DRAFT – POLICY IN DEVELOPMENT

NORTH EAST LONDON
SUSTAINABILITY & TRANSFORMATION PLAN

Transformation underpinned by system thinking and local action

Delivery Plan 7 of 8:
Workforce

Contents

Initiative map

There are a wide range of programmes that support our workforce transformation. These are outlined in our narrative plan for north east London. We have agreed through the STP the best level at which each programme should be led and delivered within the health and care system. We have done this based on the partnerships and scale required to best implement the specific programmes, using the following rationale for choosing to progress an initiative at a north east London:

1. There is a clear opportunity / benefit in doing it jointly (which is above and beyond what would be achieved through a local programme), to deliver improvement in terms of finance, quality, or capacity;
2. Doing something once is more efficient and offers scale and pace;
3. Collective system leadership is required to make the change happen.

We set out these different levels below.

NEL STP Level

- Developing a workforce Programme to support new models of care.
- Supporting the development of HR practice, including primary care.
- New Role - Nursing Associates, AHP extended roles.

Local Area Level

- City & Hackney - Whole systems (H&S Care) leadership.
- Buurtzorg pilot (Self-governing nurse teams).
- WEL Transforming Services Together programme.
- BHR Accountable Care Systems.
- Clinical pharmacists in GPs.
- Physician associates in primary care.

CCG / Borough Level

- Tailoring of London-wide initatives.
- Non-clinical support roles (including care navigator).

London-wide

- Staff retention programme (including Primary & Secondary Care).
- Staff Recruitment programme .

Delivery plan on a page

Vision

A NEL-wide workforce which can work across integrated health and social care systems, support the growth of out of hospital care / community based care, shift focus from treatment to prevention and manage whole pathways of care.

Background and Case for Change

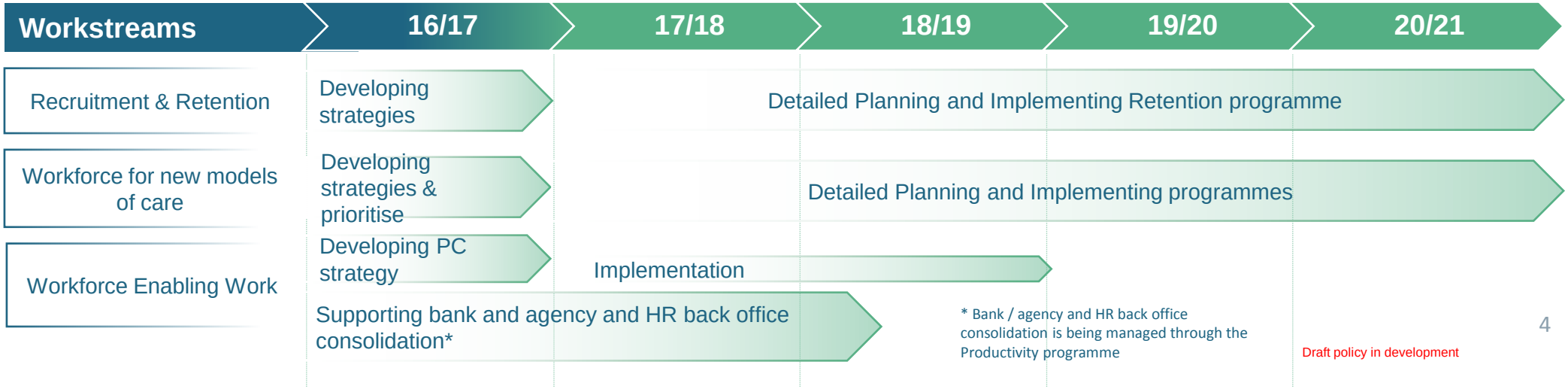
- Current trajectories of the NEL workforce indicate that by 2020/21, there will be significant gaps between supply and demand of professional groups, with a 30% shortfall in nursing and a surge of ST3-8 secondary care doctors in London.
- Our local population will grow by 17.7% in the next 15 years and our current primary care workforce needs to be redesigned to meet these growing needs.
- There are significant staff and skills shortage in primary care, with 1,769 patients per GP compared to the London average of 1,660 (Barking and Dagenham, Havering and Redbridge has the highest number of patients per GP than anywhere else in London)
- Vacancy rates and turnover rates across secondary care are too high, which has led us to a strong reliance on temporary staff against a required reduction in agency spend (e.g. 14% turnover rate and 11% vacancy rate in adult nursing across NEL)
- Most of our healthcare workforce was trained to support a hospital-based model of healthcare. The future workforce will need to support the shift to a community-based, multidisciplinary way of working that is tailored to seven-day-a week services.

