



Workforce strategy discussion

**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW &
SCRUTINY COMMITTEE**

9 NOVEMBER 2017

Introduction

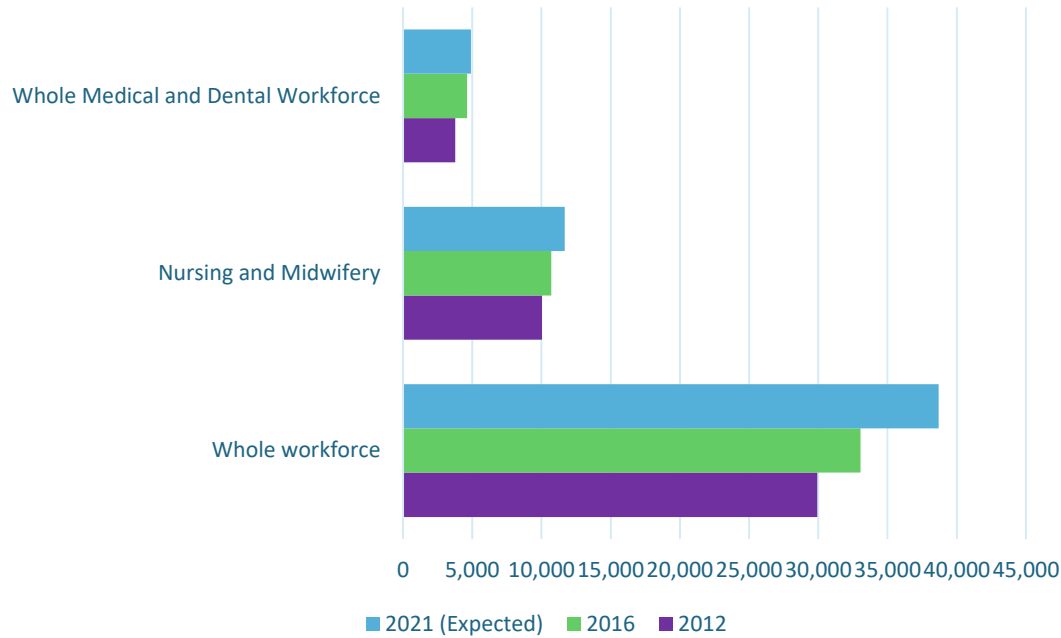
Health Education England (HEE) established a Local Workforce Action Boards (LWAB) for ELHCP to coordinate and support the workforce requirements of the STP.

Functions:

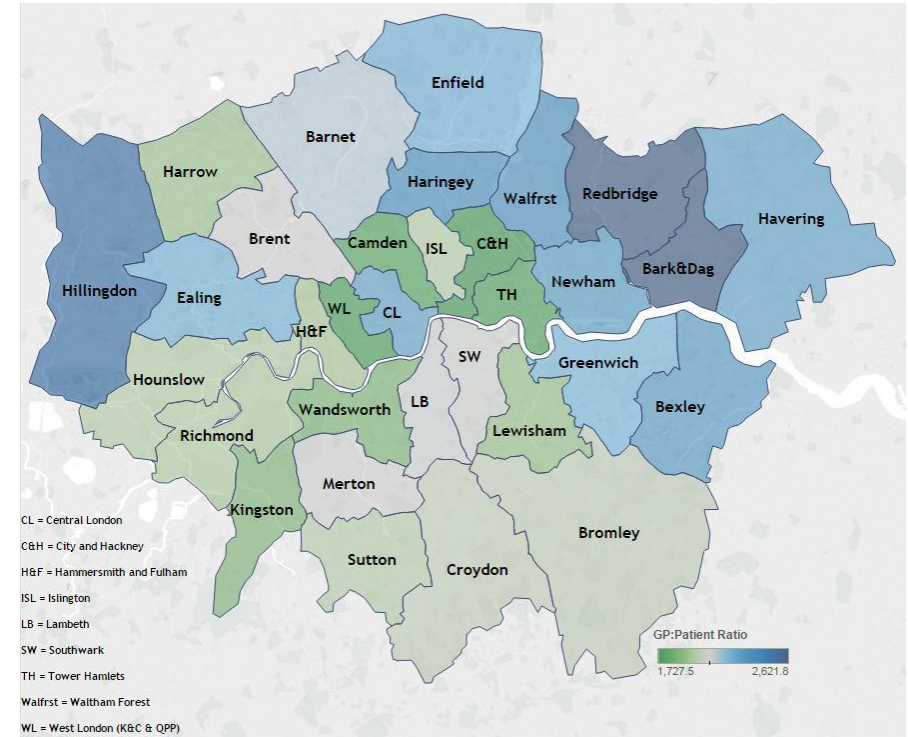
- Each LWAB is co-chaired by a CEO from within the STP and a senior HEE local office leader
- Membership is drawn from health and social care organisations within the STP; as well as education providers, unions and others
- LWABs act as delivery groups alongside other relevant enabling functions within the STP governance arrangements
- LWABs are able to access workforce transformation resources from HEE, as well as any local financial and other support available from stakeholders
- LWABs support the local system to respond to its workforce challenges; and also have responsibility for delivering aspects of HEE's Government mandate.
- Some functions remain with HEE's Local Education and Training Board for London and the South East.
- LWABs have a core programme activity and will act as an enabler (receiving and debating) the workforce aspects of key clinical themes. Such issues must be surfaced by stakeholders involved in each programme.

