

East London Health & Care Partnership Sustainability and Transformation Plan (STP)

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Purpose:

The purpose of this paper is to provide the Inner North East London Joint Health Overview and Scrutiny Committee with an overview of the activity being undertaken through ELHCP with regards to workforce. In particular, it provides assurance around the activities being undertaken to address recruitment and retention challenges; and the progress we are making in transforming the out of hospital workforce.

Background

Given the anticipated growth in our local population, we will have varying gaps between supply and demand of professional groups between now and 2020. Demand for nurses reported by our providers currently exceeds supply (e.g. staff in post) and these issues are exacerbated by the Government changes to funding for the non-medical workforce. We can also expect a surge of ST3-ST8 trainees completing their training; and these staff are currently aligned to hospital settings. GP training posts have increased; but the current supply pipeline is not in keeping with the demand increases expected across North East London (NEL). There are plans to re-profile GP training locations across London to bring more activity into East London; thus ensuring better equity of GPs across London's 32 boroughs. In order to address the challenges in NEL; Health Education England continues to invest in growing the non-medical workforce and in 2017 is introducing 42 more practice nurse trainees; 124 nursing associate trainees and 15 medical assistant trainees. HEE is also increasing the trainer capacity across NEL to absorb a further increase in GP trainees.

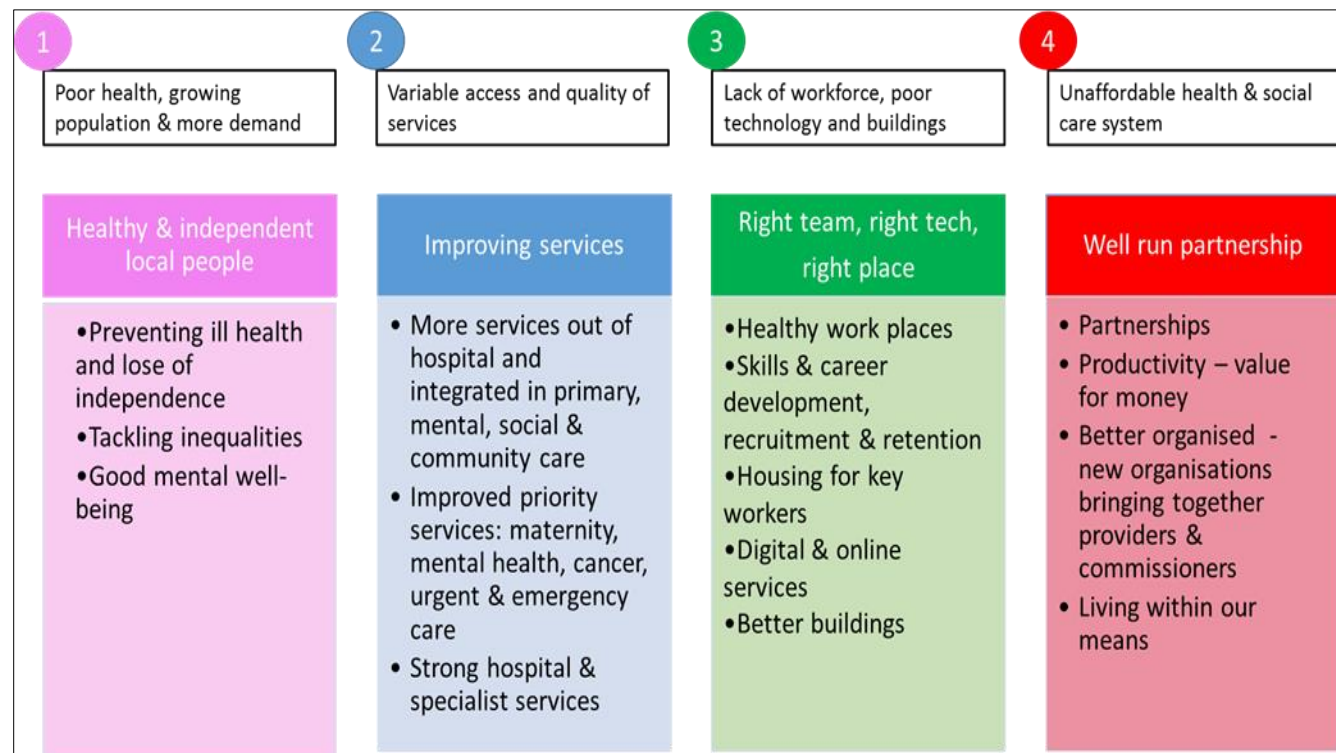
In order that we address the nursing pressures we have across London; a number of activities are being undertaken. Firstly, we are focusing our HR and Nurse Directors on the retention of our nursing workforce; and each provider has set out ambitious plans to retain a greater number of nurses who would otherwise leave NEL or indeed health and care overall. We are committed to the ambition of the London-wide CapitalNurse programme and have already commenced 194 acute and community rotations. We are also looking at how we can create an NEL-wide set of specific CapitalNurse priorities; developed by

the Directors of Nursing at Barts Health NHS Trust and East London NHS Foundation Trust. Barts Health are leading the NEL-wide Nursing Associate programme and we can expect this new type of worker to enter our workforce shortly. Critical to the sustainability of our health and care workforce moving forward is a NEL-wide approach to apprenticeships; so that we can attract local people to local jobs whilst maximising on our local contributions to HMRC through the apprenticeship levy.