Priorities and Objectives

1. Our **Core** work in this area includes the development and implementation of a retention strategy across NEL and harnessing local expertise through a Local Workforce Action Board to steer and deliver workforce transformation in line with the ambitions of the STP.
2. Workforce for new models of care – New partnerships with local authorities, communities and employers are being developed along with breaking down barriers between GPs and hospitals, physical and mental health services, and health and social care to form new models of care.
3. Our **enabling** work includes mobilisation and support of the HR community to deliver on the ambitions set out in the productivity work stream; and tailored support to each of the other programme areas by way of modelling support, and expertise in the arena of education and training. In particular supporting the workforce elements of the primary care transformation strategy

Expected Impacts

- Establish and agree a NEL target for staff retention, based on robust evidence base
- Achievement of staff retention targets across NEL (subject to agreement of the target)
- Ensuring a supply of appropriately skilled workforce to support needs of the health care service and the local population.
- Up-skilling of existing staff and the creation of new roles to support emerging models of care.



Detailed plan – Work stream 1: *Staff Recruitment & Retention*

Vision

Attracting and retaining the staff to work within the NEL health and social care systems to meet the growing and changing needs of our population.

SRO:	*Tracey Fletcher, Chief Executive, Homerton Hospital.*
Delivery leads:	*Nigel Burgess, HEE.*

Case for change

- There are pockets of high vacancy rates across our system. For example, we will see a shortfall of nurses across our services of 30% by 2021
- Vacancy rates and turnover rates across secondary care are too high, which has led us to a strong reliance on temporary staff against a required reduction in agency spend. There are parts of our footprint which have struggled to recruit the right staff, and this has implications on patient care across the entirety of NEL.
- There's a high turnover of staff either leaving NEL or the NHS altogether - e.g. some 26% of adult nurses leave the NHS 5 years after being initially tracked through ESR.
- Staff and skills shortage in primary care, with 1,769 patients per GP compared to the London average of 1,660 (Barking and Dagenham, Havering and Redbridge has the highest number of patients per GP than anywhere else in London)
- In addition to the workforce issues in the NHS, 17.5% of registered roles in social care lie vacant.

Objectives

- Reduce turnover of GPs and Practice nurses.
- Reduce turnover of newly qualified staff.
- Reduce turnover of staff at all Secondary Care Providers.
- Provide an appropriately skilled and trained workforce
- Work in collaboration with the Workplace Health workstream (Prevention and Wellbeing Programme) to support the health and wellbeing of the NEL workforce, to improve motivation and retention
- Support recruitment and retention of social care workforce
- Making substantive recruitment in health and social care an attractive career option

Initiatives		Enablers	Benefits / Metrics	Deliverables
1	Staff retention Programme (including Primary & Secondary Care)	Technology	• Reduce turnover rate by 1% point. • Retain newly qualified staff for 1 additional year.	Workforce retention strategy Priority staff retention implementation programmes e.g. incentives and specialisation opportunities (including measurable goals with cost savings)
2	Developing a NEL recruitment programme.	Technology	• Reduction in reliance on agency staff, resulting in financial savings	Workforce recruitment strategy
3	Supporting Workplace Health workstream initiatives	Technology	• Improved health, wellbeing and motivation of the NEL workforce	Healthy workplace initiatives (in collaboration with Workplace Health workstream)
4	Impact analysis of health workforce strategy on social care workforce	Technology	• Reduction in social care vacancy rates	Impact analysis of health workforce retention strategy on social care workforce

Detailed plan – Work stream 2: *Workforce for new Models of Care*

Vision

A NEL workforce designed and skilled to support the specifications of new service models overseen by a Local Action Workforce Board (LWAB).

