



# London Workforce Strategic Framework

March 2016

## **This document was created in partnership with:**

- **Healthy London Partnership**
- **The 32 Clinical Commissioning Groups in London**
- **Health Education England**
- **NHS England (London Region)**
- **The Association of Directors of Adult Social Services**
- **NHS Improvement**

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# Foreword

We are pleased to present the London *Workforce Strategic Framework* on behalf of the London Workforce Programme Board. This framework seeks to establish a coherent voice around the most pressing workforce challenges in London now, and to enable the workforce to transform health and social care services across the Capital.

The development of this *London Workforce Strategic Framework* has been made possible through the establishment of a collaborative workforce transformation programme on behalf of London's clinical commissioning groups (CCGs), NHS England (London Region) and Health Education England, through the Healthy London Partnership. This has been supported by partners from across the system through the London Workforce Programme Board, Delivery Group and Senate.

We are also indebted to stakeholders across the system who have been involved in the development and review of this London Workforce Strategic Framework. We thank clinical leadership groups and boards, workforce

steering groups, the London HR directors group, the London nurse directors group, the London social partnership forum, the London clinical senate and many others who have given their time to inform, challenge and clarify the workforce challenges and potential solutions relating to their area of expertise. We want to recognise over 1000 stakeholders who have been involved to date.

We believe this framework outlines the strategic areas of focus for workforce action that will best enable the transformation of health and social care services that are local to you. This document is the foundation for strategic workforce planning in London going forward, and provides you with a guide to inform the development of your local multi-partner workforce transformation plans across London. We believe it also supports a continued dialogue across the capital to promote the development of local solutions, enable common issues to be addressed once, and to provide a coherent voice to solve London's workforce challenges.



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# Executive summary

The health and social care system in London is highly complex due to the broad range of services it delivers to a diverse population. To achieve the Better Health for London aspiration of making London one of the world's healthiest global cities, and delivering a quality service that meets the changing needs of today's population and the population of the future, transformational change is required to existing services.

Delivering transformational change to services in this complex environment will require careful thought on how to tackle the challenges this will have on the workforce. However, cutting through this complexity is critical to the successful delivery of better care across London.

*Better Health for London* (October 2014), and the *Five Year Forward View* (October 2014), identified the need to focus on developing a modern health and social care workforce that will support the effective delivery of new models of care. In parallel, the Association of Directors of Adult Social Services (ADASS) set out in *Distinctive, Valued, Personal* (March 2015) the distinctive role and value of a 21st century social care workforce in the context of the Care Act 2014.

Across the health and social care system, workforce is consistently cited as the key area that will make or break the transformation of services required in all parts of London. If immediate actions are not taken, that support the workforce to continue to deliver high-quality care to patients through this period of transformation, there is a significant risk that the quality of services for patients now and in the future could be affected.

The ambition in London is to support the development of a modern health and social care workforce that is trained, focused and supported. The first step in achieving this ambition is to establish a coherent voice around the most pressing workforce challenges in London now, and to mitigate challenges that will arise as a consequence of planned transformational change to services.

This *London Workforce Strategic Framework* seeks to achieve this ambition. It provides a qualitative evaluation of the workforce implications of a number of key national reviews, London-wide and local transformation programmes and international models. These workforce implications lead to eight workforce findings, which provide the platform for improvement.

These findings set a clear direction for where action is required. It is proposed that commissioners and providers across London embrace these findings, and use the insights they provide to support the development of local plans. Many solutions may be found locally, however during the development of this framework, it has become clear that there may be benefits in developing a number of solutions once for London.

This *London Workforce Strategic Framework* will enable stakeholders across the system to develop coordinated action to workforce challenges identified in the key findings. In addition, it will be important to continue to reflect on where solutions can be best solved once for London, as well as identifying local solutions.