The ELHCP Workforce – a snapshot of our supply

ELHCP Secondary Care Supply Predictions (do nothing)



London-wide GP to Patient ratios

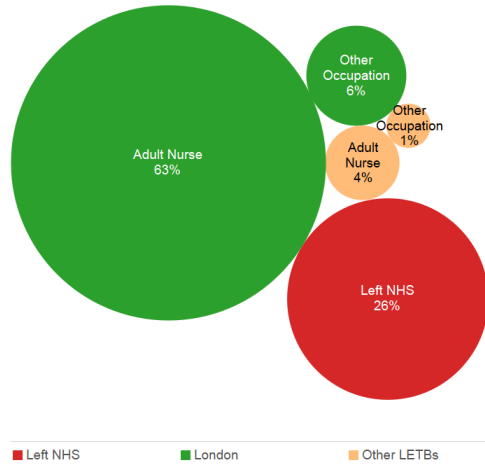


ELHCP social care current workforce composition

	All job roles	Job groups			
		Managerial	Regulated profession	Direct Care	Other
ELHCP Total	35,000	3,400	1,700	25,000	3,800

Summary of some of the issues we face

26% of adult nurses employed in the NHS in 2011 had left by 2016



Vacancy and turnover rates are high

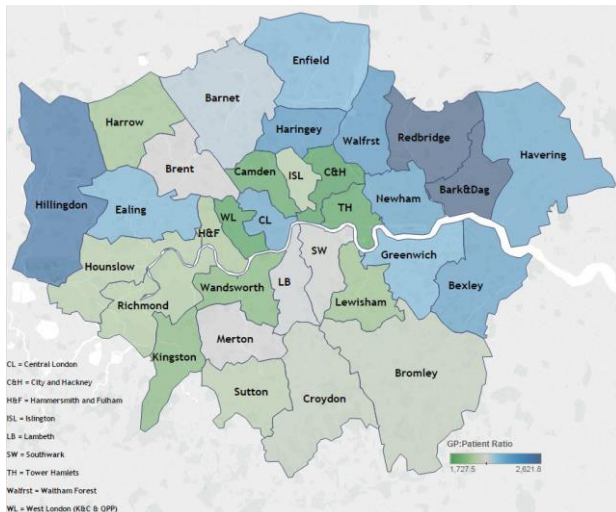
Nursing strand	Vacancy rate	Turnover rate
ELHCP footprint		
Adult Nursing	11%	14%
Child Nursing	16%	14%
Learning disabilities Nursing	15%	13%
Mental Health Nursing	7%	10%
Midwifery	5%	10%
School Nursing	19%	20%
District Nursing	22%	15%
Health Visitors	13%	13%

Our confidence in future supply has significantly reduced

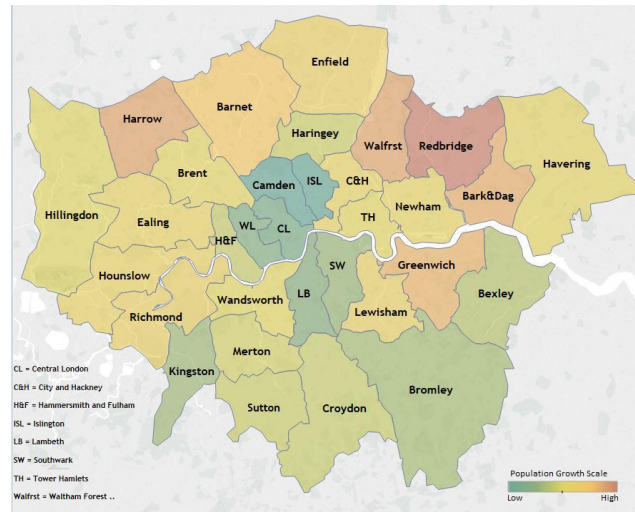


Nursing degree applications slump after NHS bursaries abolished

The GP:Patient ratios for aspects of ELHCP are amongst the most challenged in London and England



At the same time, ELHCP boroughs will see some of the highest population growth by 2020