SRO:	*Tracey Fletcher, Chief Executive, Homerton Hospital.*
Delivery lead:	*James Cain, HEE*

Case for change

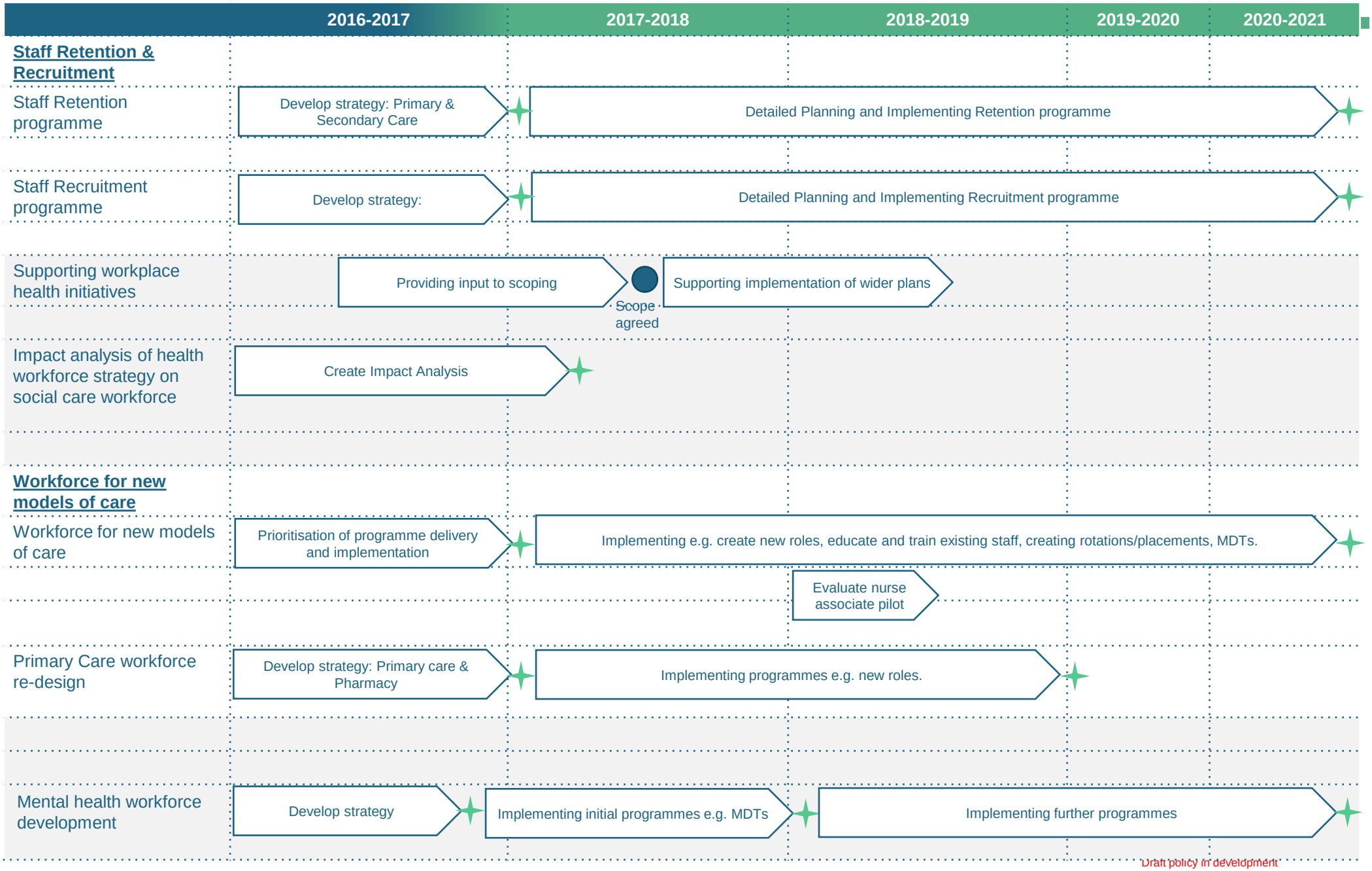
- New clinical models are being developed and we need to ensure that our people have the right skills to deliver these.
- A whole systems (NHS and Social Care) approach to workforce redesign is needed.
- A shift towards more integrated care means we need to address the balance between primary and secondary care staff.
- Our local population will grow by 18% in the next 15 years and our current primary care workforce needs to be redesigned to meet these growing needs.
- Currently the NEL workforce has been trained to support a hospital-based model of care. The future workforce will need to support the shift to a community-based, multidisciplinary way of working that is tailored to seven-day-a week services.

