

<b>North East and North Cumbria ICS Workforce Transformation Programme</b>	<b>Enclosure</b>
<b>January 2020</b>	
<b>Programme Director Report Update report for North of Tyne OSC</b>	
<p><b>Executive Summary</b></p> <p>This is the third report / presentation to the North of Tyne Overview and Scrutiny Committee (OSC) with regards to the North East and North Cumbria Integrated Care System (ICS) Workforce Programme.</p> <p>Members have previously been advised as to the structure of the programme, its strategic objectives and key areas of work. We continue to be governed by the ICS Workforce Transformation and Strategy Board, chaired by the CEO South Tyneside and Sunderland NHS Foundation Trust. Board membership comprises a wide range of system partners and we have been meeting formally since December 2018.</p> <p>This report will provide an update on some of our work to date.</p> <p>It should be noted that this report updates on work which sits within the ICS workforce transformation programme. A much broader programme of work, relating to workforce, exists within the region across all partner organisations, notably Health Education England, NHS England and Improvement, the North East Leadership Academy and the numerous large provider organisations themselves.</p> <p>This paper will be supplemented by a presentation at the meeting.</p>	

## 1. Introduction

This is the third report / presentation to the North of Tyne Overview and Scrutiny Committee (OSC) with regards to the North East and North Cumbria Integrated Care System (ICS) Workforce Programme.

Members have previously been advised as to the structure of the programme, its strategic objectives and key areas of work. We continue to be governed by the ICS Workforce Transformation and Strategy Board, chaired by the CEO South Tyneside and Sunderland NHS Foundation Trust. Board membership comprises a wide range of system partners and we have been meeting formally since December 2018.

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## **2.0 Strategic objective 1: Continue to be recognised locally, regionally and nationally as a leading and respected region with regards to workforce practice and solutions**

### **2.1 Interim People Plan**

A new national NHS workforce strategy is at the advanced stage of development. This is known as the People Plan and we have been working with an interim plan since June 2019. The plan has 5 key themes;

1. Making the NHS the best place to work
2. Improving leadership culture
3. Tackling the nursing challenge
4. Delivering 21<sup>st</sup> century care
5. A new operating model for workforce

Publication of the final plan was due late 2019 and we await an early 2020 publication.

We have repeatedly made representation as to the importance of a workforce strategy for health and care, not just the NHS, and work to adopt a broader approach as part of our local programme.

### **2.2 Workforce System Improvement Model**

The 5<sup>th</sup> chapter of the People Plan has been renamed the Workforce System Improvement Model and our region was fortunate to be selected as one of eight areas to

field test the model. This provided an opportunity to explore our current programme against 9 core areas of work which are themes within the new national strategy.

We held a number of interviews with colleagues involved in our local programme, across health and care, along with a review of data and information and are currently working on a small number of core recommendations to further enhance the work of our programme and delivery of the People Plan ambitions. We are currently in early discussions with Local Authority colleagues as to how some of the learning from this work can be further shared, with meetings scheduled for January.

### **2.3 Local Enterprise Partnership**

We are pleased to have further developed our working relationship with the North East Local Enterprise Partnerships (LEP). LEPS are voluntary partnerships between local authorities and businesses set up in 2011 by the Department for Business, Innovation and Skills to help determine local economic priorities and lead economic growth and job creation within the local area. Following engagement with the NHS HRD forum, an invitation was received to become a member of the local LEP Skills Advisory Panels and some of their supporting sub groups. We are discussing workforce topics such as the impact of digital working, digital skills needed for the future and the context of work arising from ageing and fuller working lives.

### **2.4 Working with Trade Unions: Social Partnership Forum (SPF) event and BMA event**

We have continued to keep trade unions apprised of ICS work via the quarterly SPF forum and on the 21<sup>st</sup> January will be holding the second bespoke meeting dedicated to ICS updates and discussions. A number of the ICS work stream leads will be attending to talk directly with trade union colleagues.