Deprivation across our footprint is high



Workforce Programme activity to date

- 1) Recruitment and retention – supported by a £1.35m HEE grant across five provider trusts
 - i) Employer level interventions – e.g. on-boarding, leadership, mentoring, health and wellbeing
 - ii) System level interventions
 - a) Review of why people leave (and stay) to inform system level response
 - b) Apprenticeships strategy
 - c) *Bank and Agency – through productivity group*
- 2) Primary care model for the future and enabler programme – to be supported by a £900K HEE grant
- 3) CEPN Transformation Programme - supported by a £1.25m HEE grant across five provider trusts
- 4) Person Centred Care Education Framework implemented across five provider trusts – supported by a £325k HEE grant
- 3) New Role Development – including funding for MAs, PAs, NAs etc.
- 4) Responding to the non-medical workforce outcomes of the Comprehensive Spending Review with our HEIs
- 5) HEE/UCLP joint transformation programmes
- 6) Engagement with clinical work-streams

Recruitment and Retention Programme

ELFT	NELFT	HUHFT	BHRUT	BARTS
Developing further research on ELFT year one leavers	Review recruitment, selection and on-boarding processes	Appointment of nurse to lead on developing nursing recruitment and retention initiatives.	Nurse/midwife within the recruitment team to support the delivery of two year recruitment and retention plan	Marketing and celebrating Barts as an Employer of Choice
Retention of older workers without Mental Health Officer Status	Accelerate the embedding of QI methodologies	Funding of additional training programmes to support nurse career development.	Enhance the on-boarding experience of staff	New Role, Career Pathways and education frameworks
Retention of newly qualified nurses	Implement an e-Learning programme for the prevention of bullying harassment and abuse.	Establishing a mentoring and development programme for talented staff and high performers.	To fully utilise the use of social media and internet applications to improve recruitment and retention	Career Service Development
Increasing retention of staff through investment in joy in work	Implement an assessment and development and mentoring programme for new managers	Establishing a comprehensive induction and mentoring programme for new managers.	Development of an attraction strategy and initiatives offered	Retention of current staff
Structured supervision and development programme for bank staff to move into substantive posts.	Contribute to an STP wide analysis of leaver data	Targeted organisational development support for teams and identified through the staff survey.	The implementation of assessment centres for Consultant Appointments	Training and Development Opportunities
	Implement a programme of stress awareness and mental well-being support	Development of a staff recognition strategy and programme		Focus on our flexible workforce
		Mental well-being support programme for staff		
		Retention of current staff in NEL		
		Training and Development Opportunities		
		Flexible workforce focus		

Recruitment

Retention

Training & Development

Research

And at an ELHCP Level -

- 1) Understanding the reasons why people leave/stay to inform future initiatives
- 2) Streamlining our approach to talent management
- 3) Development of an ELHCP Apprenticeships strategy – to respond to the 0.5% HMRC Levy and the 2.3% Public Sector Target

Primary Care Workforce Modelling Programme

Developing future workforce profiles at an ELHCP and WEL/CH/BHR level, thus informing our requirements around supply of new and existing roles in the future

Workforce modelling tool which engages GP Leaders across each sector

Workforce information

This CCG and STP level workforce calculator is designed to provide a guide to the numbers of staff required in primary care over the next 5 years.

Select NEL STP followed by the CCG / Region you are interested in.

All cells in orange are inputs to the calculator and can be adjusted to represent the local ways of working in the selected CCG.

STP area:

CCG:

GP	68%
Nurse	18%
Other	12%

Consultations per person per year	5.50
% growth in consultations per person per year	2.38%
Total primary care consultations 2016	1,729,734
Total primary care consultations 2021	2,298,783

Update / Calculate Sheet

GP information

	Proportion	Time (mins)
Face to Face	79.5%	10
Telephone	14.5%	7.5
Online Consultation	5.0%	15
Group Consultation	0.5%	12
Home visit	0.5%	45

Average GP Appointment Time (mins):

Percentage non-patient facing time:

Percentage over 55 GPs retiring per year:

Percentage staff leaving for other reasons:

NQ GPs joining per year FTE (assumes 70% of ST3 trainees remain in CCG):

New joiners per year FTE (Excluding NQ):

Average Hours worked per day:

Average number of days worked per year:

GP Supply vs. demand FTE

A range of skill mix scenarios created at ELHCP; but also WEL/CH/BHR Level

	FTE		
	Scenario 1	Scenario 2	Scenario 3
GP	1,056	1,056	1,056
Nurse	418	460	502
HCA	160	160	160
Physicians Associate	143	89	48
Physiotherapist	3	64	79
Practice Pharmacist	43	34	28
Local Pharmacist	37	30	24
Care Navigator	11	10	8
Other AHP	17	15	12

DRAFT

Informs new priority supply requirements

42 new General Practice Nurses for 2017/18
44 new Physician Associates for 2017/18
Plan required around clinical pharmacists in GP
 +
Locally led Care Navigator and Medical Assistant Programmes

Potential Workforce Profiles

Please select the sample population size to obtain more granular level detail of workforce profiles.