Objectives

- Workforce redesign within Primary Care
- Support recruitment and retention of GPs and practice nurses and the development and expansion of other primary care roles (e.g. physician associates, clinical pharmacists in practices, AHPs, practice HCAs and care navigators), to enable primary care transformation
- Workforce integration enabling staff to work across different care settings and organisations across NEL
- Enabling the workforce to support new clinical models through training and support.
- Support development of NEL-wide multi-disciplinary teams working across health and social care, and between primary and specialist care .
- Support workforce outcomes from mental health strategy review – including additional mental health support in primary care
- Support development of nurse specialists to manage Long Term Conditions and provide additional capacity (e.g. nurse endoscopists)
- Provide workforce advice to support development of pharmacy workforce strategy
- Further develop areas of workforce innovation (e.g. Open Doors programme

	Initiatives	Enablers	Benefits / Metrics	Deliverables
1	Developing a workforce programme to support new models of care - Working with Clinical Leads, Activity Planners, Workforce Leads and Finance to understand activity projections and requirements, and the leadership skills required to deliver these new models of care	Technology	• Services supported by new roles including physician associates, clinical pharmacists in practices and care navigators • Patients receiving care from new roles including physician associates and clinical pharmacists in practices	• Standardisation and promotion of new roles • Training for staff to work in other care settings. • Create opportunities for rotations / placements. • Evaluation of the pilot for nurse associates
2	Primary Care workforce redesign.	Technology	• Increased resilience of primary care • Improved GP to patient ratios across NEL	• Primary Care workforce strategy • Pharmacy workforce strategy
3	Multi-disciplinary team working (moving to 7 day a week services)	Technology	• Increased patient satisfaction (based on Friends and Family test) • Reduction in unnecessary admissions • Reduction in delayed transfers of care	
4	Mental health workforce development	Technology	• Improved access to mental health professionals / treatments (meeting IAPT targets)	• Mental health workforce strategy

Route map



Draft policy in development

Expected benefits & metrics

Note: Integrated outcomes and measures will be established in line with NHS E national metrics and current best practice guidance

This section provides a summary of the key benefits that we expect to achieve through the implementation of this delivery plan level.