In addition, along with medical director colleagues, we attended the regional BMA meeting in December to appraise some of our medical colleagues with regards to ongoing work across the ICS, with a focus on primary care networks in particular.

## **3.0 Strategic Objective 2: Getting Supply and Education Right**

### **3.1 System workforce planning events**

Over the summer we began a strategic workforce planning project with Health Education England, looking ahead to 2025 at population health needs and the skills and competencies of the workforce which would be needed. This is a significant piece of work, which was structured around each ICP and involved over 200 system colleagues. Each ICP is now taking forward work for their own area and further work has been commissioned to look at workforce needs on the cancer, learning disability and frailty pathways.

### 3.2 Long Term Plan; workforce planning round

Following the conclusion of the Long Term Planning round (LTP) which covered the years 2019-2024 (5 years) and was solely focused on secondary care NHS finance, activity, and workforce, the information received from providers indicated clearly that there is no agreement to grow posts, rather there is agreement to reduce vacancies.

Initial data indicates that established **posts** will grow, albeit marginally, by 242 to approximately 78,000 across all staff groups, however, by reducing persistent vacancy rates the data indicates that approximately 2,400 **people** will be working in this part of our ICS by the end of this planning cycle.

Specifically within nursing, we currently have approximately 24,000 staff (across all qualified nursing staff groups) with providers carrying (collectively) approximately 1,900 vacancies (~8% vacancy rate) which is below the national average for this category of staff measured in this way.

To enable us to have a sustainable nursing workforce efforts are underway to establish the reasons that drive factors such as supply (educational routes, international recruitment, retention, and return to practice) at ICS level. However, of note is that levels of nurse training for our ICS are reasonably healthy with an increase in nurse trainees over the last few years since the removal of the national bursary scheme.

Further to discussions on this at the December Workforce Board, we have further analysis underway and are working closely with Directors of Nursing in this regard, with providers retaining a careful eye on the EU workforce and any arising Brexit issues, as set out in the recent letter to this committee which responded to queries with regards to EU colleagues leaving the NHS workforce.

### 3.3 Primary care

The development of the Primary Care workforce is a key aspect of the Long-term plan. Nationally this has been supported through the Primary Care Network contract arrangements through which the PCNs are able to access a range of new roles, including:

- Clinical Pharmacists
- Social Prescribing link workers
- Physician associates
- Physio therapists
- Paramedics.

The new roles will enable PCNs to develop new multi-disciplinary models of care to support the delivery of the aspirations of the long-term plan.

These roles have represented significant investment in Primary Care and at a local level the ICS has been awarded funding to ensure that the new roles are developed and imbed, the ICS is working with a range of partners including Health Education England to ensure robust plans are in place to enable this.

Therefore, the ICS is in the process of establishing a Primary Care Workforce Board to focus on this important work with the inaugural meeting expected to take place during February.

The ICS has also continued to focus on the support and retention of the current GP workforce and offers a local Retention support initiative that has supported over 40 GPs this year so far, as well as offering leadership development to 13 PCN Clinical Directors with the view that this programme will be further developed for 20/21.

### **3.4 Find Your Place campaign and communications**

We have agreed to expand the established *Find Your Place* campaign, which has thus far been successful in attracting junior doctors to the region. The campaign is in the final stages of preparations to be rolled out to attract nurses into the region and will support the recruitment work undertaken by each organisation in their own right. It will also compliment the celebrations for 2020 relating to the international year of the nurse.

Examples of some of the specific work are;

- Raising the profile of the region as a great place to live, work and train as a nurse to areas outside of the region (targeting those entering at band 5 level first).
- Geographical areas to focus could include Scotland, Ireland, Yorkshire, Manchester as well key universities.
- Specific specialty areas to focus on included care of the elderly/ medicine, mental health and learning disabilities

Work has started to look at how the current visual brand can be adapted to incorporate other professions and work is underway to commission a new website to support this work. As previously advised, there is intention to expand the campaign wider, to focus on for example, social workers and AHPs, and this will be considered once the nursing campaign is up and running.