We also have a clear set of overarching educational outcomes aligned to HEE's mandate; and we are working with UCLPartners on programmes around: Leadership; Palliative Care; Mental Health; Digital; Integration; Carers; and the development of sustainable educational faculty.

We have formed a Local Workforce Action Board which oversees our ambitious workforce programme; and supports our response to national strategies such as the General Practice Forward View; the General Practice Nursing 10 Point Plan; and the national mental health workforce strategy. Where required; each of these programmes also links with the core STP programmes: e.g. the primary care programme and the mental health programme.

ELHCP's Four Core Priorities



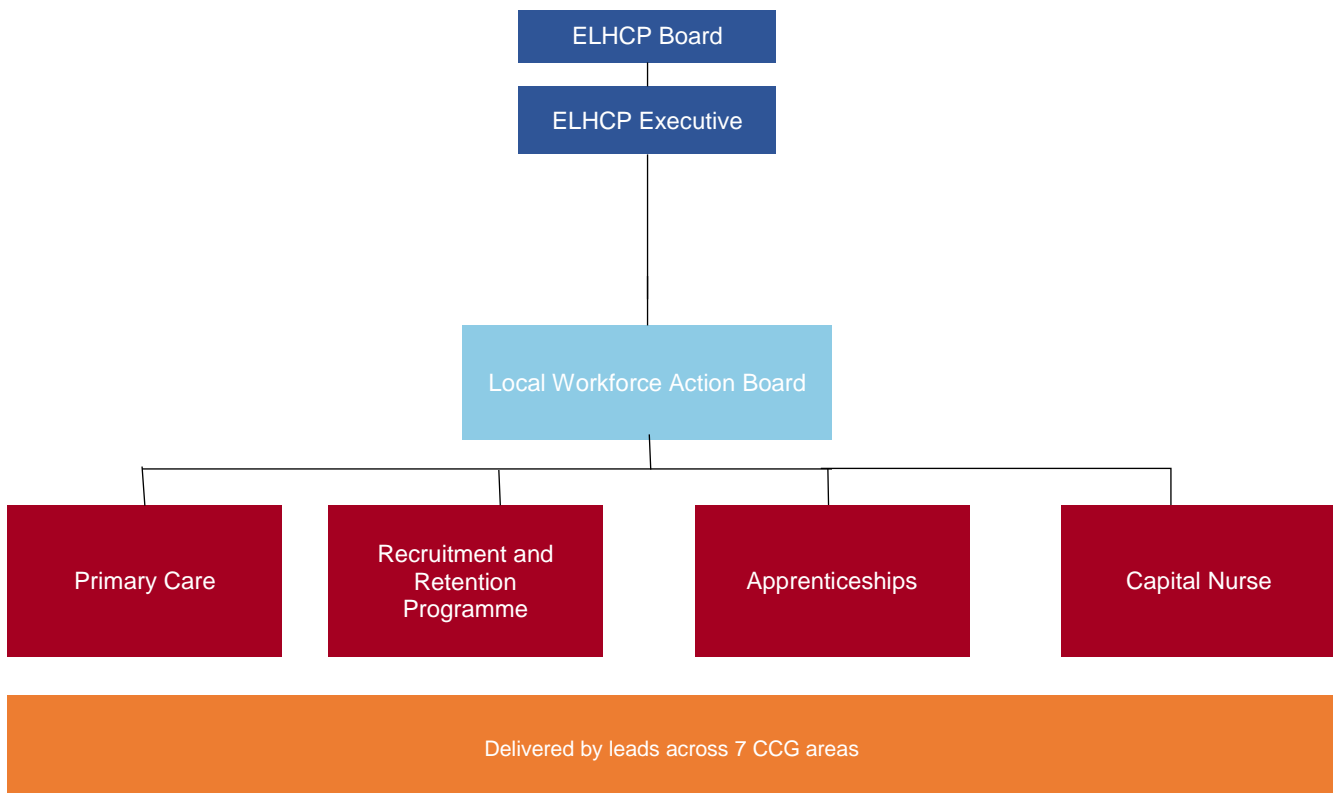
1. Case for Change

The key points surrounding our case for change are as follows:

- 1) 26% of Nurses across London between 2011-2016 left the NHS; with similar trends for other professions
- 2) The Comprehensive Spending Review removed funding for non-medical education and training; reducing our control of the education pipeline for these staff
- 3) Vacancy and turnover rates for Nursing and AHPs is too high - e.g. a 16% vacancy rate for Children's Nurses and a 14% turnover rate.