Benefit description (Health & wellbeing, care & quality or financial)	Measurement (metric)	Current performance	Target performance	Target date	Linked workstreams
Reduce turnover rate by 1%.	Workforce turnover rate (all staff across NEL trusts)	16% (July15-July16)	15%	2020	
Retain newly qualified staff for 1 additional year.	Newly qualified nursing staff remaining in post for 2 years	65% (nursing staff only)	72% (Retain half of those that left after one year)	2020	
Reduction in reliance on agency staff, resulting in financial savings	Proportion of shifts provided by bank and agency	Awaiting data from NHSI data capture.	Full compliance with NHSI set agency ceilings	2020	4. Productivity
Improved health, wellbeing and motivation of the NEL workforce	Staff survey Q9a, 'Does you organisation take positive action on health and well being?'	87% answered positively	90%	2020	
Reduction in health and social care vacancy rates	Health and social care vacancy rates	Secondary care nursing and midwifery: 17% Social Care regulated professions:18%	16% across all services	2020	
Patients receiving care from new roles including physician associates, clinical pharmacists in practices	Total number of consultations undertaken by PAs and clinical pharmacists per annum	0	>10,000	2020	2. Promote independence and enable access to care close to home
Increased resilience of primary care	GP: Patient list size ratio (across NEL CCGs)	1:2200 (March 2016)	1:2000 (March 2016 national ratio)	2020	2. Promote independence and enable access to care close to home
Increased patient satisfaction	Friends and Family test (A&E as proxy)	87%	90%	2020	
Reduction in unnecessary admissions	Total number of non-elective admissions	TBC by NEL CSU	Reduction	2020	2. Promote independence and enable access to care close to home 3. Ensure accessible quality acute services for those who need it
Reduction in delayed transfers of care	Total number of delayed transfers of care	TBC by NEL CSU	Reduction	2020	2. Promote independence and enable access to care close to home 3. Ensure accessible quality acute services for those who need it
Improved access to MH treatment	IAPT waiting time targets	6w: 77-100% 18w: 96-100%	75%	2016/17	2. Promote independence and enable access to care close to home

These represent the main benefits and metrics - other local and national standards exist and form part of the improvement objectives