The eight workforce findings are:



## Transforming London's health and social care workforce



**1** Retaining and recruiting the best staff



**5** Supporting workforce agility to respond to change



**2** Supporting staff to collaborate across organisational and professional boundaries



**6** Strengthening health systems – providers and commissioners



**3** Supporting workforce versatility to adapt to the multiple needs of patients



**7** Ensuring care is delivered in the right place, with a particular focus on primary health care and community services



**4** Developing leaders and managers at all levels



**8** Delivering improved value, quality and productivity through the workforce



The ambition in London is to support the development of a modern health and social care workforce that is trained, focused and supported to deliver transformed services in London.

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# Background

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Everything comes down to the people, both right now and in the future: so we must pay attention now if we are to expect results in 10, 15, 20 years. People are long term.

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Source: Better leadership for tomorrow: NHS leadership review (Lord Rose) (2015)

The health and social care system is facing many challenges. Greater demand on services is fuelled by an increasingly aged and frail population, whilst patient expectation of services continues to grow. Growing demand continues to put pressure on current services, increasing costs and the demands on the existing medical and non-medical health and social care workforce. It is widely recognised that serving this growth in demand is not sustainable, if we carry on the way we work now. A change in approach is needed if we are to deliver the consistent high quality of care patients expect now and in the future.

*Better Health for London* (October 2014), and the *Five Year Forward View* (October 2014), identified the need to focus on developing a modern NHS workforce that will support the effective delivery of new models of care. In parallel, the Association of Directors of Adult Social Services (ADASS) set out in *Distinctive, Valued, Personal* (March 2015) the distinctive role and value of a 21st century social care workforce in the context of the Care Act 2014. Across the health and social care system, workforce is consistently cited as the key area that will make or break the required transformation of existing services.

The health and social care system is one the largest employers of Londoners and is highly complex due to the varied range of services it delivers to a diverse population. To deliver planned transformational change in this complex environment will require significant consideration of the workforce challenges.

However, cutting through this complexity is critical to the successful delivery of better care across London.

New models of care and initiatives to meet patient and public needs have been developed. To deliver these new models, and mitigate the existing challenges faced by health and care system, changes to workforce numbers, skills and ways of working are essential.

To enable the delivery of this modern health and care workforce in London for Londoners, a collaborative workforce transformation programme has been established on behalf of London's clinical commissioning groups (CCGs) and NHS England (London) (Healthy London Partnership) together with Health Education England (HEE). Through working with partners, including ADASS and NHS Improvement, this programme of work is recognised as an enabler to mitigate existing service workforce challenges, and ensure the successful delivery of new models of care across London.

This collaboration has developed this Workforce Strategic Framework for London to establish a coherent voice around the most pressing workforce challenges now, and as a consequence of planned transformational change to existing services.

The objective of this document is to facilitate the co-ordinated delivery of those short-term (1-2 years) and longer term (3-5+ years) actions, which deliver the most impact and value locally for Londoners.



## Approach to determining London workforce priorities – workforce perspectives

Better Health for London (BHfL) and the Five Year Forward View (FYFV) both provided recommendations to develop a modern NHS workforce that will support the effective delivery of new models of care, and mitigate existing workforce challenges. In parallel, the Association of Directors of Adult Social Services (ADASS) set out in Distinctive, Valued, Personal (March 2015) their vision of a 21st century social care workforce in the context of the Care Act 2014.

However, since these were published there have been a number of developments with significant workforce implications that need further consideration. For example: the establishment of vanguard sites for new models of care; further progress of London-wide transformation programmes; and a greater understanding of local transformation programmes across providers and commissioners.

Equally, additional stakeholder engagement has demonstrated that defining the workforce implications of new models of care remains hugely challenging, due to their multi-faceted nature and impact across local and London-wide transformation programmes.

Therefore, in ensuring this framework is comprehensive, and accurately reflects a wider range of views across London on the existing workforce needs, the key findings in this document were investigated through seven workforce perspectives:

### 1 Existing London - wide transformation programmes

A review has been conducted of major London-wide transformation programmes. These are: urgent and emergency care; primary care; cancer; children and young people; mental health; CapitalNurse; adult social care; and London's digital, personalisation and self-care programmes.

### 2 A London local health economy perspective

A review of local CCG transformation programme priorities has been explored.