We are issuing a regular Workforce Transformation Programme newsletter with edition 4 due to be published towards the end of January.

### **3.5 Allocation of Workforce Development Funding**

We worked with the ICS work streams in the autumn to identify workforce projects which would benefit from workforce development funding. Six projects are now underway, working on the following important areas;

- Social prescribing; link worker training hub
- Flexible worker; researching work to date and innovative workforce solutions
- Workforce development leads; caring for older people
- Child health and wellbeing: youth mental health first aid training
- Better Health at work Award practitioners; working with primary care
- Learning Disability; positive behaviour support coalition
- Mental Health; on line training

### **3.6 Continuous Professional Development monies for nurses, midwives and AHPs**

Members may be aware of recent confirmation as to the allocation of Continuous Professional Development monies for nurses, midwives and AHPs from 1 April 2020.

£150 million is being made available from Health Education England in 2020/21 and thereafter to enable employers to provide a £1,000 training budget over the next three years for each NHS nurses, midwives and AHPs within trusts.

This allocation totals c£9m for the NENC region for 20/21 and is allocated this year directly to Trusts.

Directors of Nursing, HEE colleagues and Learning and Development Leads have started discussions with regards to use, alignment with current activity and exploring what might be delivered collectively at scale.

We await further information about any wider allocation, into for example, the primary care workforce or wider.

### **3.7 Pensions Tax**

Members will likely be aware from media coverage of the workforce issues arising from the position with Pensions Tax and the subsequent introduction of flexibilities with regards to pension arrangements for clinicians, in active clinical service. This is being overseen and managed via HRDs in provider trusts.

## **4.0 Strategic Objective 3: Becoming A Great Place to Work**

This work stream focuses on 6 cores strands of work; 3 which relate to the original NENC Streamlining Programme (recruitment, statutory and mandatory training and occupational health) and 3 new strands relating to health and wellbeing, equality and diversity and flexibility of employment.

The 6 delivery groups are up and running with objectives to end of March set and longer term objectives in development. Work is overseen by the Great Place to Work Delivery Board.

Local Authority membership and influence in the Great Place to Work programme continues to grow. From a senior influence perspective, Janice Barclay, Service Director, HR and Workforce Development at Gateshead Metropolitan Borough Council (GMBC) now represents her Local Authority colleagues as a member of the Great Place to Work (GPTW) Delivery Board. This allows her, on behalf of her Local Authority colleagues to influence strategy, priorities and perspectives beyond healthcare as part of this work.

This is coupled with our GPTW Programme Manager being invited by NEREO (North East Regional Employers Organisation) to attend the bi-monthly Heads of HR session for input and decision making, mirroring a process in place with NHS HRDs to ensure that there is senior influence throughout the work.

In November, nine months since the programme began, a session reviewing progress was well attended by senior Local Authority workforce leaders, alongside those from our NHS partners, and the delivery group sponsors and operational leads. Whilst this session focused on the work per se, it also positively contributed to improving cross-sector networking and 'understanding one another's worlds'.

At present, Local Authority (operational) membership is embedding within three of the GPTW delivery groups; Health & Wellbeing, Equality, Diversity & Inclusion and Flexibility of Employment. Darlington Borough Council attends on behalf of Local Authorities throughout the Tees Valley with a further two local authorities identified on the groups. Increased membership is encouraged and supported by NEREO.

Alongside this, our Trade Union Delivery Board member, whose organisation has members in both sectors, has encouraged regional Trade Union colleagues to join the three new Delivery Groups on behalf of their colleagues and to represent the views of their members across Health & Social Care

Discussions are currently taking place as to how NHS partners can extend the positive gains from the three legacy (from a previous NHS programme) delivery groups; Occupational Health, Recruitment and Statutory and Mandatory training. This includes establishing internet-enabled access to eLearning modules which meet national competency requirements which reduce the time required to delivery statutory and mandatory training and are also transferrable between employers – a vital step if we are to achieve an effective method of staff 'pass porting'.