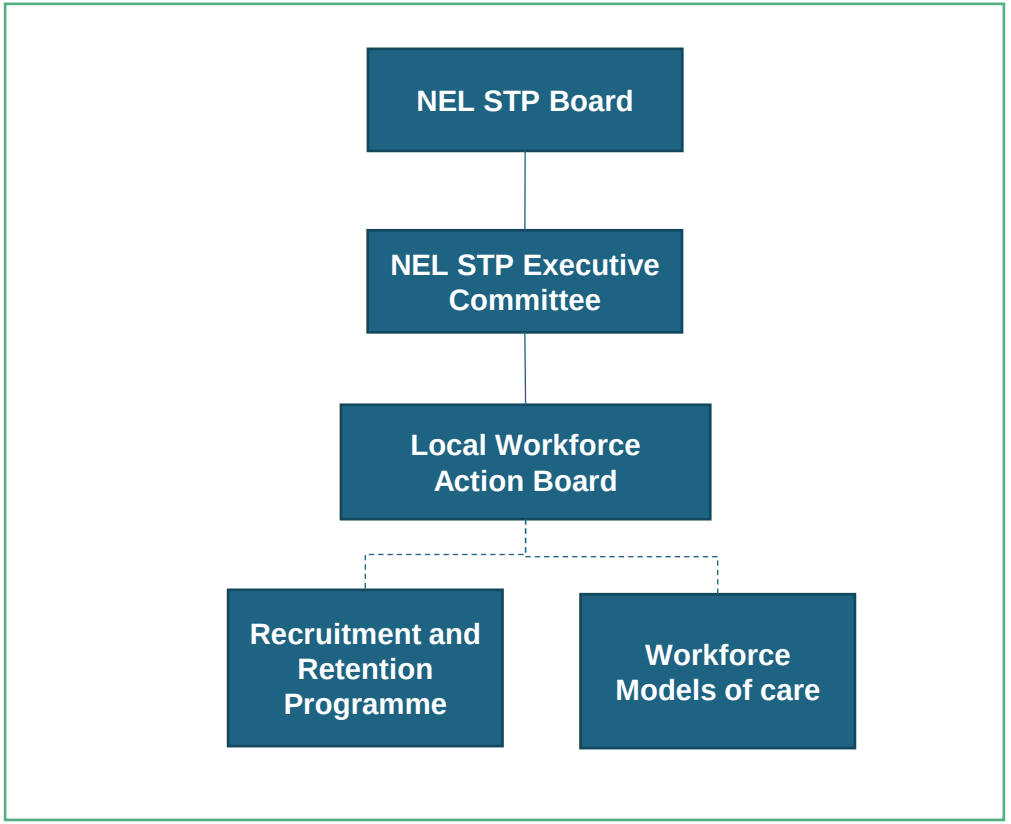
Resources & delivery structure

- A Local Workforce Action Board (LWAB) has been established with representation from workforce professionals from across the North East London system
- The LWAB is responsible for commissioning the workforce enabler programmes and for assuring delivery

6.1 Resources

	SRO	Delivery leads
Delivery plan	Name, Role, Organisation	
Staff recruitment and retention	Tracey Fletcher Chief Executive Homerton Hospital	Nigel Burgess, Health Education England
Workforce for new models of care	Tracey Fletcher Chief Executive Homerton Hospital	James Cain Health Education England
Primary care workforce	Tracey Fletcher Chief Executive Homerton Hospital	Gareth Noble, TST

6.2 Delivery structure



Risks

Risks			
Workstream	**Description: impact**	**Mitigating action**	**RAG**
Workforce	There is a risk that that service models may not be developed in a timely enough manner to allow time to deliver workforce models given the long lead time for training	Continual dialogue with all other work streams and roles/responsibilities agreed early on by all key SROs.	A
	There is a risk that any recommendations around new workforce models may not be agreed by providers	Solutions need to be owned by providers, accepting their responsibility to ensure they are appropriately resourced.	A
	There is a risk that retention ambitions may not be achieved despite interventions being put in place locally	Overall strategy will need a local response and to be met by realistic but ambitious retention targets	A
	There is a risk that supply of new roles cannot be guaranteed due to financial constraints	Discussions with all work streams at an early stage to ascertain precisely how new roles will be funded.	A
	There is a risk that that competition with other footprints for roles may lead to supply in NEL being depleted	Encouraging appropriate incentives in line with neighbouring STPs and continual regional sense-checking.	A

This is a list of the highest-rated risks. Additional risks identified at a lower mitigated risk rating

Dependencies, constraints and assumptions

Dependencies, constraints & assumptions (in order of impact)			
Workstream	**Type: Dependency/ constraint/ assumption**	**Description**	**Actions / next steps**
Workforce	Constraint	Limited confidence in supply of newly qualified staff following the removal of bursaries.	
	Constraint	Availability of STF funding	
	Constraint	Release of resources from within the footprint to support projects/initiatives.	
	Constraint	Lack of contractual levers within service contracts to ensure changes are delivered	
	Assumption	Organisations across all care settings agree with new service models and will work together to enable a shift in services	
	Assumption	Organisations will exercise their own sovereign responsibility to calculate the workforce numbers.	
	Assumption	Education and Training funding will be reduced - there will only a limited number of roles which attract a bursary and HEE workforce transformation funding will reduce, so the STP will need to invest locally.	
	Assumption	Each of the workforce ambitions set out in the other work streams are fully funded and do not rely on reduced HEE funding.	
	Assumption	All organisations across the STP with new service models and will work together to enable a shift in services	
	Dependency	Care models need to be developed before workforce models.	

Dependency map

This dependency map highlights where this delivery plan is linked to another delivery plan within our STP.