### 3 National workforce priorities and agenda

Recent national and London publications have been reviewed to assess the potential workforce implications.

### 4 Five Year Forward View new models of care

A review has taken place looking at the workforce implications of vanguard new models of care.



Better Health for London (BHfL) and the Five Year Forward View (FYFV) both provided recommendations to develop a modern NHS workforce that will support the effective delivery of new models of care, and mitigate existing workforce challenges.

## 5 International models

Three international models that are of interest to a number of commissioners and providers across London have been reviewed with a particular emphasis on the workforce considerations if they were applied in the health and social care system.

**For more information about the methodology used to develop this framework please see Appendix 1 on page 63.**

## 6 Current vs future modelling

A collation of available London workforce datasets has been undertaken to support the establishment of a workforce strategic baseline for London.

## 7 Strategic drivers, barriers and enablers

Identification and analysis of those fundamental strategic drivers, barriers and enablers from looking at all of the analyses.

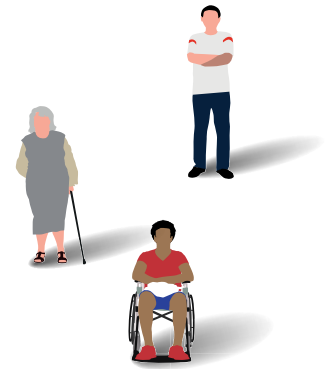
Ensuring that London is able to educate, train, lead and support its workforce effectively underpins the success of the ambitious transformation planned across London. This framework provides insights from a broad range of perspectives and derives a set of findings and recommendations which support both the development of the workforce for the future, and enable the existing workforce to work effectively in the transformed health and social care system in London.

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# Chapter 1:

## London's workforce landscape



To create a modern workforce in the capital, an appreciation of the unique workforce landscape that exists across London is required. This landscape is currently very challenging. Workforce gaps are often cited across many staffing groups, including urgent and emergency consultants, mental health nursing teams and GPs. There is a lack of sufficient workforce capacity in certain care settings to meet patient demand for services (e.g. in the delivery of cancer diagnostics in secondary care). It has been found that more than a third of the workforce who train in London subsequently choose to move away. London's health and social care workforce is an ageing workforce, with 15% of London GPs aged 60 and over compared to 8% in the rest of England. Staff turnover is recognised as being higher in London than in other regions (e.g. for NHS111 attrition rates for health advisors are between six and 41%, and clinical advisors are between three and 36%).

Through a review of available literature, and engagement with system-wide stakeholders, the following workforce trends are identified in London:

**London is recognised as a centre of excellence for health training and education; locally, nationally and internationally. This is made possible through:**

- innovative local clinical and non-clinical education and training workforce models, commissioned via LETBs working closely with local partners
- unique training opportunities. For example in specialist services using cutting edge technology and techniques
- links to high-quality, internationally-renowned research in health and healthcare subjects providing a centre of excellence for health training
- the contribution of London medical and higher education institutions in their delivery of health training and education.



To create a modern workforce in the capital, an appreciation of the unique workforce landscape that exists across London is required.



Looking ahead, London's health and social care workforce will need to adapt to deliver personalised care and enable whole system transformation.

**London has a unique workforce profile, and can be a challenging place to live and work. Particular trends in London are:**

- turnover is high, and there are significant recruitment challenges in some areas
- many newly qualified professionals leave London shortly after completing their training. There are a number of reasons. However, the most cited is the high cost of living, in particular the lack of affordable housing
- there is significant evidence to show a shift from acute to community sector-based working in London.