- 4) We are producing more hospital based doctors than we need in some specialties and have a surge of ST3-ST8 trainees who will shortly be leaving training and applying for CCTs.
- 5) There are 35,000 jobs in social care; of which 25,000 provide direct care and 1,700 are regulated professions such as nurses. Vacancy rates across both types of role are akin to those of the NHS.
- 6) Waltham Forest has the third oldest GP workforce in London; with only Barking and Dagenham and Havering ahead of it. Newham is in the upper quartile for age; whilst Tower Hamlets and Newham have a younger workforce. Retirement is therefore a greater issue in some of our boroughs than others.
- 7) GP training numbers across INEL have increased over the past 3 years; but more GPs are still needed. There are discrepancies between data recorded through NHS Digital and actual training pipeline data.
- 8) In 2014; 50% of GP trainees in London remained in the area they trained in; where 85% stayed in London overall.
- 9) ONS data for the whole of NEL suggests that NEL will see a higher population growth than any other STP footprint in London.
- 10) Indices of Multiple Deprivation suggests that INEL boroughs are amongst the most deprived in London; suggesting a greater disease burden.

Governance



2. Delivery Plan

- Retention Programmes at Trust level – All on target
- ELHCP Level retention programmes – Slipped due to absence of HR Lead; now being recruited to
- Support of clinical work-streams – In progress, behind schedule. Expected to accelerate with additional team resources coming into place to support this work.
- Apprenticeships Programme – All on target
- 2017/18 investment programmes – All on target
- CEPN Programmes - All on target

- Primary Care Workforce Model – All on target

3, Difference to local people

Also outline any core engagement activities if appropriate e.g. Residents, Patients and Public, Carers, Staff, EHLCP briefing room, service user engagement, workshops community groups, etc.)

We have undertaken, with the support of the ELHCP Director of Communications and the Transforming Services Together workforce programme, to develop a brand around East London as a career destination of choice, which promotes the exciting opportunities we provide to our staff. We have also mapped out the opportunities for apprenticeships across our providers, which provide opportunities for local people to embark on exciting career pathways across our footprint. We intend to build on the schools' outreach programme developed by Barts Health and develop greater awareness of careers in care through our care ambassador programme.

Ultimately, everything we do around workforce across ELHCP has the ambition of ensuring we have the right workforce, with the right skills and values, in the right place, at the right time. Our focus is on ensuring we can provide excellent care closer to home, supported by the right hospital workforce for those who need to use our hospital services.

4. Financial Information

The STP financial template submitted to NHS England in October 2016 demonstrates a do nothing total expenditure of £2,009,154k for substantive and bank workforce in 2020/21 and agency expenditure of £189,488k. The financial plan indicates a planned reduction in 2020/21 of £143,331k for substantive and bank and £19,737k reduction in agency usage.

There are a number of initiatives planned at provider, ELHCP and London level to reduce the amount of money we spend on agency staff through agreeing new capped rates and break glass protocols. We plan to increase the attractiveness of permanent/bank employment through reviewing how we roster our staff, the opportunities for part-time work; and opportunities for rotational work across ELHCP. One of our biggest efficiencies can be delivered through retaining staff for longer and this has been modelled into the financials. Savings relate to lower recruitment costs; a higher number of permanent workers; and less delays in 'time to hire' all have a positive financial impact.

Many of the investments needed to realise these improvements (e.g. retention, supply and training) have been sourced from Health Education England. Other improvements need to be realised through exploring alternative clinical/non-clinical skill mixes to deliver efficient services.

5. Outline support required from the Inner North East London Joint Health Overview and Scrutiny Committee.

ELHCP would welcome the views of the INEL JHOSC on the activities we are undertaking across our footprint pertaining to workforce. We would be particularly keen to have a discussion around the five key questions at the end of the presentation.

Key to the success of this programme is radically improving the retention of our workforce. Much of this is within our control as employers (training, terms and conditions, workplace wellbeing etc.) but we would welcome support on wider socio-economic impacts such as affordable housing.

Recommendations:

The Inner North East London Joint Health Overview and Scrutiny Committee is requested to:

- Comment on the activity being undertaken across ELHCP
- Debate the questions set out at the end of this presentation
- Comment on how we can collectively address socio-economic challenges such as affordable housing