	Prevention	Access to care close to Home	Accessible quality acute services	Infrastructure	Productivity	Specialised Services	Digital
Staff recruitment and retention	Healthy workplace initiatives supporting staff motivation and retention			Attracting new staff to work in fit for purpose facilities	HR back office shared service Consolidation of bank and agency workforce		Supporting more flexible working through technology – improving staff satisfaction
Workforce for new models of care		Expansion and development of primary care roles: - Physician associates - Clinical pharmacists in practices - Practice HCAs - Care navigators	Development of midwifery, nurse practitioner and HCA workforce Development of endoscopy and community nurse workforce	Support and enable MDT working	Workforce supporting accountable care systems	MDT working between primary and specialised care	
Workforce enabling support	Workforce education and training Leadership skills development	Delivery of workforce aims of GP 5YFV Workforce education and training Leadership skills development	Workforce education and training Leadership skills development				

Summary of financial analysis

The basis for the financial modelling has been the five year Operating Plans prepared by individual NEL commissioners and providers, all of whom followed an agreed set of key assumptions on inflation, growth and efficiencies. The individual plans have then been fed into an integrated health economy model in order to identify potential inconsistencies and to triangulate individual plans with each other. In the June submission the starting point for this modelling was the 16/17 operating plans. This has since been refreshed to be the month 6 forecast outturn.

The NEL STP financial template summarises the:

- Latest financial gap projection
- The anticipated financial impact of the workstreams on closing the gap
- The BAU effect on closing the gap
- The capital requirements for the STP
- The investment requirements including 5 year forward view investments

While substantial progress has been made on the financial and activity modelling for the NEL STP, the finance and activity plan for the October 21st submission should not be regarded as the final position. Further detailed worked-up analysis will follow over the coming months.

Work done since 30th June

- Expanded the Transforming Services Together capacity and activity model across the whole NEL STP footprint
- Updated the new capacity and activity model to include the BHR ACO schemes
- Refined the capital investment requirements
- Incorporated the estimated costs for the delivery of the 5 Year Forward View requirements
- Refreshed the underlying financial calculations to be based on month 6 forecast outturn
- Agreed the STP resourcing requirements
- Commenced detailed analysis of the financial and activity impact of the workstream initiatives
- Applied the capacity and activity model to calculate the capacity requirements for the Whipps Cross capital business case

Planned future work

- Update the new capacity and activity model to include Hackney Devolution pilot
- Identify opportunities to obtain additional funding from national investment funding sources (e.g. the Mental Health 5 Year Forward View)
- Undertake more detailed modelling of the financial and activity implications of workstream initiatives
- Reach agreement on the STP wide system control total (taking into account organisational control totals).
- Agree the implementation of the system control total, including handling of key dependencies (e.g. the NHS E specialised commissioning)

Contribution to our Framework for Better Care and Wellbeing

This delivery plan sets out how it will deliver improvements against the core areas of prevention, out-of-hospital care and in-hospital care.

Promote prevention, and personal and psychological wellbeing in everything we do

The workforce programme will act as an enabler to support the delivery of the prevention programmes through the provision of an appropriately skilled and resourced workforce, including:

- Collaboration with Local Authorities to support development of social care workforce
- Supporting development of multi-disciplinary teams working across health and social care
- Enhancing training programmes to include prevention (i.e 'Make Every Contact Count' across all our interactions with the public)
- Development of care navigator role to support better patient engagement and improved signposting to appropriate services

The workforce programme will act as an enabler to support the delivery of the other STP schemes through provision of an appropriately skilled and resourced workforce to implement the new models of care, including:

- Development of a primary care workforce strategy
- Development of a mental health workforce strategy
- Development and expansion of primary care roles (e.g. physician associates, clinical pharmacists in practices, practice HCAs and care navigators), to enable primary care transformation
- Increasing resilience of primary care through increased recruitment and retention of key primary care roles
- Support development of multidisciplinary team working across health and social care

Promote independence and enable access to care close to home

Ensure accessible quality acute services for those who need it

- The workforce workstream will act as an enabler to support delivery of high quality acute services (including achieving and maintaining the performance against the core standards) through provision of an appropriately skilled and resourced workforce
- The workforce workstream will also support increased productivity and financial sustainability through consolidation of bank and agency spend across trusts and development of a shared services HR function.