Sample 2016 Population Size: Sample 2021 Population:

	All Borough		Sample Population	
	2016	2021	2016	2021
Population	314,437	360,887	80,000	31,800
GP Supply (FTE)	145	173	37	44
GP Demand (FTE)	149	197	38	50
% Activity carried out by GP	67.2%	60.3%	67.2%	60.3%
Non GP Clinical Activity (%)	32.8%	39.7%	32.8%	39.7%

Workforce Profile - activity carried out by GPs vs. other clinical staff

Each bar represents total number of appointments required per year

CEPN Transformation Programme – Funded and in train

Community Education Provider Network Transformation focus areas:

1. Retention of at risk groups
2. Carers and communities
3. Primary and secondary care interactions
4. Apprenticeships and widening participation
5. New roles/new ways of working
6. Clinical Skills

In addition, each CEPN has been asked to develop a 2017/18 operating plan to outline their full connectivity with the local primary care agenda – **these will be approved by the relevant Accountable Officer** (process started prior to inception of one AO model)

CEPN Transformation Programme

Example Programmes – City and Hackney:

Theme	Programme
Retention of the Workforce	Activity delivered as a result of CEPN primary care workforce investment April 2016/17
	Introduction of Schwartz Rounds for multi-professional staff
	Developing clinical supervision skills and future leadership potential within GP nursing
	Developing a training and development programme to support practice management roles in general practice
Clinical Skills	Supporting salaried GPs-learning, supervision and mentoring
	Quadrant multi-disciplinary learning and development programme Developing competency and capability of primary care workforce to manage service users with mental health programme avoiding attendance and admission to secondary care (City and Hackney; Newham, Tower Hamlets and Waltham Forest)
Apprenticeship & Widening Participation	Widening Participation - Creating a Pathway for Career Development from trainee to registered Nurse
Primary & Secondary Care Interactions	Developing skills, capability and competence of primary care Nurses and their teams to facilitate learning between primary and secondary care clinicians
	Learning Together: Strengthening integrated working between GPs and physicians
Empowering Carers & Communities	Finding the way: Skills and support programme for unpaid Carers in Hackney
New Ways of Working	Recognising the value and contribution of implementing and developing new and existing roles in primary care

2017/18 other workforce activities

- 1) Capital Nurse programme for ELHCP – focus on nurse leadership; as well as regional priorities such as preceptorship, mentorship, career offers.
- 2) Growing our placement capacity in all care settings
- 3) Clinical indemnity solutions – TST Programme
- 4) GP International Recruitment Programme
- 5) Reviewing GP training entry points; addressing the imbalance across ELHCP vs London.
- 6) Joint HEE/UCLP Transformation Programme:
 - Sustainable education and training systems
 - Leadership, QI and Patient Safety
 - Palliative Care
 - Mental Health
 - Digital workforce
 - Integration (*note Dartmouth activity*)
 - Carers

Note also national programmes around, for example – GPFV, MHFV

2017/18 STP investment themes – £900K HEE Fund

- 1) Incentivising 44 new Physician Associate Students by sponsoring their second year of study (23 last year)
- 2) Health and Care Careers Programme – Local events with careers advisors, teachers and job centres; 2 Care Ambassadors per borough; further development of the TST careers in care resources; ELHCP careers marketing strategy
- 3) First Five Year Development Programme – 18 NQ GPs/GPNs to be released for 1 session for 12 months to work on ELHCP/CCG priorities (responding to Generation Y ambitions) + be part of a leadership cohort
- 4) Multi-Professional QI Solutions – A small number of QI grants for staff across health and care systems to solve big ticket issues through developing multi-professional workforce solutions, as aligned to PQI Board
- 5) Practice Manager training – 140 Practice Managers to undertake an ELHCP Programme with a focus on Leadership Skills; Time Management; People Management; HR Law; Managing Conflict; Appraisal Skills; Financial Management; Project & Change Management; Patient Services Management (inc. demand management); Quality Control; etc...

Discussion

- 1) How can we truly create a workforce which can be deployed across Accountable Care Systems?
- 2) HEE will make available further funding to support delivery of the workforce implications of new service models – how do we determine our priorities?
- 3) The workforce of the future is largely here today but requires elements of re-skilling and redeployment across services and care settings - how do we develop the workforce to fit the new care models being proposed (numbers and skills)
- 4) Data being published shortly suggests social care recruitment and retention challenges are akin to those of the NHS – how can we better respond together?
- 5) How can we work together to address challenges which are outside of the control of our employers, such as a lack of affordable housing for our workers?