In addition, we have held 2 workshops with Heads of HR from Local Authorities with regards to this agenda, the latter being a joint event with health HR Directors, looking at these important areas of work together. There will be a follow up event in the spring.

## **Apprentices**

A new group, with joint NHS and Local Authority Chairs, has been established to look at the use of the apprenticeship levy. This brings together workforce leaders across health and care to consider current use of the levy, flexibilities and how it can be best used to serve local populations.

## **5.0 Strategic objective 4: Supporting and Developing Leaders at all levels (System Development)**

### **5.1 System and Leadership Development projects**

Funding has been secured from NHS England for a number of leadership and OD projects. These include;

- Primary Care Networks, development of Clinical Directors
- Population Health Management Programme (programme includes 16 local authority colleagues including service managers, business change managers, public health colleagues and locality managers).

- Leading Together for Change Programme (including 7 local authority colleagues including a school Improvement Lead, Senior Practitioner and participation Officer)
- Building system capacity and capability across our existing OD community
- ICS and ICP Leadership Communities
- System Leadership course

## 5.2 Newcastle Place Leadership course

The 'Newcastle Joint System Leadership Programme' was launched in April 2019 and its second cohort has just commenced in December. There are 52 participants in the programme across the 2 cohorts, including the GP PCN directors, hospital clinical directors, senior managers and clinicians from the council, NUTH, CNTW and NGCCG and the chief executives from 5 local voluntary sector organisations. As well as attending the programme days, participants work in cross organisational groups of 4 on a 'quad project' of their choosing.

We hope to have 2 new cohorts of participants commence on the programme every year.

We are also working with colleagues to also develop a 'future leaders' programme for 150 18-25 year olds across Newcastle that will be held over three days in March. Professor Jayne Robinson, is organising this with Common Purpose on behalf of the statutory organisations, universities and key employers in Newcastle city.

## 5.3 Plexus (programme for senior leaders across Newcastle)

PLEXUS is a network of 31 North East 'next-in-line-to-CEO' participant leaders and a facilitated programme to support them. These leaders are passionate about the north east being an amazing place to live and work with great people, world class institutions, amazing natural beauty and a strong sense of culture and identity. However, regrettably the health, wealth and wellbeing of the region and local people is worse than elsewhere, and has been for many generations. As senior, next-in-line to CEO, leaders in public, community and private organisations there was recognition of the untapped potential in local people and place, which these leaders want to realise in order to wipe out the health, wealth and wellbeing gap.

Plexus works on the basis of believing that by meeting, working and learning together these leaders can realise the potential of the region, and better lead their organisations.

## 5.4 Talent Management

The Northern Talent Board is now well established and has supported the appointment of a System Talent Lead in each STP / ICS. Kate North fulfils this role for the NENC area and will be working with colleagues within the ICS to develop a talent strategy.

The Northern Talent Board have opened talent pools for HR Directors, Directors of Nursing and more recently Medical and Finance Directors. Individuals, from health, have participated in assessment centres and will be supported with ongoing career development.

Locally, we are seeking to take a broader approach to talent, notably across health and care and within the 2 enabling ICS programmes of workforce and digital.

Although to date a lot of the work around Talent Management has been Health focused, increasingly work is progressing on an integrated basis together with Partners and Local Authorities. It is perhaps easier to look at this on an ICP/Locality level as relationships have been developing as services are designed and delivered together. Some of these include North Cumbria where a System Workforce Strategy has been developed, led by Cumbria County Council working closely with key partners across Health. Further work is already starting on a Joint Talent Management Plan to develop and 'grow' a talent pool of senior leaders across the health and care sector.

An innovative approach to retaining talent within the ICS for the ICS (System Advertising) is also looking at how we advertise posts across the sector to provide our valued workforce career opportunities prior to posts being advertised externally to the region. A working group which includes colleagues from Local Government, Health and the NHS Jobs Future Service Development Team are exploring opportunities to pilot a new integrated shared approach.

**Lisa Crichton-Jones**  
**Workforce Programme – Director of Workforce Transformation**  
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