**Looking ahead, London's health and social care workforce will need to adapt to deliver personalised care and enable whole system transformation. To do so:**

- care will need to be delivered closer to patients' homes, delivering the outcomes that matter most to them. The workforce continues to be a critical enabler to deliver this personalised care based on local populations' needs
- there is a need to promote a cultural and behavioural shift in the way training is delivered, the majority of which is in hospitals. This means that a hospital-focused mind-set persists within the existing workforce

- there must be a significant increase in the overall number of staff delivering primary health care and community services
- a broader range of roles are required to deliver the specification set out in the Strategic Commissioning Framework for Primary Care in London. Similarly, to transform the urgent and emergency care system, the varying workforce challenges faced in different parts of London need to be addressed with innovative solutions. Other key transformation programmes of work in, for example, mental health, children and young people's services and cancer will also significantly impact on the workforce
- the skills of the workforce need to evolve. There needs to be a greater emphasis on having a more flexible, generalist skillset; the ability to support people to care for themselves; and skills which complement both health and social care
- a change of mindsets and behaviours is required of the workforce to deliver greater personalised care
- effective clinical leadership will be instrumental in delivering new models of care, and must reflect the diverse nature of London's workforce and Londoners themselves.

### London's healthcare system is complex, with levers and barriers to change at multiple levels:

- defining the workforce implications of new models of care remains hugely challenging due to their multi-faceted nature, and impact across all local and London-wide transformation programmes
- addressing these issues will require a London-wide perspective and a collaborative approach to identifying core initiatives to address the issues at each level of the system.

### London's health and social care workforce needs to adapt to significantly improve productivity, whilst retaining quality and safety:

- there is a national focus on achieving substantial (2-3% per annum) efficiency gains
- Lord Carter's review found that managing workforce costs were a key part of improving the financial position of the NHS
- delivering the right care in the right setting, and finding new ways of delivering care, will be critical to success and clearly has specific workforce implications.

These trends in London demonstrate the complex environment in which a modern health and social care workforce needs to operate to deliver services that meet the needs of patients now, and in the future. Having an appreciation of each of these trends is important to ensure that this framework is focused on addressing the workforce priorities which best support the existing workforce to operate in this environment more effectively.

The following chapters reflect in more detail on the workforce implications of these trends, and the workforce priorities that form the foundation of this London Workforce Strategic Framework.

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# Chapter 2:

## The national workforce agenda and priorities



Since BHfL and the FYFV were published in October 2014, there have been a number of other significant national reviews citing their implications on the existing and future health and social care workforce. A specific focus has been on developing a health and social care workforce to provide 'seven day services' in both primary and secondary care; improved leadership at all organisational levels; and increasing productivity across the system. It is important that this framework takes into consideration the workforce implications of national recommendations across the system, and reflects on the impact this could have in the context of service transformation in London.

This chapter provides an insight into the workforce implications of those significant national publications which will shape the requirements of a modern workforce in a transformed health and social care system.

### 2.1 Five Year Forward View workforce agenda and new models of care

The FYFV sets out a vision for the future of the health and social care system, recognises the challenges and outlines potential solutions to the big questions facing health and care services in England.

As part of this framework, a clear workforce agenda for change is described focused on:

- **Expanding new health and care roles**  
HEE will continue to work with its statutory partners to commission and develop new health and care roles (e.g. with Universities UK).
- **Evolving working patterns, pay, and terms and conditions**  
NHS employers, staff and their representatives will need to consider how working patterns, pay, and terms and

conditions can best evolve to fully reward high performance, support job and service redesign, and encourage recruitment and retention in parts of the country and in occupations where vacancies are high.

- **New measures to support employers to retain and develop existing staff**  
New measures will be put in place to support employers to retain and develop their existing staff, increase productivity and reduce the waste of skills and money.
- **Identifying the education and training needs of the current and future workforce**  
HEE will work with employers, employees and commissioners to identify the education and training needs of the current workforce, equipping them with the skills and flexibilities to deliver new models of care, including the development of transitional roles. HEIs and service providers will play an important role in determining the future workforce supply and quality requirements, especially in non-medical roles.

### The workforce focus of vanguard new models of care

A key focus of the FYFV vision is the implementation of new models of care to mitigate current challenges faced by the health and social care system. In January 2015, NHS organisations and partnerships were invited to apply to become 'vanguard' sites. Each of these sites is taking a lead on the development of new care models, which will act as the blueprints for the health and social care system moving forward and be the inspiration to the rest of the system.