Draft policy in development

Addressing the 10 'Big Questions'

Q1. Prevent ill health and moderate demand for healthcare

- Development of community workforce to support prevention and wellbeing.
- Development of Multi-Disciplinary Teams to manage patients with multiple LTCs to avoid unnecessary admission and support discharge.

Q2. Engage with patients, communities & NHS staff

- Development of care navigator role to support better patient engagement and improved signposting to appropriate services.
- Development of new roles to support career path development.

Q3. Support, invest in and improve general practice

- Retaining more GPs and recruiting targeted roles within primary care.
- Development of clinical pharmacists in practices
- Development of additional mental health support in primary care.
- Development of the physician associate role
- Development of non-clinical roles in primary care.

Q4. Implement new care models that address local challenges

- Development of the nurse associate role.
- Development of multi-disciplinary teams across primary and specialist care.
- Buurtzorg Pilot (Self-governing nurse teams).

Q5. Achieve & maintain performance against core standards

- Supporting achievement of core targets / standards (e.g. RTT, IAPT, A&E waiting times) through appropriately skilled and resourced workforce.

Q6. Achieve our 2020 ambitions on key clinical priorities

- Alignment of training programmes with 2020 objectives.
- Support development of additional mental health capacity and capability, based on outcomes from mental health taskforce review.

Q7. Improve quality and safety

- Supporting development of Multi-Disciplinary Team working across health and social care to move towards 7 day a week services.

Q8. Deploy technology to accelerate change

Q9. Develop the workforce you need to deliver

- Creating and retaining a workforce with the right skills and values through our programmes.
- Supporting new models of care with an appropriate workforce model.
- Introduction of new roles.

Q10. Achieve & maintain financial balance

- Development of recruitment and retention strategies and plans to reduce / avoid reliance on expensive bank and agency staff.
- Supporting consolidation of bank and agency practices and rates across trusts.
- Supporting development of HR shared services function across Trusts.

Draft policy in development

Addressing the 9 'Must Do's'

1. STPs

- Supporting the delivery of the NEL STP through providing appropriately skilled and resourced workforce.

2. Finance

- Development of recruitment and retention strategies and plans to reduce / avoid reliance on expensive bank and agency staff.
- Supporting consolidation of bank and agency practices and rates across Trusts.
- Supporting development of HR shared services function across Trusts.

3. Primary Care

- Retaining more GPs and recruiting targeted roles within Primary Care.
- Development of clinical pharmacists in practices.
- Development of additional mental health support in primary care.
- Development of the physician associate role.
- Development of non-clinical roles in primary care.

4. Urgent & Emergency Care

- Supporting earlier treatment in primary care to reduce the burden on urgent and emergency care services through providing more primary care and community care and Multi-Disciplinary Team working.
- Providing appropriately skilled and resourced workforce to manage urgent and emergency care demand.

5. Referral to treatment times and elective care

- Providing appropriately skilled and resourced workforce to support referral treatment times and elective care.
- Supporting development of multi-disciplinary team working across health and social care to support care closer to home and early access to diagnosis and care to avoid escalation.

6. Cancer

- Provision of high quality survivorship support
- Provision of workforce to support early diagnosis and treatment of cancer (i.e. nurse endoscopists and HCAs in primary care to take blood).

7. Mental health

- Support workforce outcomes from mental health strategy review – including additional mental health support in primary care.
- Supporting development of mental health workforce strategy.

8. People with learning disabilities

- Support delivery of national Learning Development workforce initiatives
- Supporting development of mental health workforce strategy (which includes learning disabilities).

9. Improving quality in organisations

- Supporting the delivery of the Quality improvement strategy through providing appropriately skilled and resourced workforce, including development of required leadership capabilities.