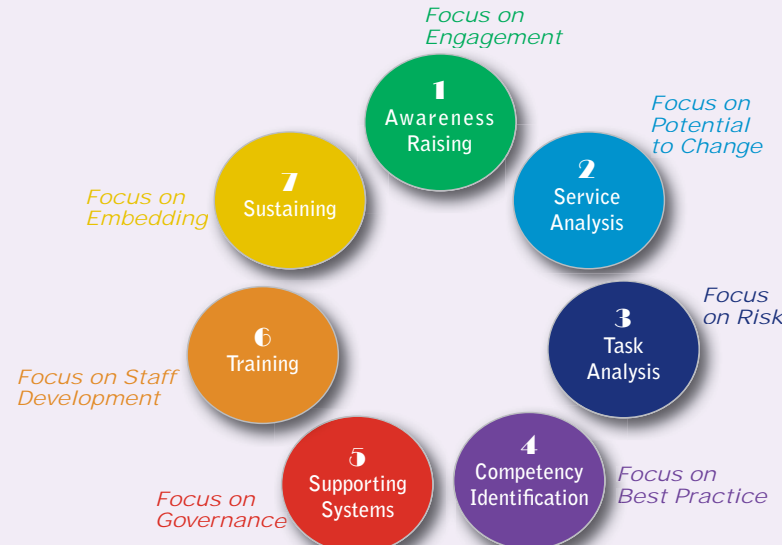


#### Consequences

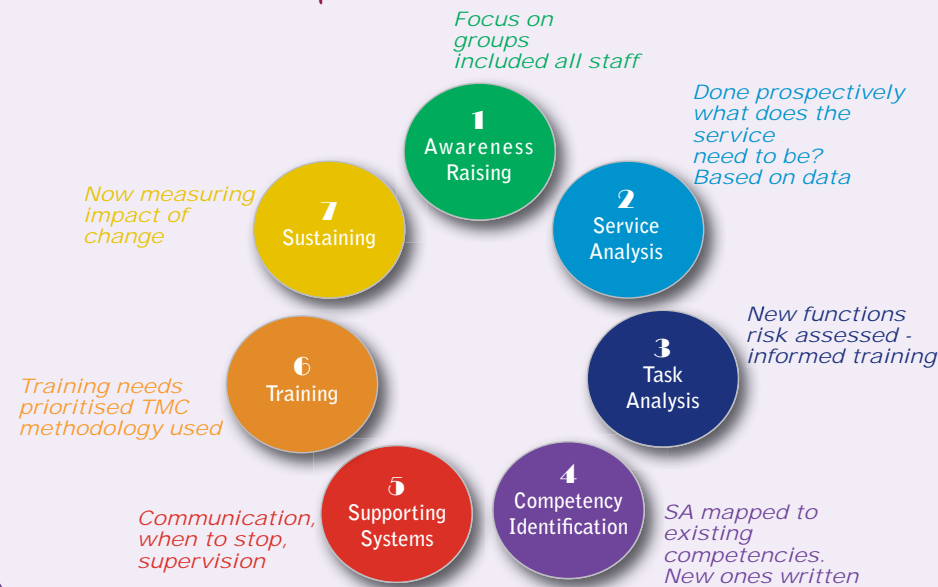
Consequence of previous model of care	To Service User	To Referrers	To Commissioners
Multiple referral routes = confusion	Red	Red	White
Multiple referrals to several services = duplication and waste	Red	Red	White
Disjointed care + waiting = waste	Red	Orange	Red
Potential adverse impact on outcome	Orange	Orange	Orange
Poor value for money	Red	Orange	Red

### What Is The Calderdale Framework

#### Calderdale Framework 7 Stages

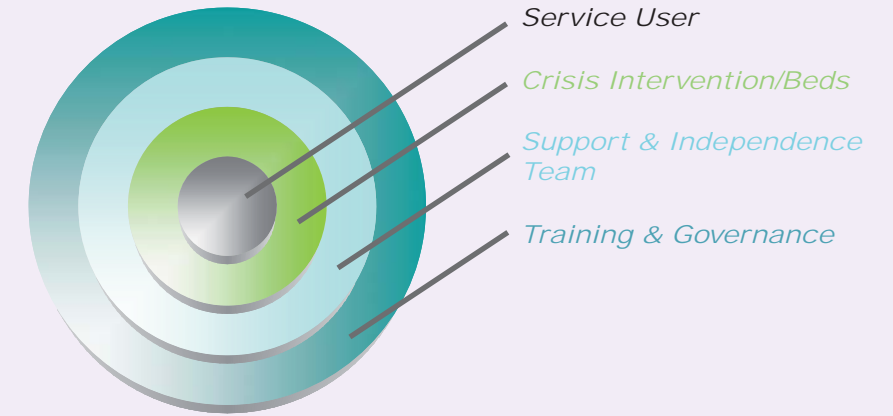


#### What we did..... Implementation Process



### Post Implementation

#### Post Integration



#### Consequences

Consequence of integrated model of care	To Service User	To Referrers	To Commissioners
Multiple referral routes = confusion	Single point of referral.	Single point of referral.	White
Multiple referrals to several services = duplication and waste	Single point of referral - service user deals with staff with appropriate skill sets to meet their need.	Single point of referral	Commissioners only paying for one appropriate service.
Disjointed care + waiting = waste	Workers have skill sets to meet service user needs - 'right worker at the right time'	White	Improved access & throughput (under evaluation)
Potential adverse impact on outcome	Competency trained, flexible staff able to meet service user needs.	White	Fewer long term care placements.
Poor value for money	Improved value for money.	White	Under evaluation.

### What we got.....

### Integrated working = Better service user experience

#### Worker Case Study 1

- Reablement support workers are now competency trained in elements of rehabilitation.
- This maximises rehabilitation opportunities for reablement service users who previously would have referred to another service.
- Reablement support workers value this development and service users are treated more effectively and efficiently.



#### Worker Case Study 2

- Skill sharing across registered practitioners has resulted in a competency set to meet the immediate needs of service users in the Crisis Intervention Team.
- Physiotherapists and nurses can now assess for and prescribe a wide range of equipment and adaptations.
- Occupational therapists and nurses can now assess for and advise on mobility and walking aids.
- Physiotherapists and Occupational therapists are currently being trained to assess and manage skin integrity, nutrition, and physiological status.



#### Worker Case Study 3

- Assessment capacity for reablement packages needed to be built in order to meet demand.
- Deputy team leaders and AHP's have been competency trained to undertake this function.
- This has resulted in improved access to the service and timely interventions.