### Workforce implications

- 1** Thematic reviews of each vanguard site, undertaken in collaboration with the NHS England national 'new models of care team', identified that a modern flexible workforce is integral to the success of vanguards. Reference was made to the fact that multi-disciplinary team working will be pivotal, with networks of care organised around patients and local populations – reflecting the diversity of the communities served.
- 2** In addition, further vanguard workforce priorities were considered by HEE, which identified eight further key areas of focus to best enable the successful delivery of new models of care:

- Workforce development
- New and extended roles, skills and training
- Pay and reward
- Grading and role design
- Organisational development and culture transformation
- System reform
- Alignment to local workforce strategy
- Leadership development.

- 3** As part of this initial assessment of vanguards, challenges associated with workforce development and cultural transformations were raised as the top areas of focus to be addressed in order to achieve maximum impact.
- 4** As vanguards are testing and refining new models of care, identifying their workforce priorities, it can safely be assumed that 'followers' will be similarly challenged. As a consequence, consideration is needed on how support is extended to all service providers in the longer term.

The FYFV sets a clear direction of travel, with further work still ongoing by the NHS England national new models of care programme team to conclude those national workforce support packages that will provide the greatest value to vanguard sites. However, these initial workforce priorities provide an indication of the workforce priorities London will need to focus on in future.



A key focus of the FYFV vision is the implementation of new models of care to mitigate current challenges faced by the health and social care system.

## 2.2 Five Year Forward View Mental Health Taskforce

In March 2015 NHS England launched a Taskforce to develop a five-year strategy to improve mental health outcomes across the NHS, for people of all ages. This Five Year Forward View for Mental Health clearly sets out how national bodies will work together between now and 2021 to help people have good mental health, and make sure they can access evidence-based treatment rapidly when they need it.

### Workforce implications

This five-year strategy outlines the multi-disciplinary workforce strategy for the future shape and skill mix of the workforce required to deliver the *Five Year Forward View for Mental Health* that will be developed by HEE, with stakeholders, in 2016.

Workforce recommendations from the *Five Year Forward View for Mental Health* include:

- 1 Recommendation 32:** HEE should work with NHS England, PHE, the Local Government Association and local authorities, professional bodies, charities, experts-by-experience and others to develop a costed, multi-disciplinary workforce strategy for the future shape and skill mix of the workforce required to deliver both this strategy and the workforce recommendations set out in *Future in Mind*. This must report by no later than 2016.
- 2 Recommendation 33:** NHS England should ensure current health and wellbeing support to NHS organisations extends to include good practice in the management of mental health in the workplace, and provision of occupational mental health expertise and effective workplace interventions from 2016 onward.
- 3 Recommendation 34:** NHS England should introduce a CQUIN or alternative incentive payment relating to NHS staff health and wellbeing under the NHS Standard Contract by 2017.
- 4 Recommendation 35:** NHS England should develop and introduce measures of staff awareness and confidence in dealing with mental health into annual NHS staff surveys across all settings.
- 5 Recommendation 36:** The Department of Health and NHS England should work with the Royal College of GPs and HEE to ensure that by 2020 all GPs, including the 5,000 joining the workforce by 2020/21, receive core mental health training. They should also develop a new role of GPs with an extended scope of practice (GPwER) in mental health, with at least 700 to be in practice within five years.
- 6 Recommendation 37:** The Department of Health should continue to support the expansion of programmes that train people to qualify as social workers and contribute to ensuring the workforce is ready to provide high quality social work services in mental health. This should include expanding Think Ahead to provide at least an additional 300 places.
- 7 Recommendation 38:** By April 2017, HEE should work with the Academy of Medical Royal Colleges to develop standards for all prescribing health professionals that include discussion of the risks and benefits of medication, and take into account people's personal preferences – including preventative physical health support and the provision of accessible information to support informed decision-making.



## 2.3 Seven day working

Delivery of NHS services seven days a week is headline news. The considerable drive to deliver this agenda builds on a groundswell of reports and initiatives since the turn of the decade, focusing on:

### ■ Safety

The seven days a week forum developed ten clinical standards for access to urgent and emergency care services; their supporting diagnostic services; and seven days a week services. This was to address the perceived gap in safety between mid-week and weekend services. By 2020, 100% of the population will be covered by these standards.

### ■ Efficiency

Opening some services seven days a week has been proposed as a way of maximising value from expensive assets, such as imaging and radiotherapy equipment, as well as in dealing with the increase in demand for diagnostic services. In addition, it has been proposed that improving seven day access to services in the acute and community settings would reduce the risk of delayed discharge, leading to a reduction in length of stay.

### ■ Access

Extending access to GP services across seven days, and at times convenient to “hard working people” has been a cornerstone of Conservative NHS policy, and has been reiterated on numerous occasions, despite scepticism from GP leaders over the cost and ability to implement. The initiative has been supported by Prime Minister’s Challenge Fund investment in pilot areas, with seven pilot sites in London.

## Workforce implications

The key workforce challenges recognised when delivering seven day working are:

- 1 The cultural and behavioural change required, especially for staff who have not traditionally worked ‘out of hours’.
- 2 The need to increasingly work collaboratively with staff to re-design working patterns, while ensuring flexibility and worklife balance for staff.
- 3 The equality and diversity implications of implementing seven day working.
- 4 The availability of support services that enable service delivery such as transport, child care, and the availability of core care services – for example to support community discharge.
- 5 The cost and ability to recruit additional staff to move to shift systems, particularly with a general shortage of staff in primary care.
- 6 The reform needed of medical contracts and consultation with ‘agenda for change’ staff.
- 7 The need to develop suitable rotas and associated management skills and software.
- 8 The network working and joint rotas needed to enable implementation in areas with small staff numbers, or across primary care regions or federations.
- 9 The adjustments required to clinical leadership.
- 10 The development of new and existing roles to support medical staff and to deliver generalist skills in multiple settings, including some roles extension – for example for community pharmacists.
- 11 Further development of the bridge between acute and primary care.

## 2.4 Review of operational productivity in NHS providers (Lord Carter)

The NHS in London faces a £4.76 billion affordability gap between forecast funding levels and the expected rise in demand for healthcare by 2020/21. Bridging this gap is partly dependent on improving quality and efficiency in NHS hospitals, which will be challenging to deliver.

Lord Carter's recent review of operational productivity in English non-specialist acute hospitals focuses on:

- optimising clinical resources (e.g. improving people policies and practices)
- optimising non-clinical resources (e.g. procurement, corporate and administrative costs)
- quality and efficiency across patient pathways (e.g. enabling digital technology and information systems)
- creating the model hospital and an integrated performance framework
- engagement with trusts and implementation to deliver sustainable change.

### Approach

The NHS is expected to deliver efficiencies of 2-3% per year, effectively setting a 10-15% real terms cost reduction target to be achieved by April 2021. The review concluded that efficiency savings could be realised through reducing unnecessary variation across key resource areas. These include clinical staff, pharmacy and medicines, procurement, back-office functions, estates and facilities. This would be achieved through a combination of:

- a national people strategy and implementation plan
- developing and implementing measures for analysing staff deployment

- better collaboration and coordination of clinical services across local health economies to prevent avoidable admissions and support early discharge
- managing workforce costs by rationalising corporate and administration functions
- better procurement
- improving estates, diagnostics and imaging, pharmacy and medicines management
- leveraging further digital technology and information systems to improve quality and efficiency across patient pathways.

### Workforce implications

- 1** This report recommends that NHS Improvement should develop a national people strategy implementation plan, which looks to simplify system structures, raise people management capacity and build a more engaged and inclusive environment in which the workforce can operate. Development of effective leaders and managers will also be required to ensure that best practice approaches are adopted across the areas described in this review, such as workforce deployment, management of flexible working practices and ward round effectiveness.
- 2** The report focuses on improved governance and reporting in order to measure performance and efficiency improvements, citing the need for a clear set of metrics supported by one source of underlying data, benchmarks and appropriate management controls. Alignment of incentives and measures at all levels to deliver high-value healthcare will be important.
- 3** Examples are given where effective use of key enablers could help to maximise the effectiveness of clinicians and managers, for example e-rostering, shared services and better procurement support.

- 4** Improved collaboration between staff across organisational boundaries will be needed if coordination of clinical services across local health economies is to be improved, so that services can better meet the needs of their local communities (e.g. by preventing avoidable admissions and supporting early discharges).
- 5** The desire to manage workforce costs by rationalising corporate and administrative functions will require, among other enablers, aligning ways of working across trusts to deliver the expected efficiencies.

## 2.5 Better leadership for tomorrow: NHS leadership review (Lord Rose)

In early 2014 Lord Rose was asked by the Secretary of State for Health, Jeremy Hunt, to review what more could be done to attract top talent from inside and outside the health sector into leading positions in NHS hospital trusts. In addition, this review was asked to include recommendations on how strong leadership in hospital trusts could be used as a force for good to transform organisational culture. In early 2015, the review was extended to consider how best to equip CCGs to deliver the FYFV. The 'Rose Review' was published in June 2015.

Each of the 19 recommendations of the report were accepted 'in principle' with a pledge that the Department of Health will work with the health and care system to develop plans "to implement each recommendation to the extent possible, subject to an assessment of proportionality, cost-effectiveness and affordability".

### Key findings

The report highlighted key areas of concern, many of which it said were 'chronic and unaddressed over an extended period'. These are:

- a lack of 'one NHS vision' and a common ethos
- insufficient management and leadership capability to deal effectively with the vast range of changes to which the NHS is committed
- a need for overall direction of careers in management across medical, administrative and nursing cadres.

The recommendations of the review highlighted five areas for focus:

#### Vision

- Having a single communications strategy
- Having a single NHS handbook.

#### Training

- HEE to coordinate all NHS training
- NHS Leadership Academy to transition to HEE
- Accredit training establishments
- Review and expand exemplar NHS management development schemes
- Remove barriers to progression to middle management
- Mandatory qualification for senior managers.

#### Performance management

- Embed core management competencies and behaviours
- Ongoing career support for managers
- Establish NHS appraisal system.

#### Management support

- NHS-wide comments board
- Minimum-term, centrally-held contracts for very senior managers
- Formally review non-executive directors and CCG lay members.

#### Bureaucracy

- Review data demands now and regularly
- Merge Trust Development Authority (TDA) and Monitor
- Establish organisational balance scorecard
- Burdensome impact assessment template.

## Workforce implications

The report draws attention to the significant management and leadership challenges presented by recent NHS reforms, and the continuous pace of change. The implications for all NHS organisations from a workforce perspective, if accepted in full, could be significant.

### 1 Local employers...

are likely to encounter greater coordination and rigour in the availability of training programmes, but may face pressure to scale back their own schemes. It will be a similar picture for the appraisal infrastructure and existing work on organisational values and culture. Employers will need to play a key role in embedding managerial competencies and organisational values, whilst identifying and developing leaders. Employers may have access to a wider pool of accredited leaders and managers both at the beginning of their careers and in more senior roles, but will be expected to take an active role in recruitment from outside the sector.

### 2 Local CCGs...

are likely to have a core role in ensuring provider organisations adhere to pan-NHS work on shared values, as well as practical applications such as embedding new appraisal processes. At the same time local CCG leadership and management teams should benefit from greater access to pan-sector development opportunities and career pathways.

### 3 Regional bodies...

are given renewed focus by the Rose Review. Linking large-scale national initiatives, such as the NHS-wide staff handbook and communications strategy with employer organisations is likely to require a regional approach. Similarly the roll out of significant changes to performance management, training and ongoing support will probably require regional support.

### 4 National bodies...

HEE will be challenged with new authority in the direction of training, and will take on the hosting of NHS Leadership Academy.



Social care is a vital connector of individuals to other services which can help prevent crisis and promote wellbeing. ADASS suggests that social care is more than just an 'add-on for the NHS'

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## 2.6 Distinctive, valued, personal. Why social care matters: The next five years

The Care Act 2014 is an important step forward, replacing a myriad of historical legislation with a single modern statute that reflects 21st century needs and values of people in social care. However, legislation alone is not enough. There remain significant challenges with the adequacy of the current health and social care system to meet the ever growing new and existing needs of those in social care. It is recognised that existing financial pressures are a significant cause of these challenges. However the quality of care, how the workforce delivers this care, and to what extent services are integrated across health and social care are all significant factors.

The Association of the Directors of Adult Social Services (ADASS) published in 2015 'Why Social Care Matters: The next five years', which outlines the main challenges facing the adult social care system. This work, and its recognised alignment with the recommendations of the FYFV, demonstrates the imperative of aligning action in a coordinated way across the health and social care workforce.

### Approach

This report takes into consideration a number of perspectives, and outlines why the current social care system needs to change. These include:

- Our needs are changing – The UK population is growing and we are living longer. This includes younger people with disabilities and health conditions. The number of people with learning disabilities who will need social care services is forecast to rise 25% by 2030. The pattern of need is also changing dramatically (e.g. a greater number of citizens are living with co-morbidities). As a result, it is becoming much harder for professionals to demarcate social care needs from those that are the responsibility of the NHS.
- Building the right model of care and support – Social care is a vital connector of individuals to other health services, which can help prevent crisis and promote wellbeing. ADASS suggests that social care is more than just an 'add-on for the NHS' and services need to be aligned to remove organisational barriers. The removal of these barriers, both within the NHS and between the NHS and social care, would help to simplify the health and social care system. ADASS suggests that the new delivery models outlined in the 'NHS Five Year Forward View' will not necessarily be any more effective than current organisational models, unless social care services are integral to the design. Concern is also expressed about the mismatch in existing funding arrangement. The disparity is clear between a protected budget for the NHS, which is 'a universal service free at the point of use', and an increasingly restricted social care sector, 'rationed ever more tightly to those with the highest needs and lowest means'.
- Who pays for care – An ever increasing number of citizens are responsible for the cost of their own social care and support, whereas health care has largely remained free at the point of use for all. This is even with the support of local authorities who spend £14 billion a year on delivering social care services, which is 35% of their total spending and the biggest single budget that councils control. This draws into question the difference in approach to how health and social care services should be funded.
- Economic growth is also about a growing social care sector – most effective and sustainable providers are small businesses that provide a sizable contribution to the local economy.

- Funding needs to keep pace with population needs and expectations – It is recognised that the number of citizens needing social care and support has been increasing over time and will continue to do so. Equally, the UK population wants more from available health and care services. Our expectations about the quality of care we want for ourselves and our family, the degree of choice and say in how our needs are met, and the kind of information on which to base these decisions, has changed beyond recognition.

### Vision and ambitions

This report set out a model for social care based on a new relationship with citizens. At its core is the continuity of a social care approach that recognises how our different individual needs sit within a wider network of personal and social relationships in the community. This model of social care sees each citizen as an individual with relationships, and a person living in a community. The model is based on four key elements:

- Good information and advice to enable each citizen to look after themselves and each other, and receive the right help at the right time as needs change.
- The recognition that we are all interdependent, needing to build supportive relationships and resilient communities.
- Services need to help citizens get back on track after illness, or support disabled people to be independent.
- When an individual is in need of care and support, there is a need for services that are personalised, of good quality, and effectively address that person's mental and physical wellbeing. Integrated services built around an individual's needs, and those of our carers, is recognised as the way forward. Personal budgets are central to this approach.

### Workforce implications

To deliver this model of social care services, the report makes reference to the workforce transformation required to deliver this model and overcome existing challenges. These include:

- 1 The ongoing sustainability of a workforce where levels of pay, training, skills and status are not keeping pace with changing and more complex levels of individual need. This demands renewed attention to how services are led, commissioned, and funded. This is in conjunction with what kind of job roles and career pathways should be designed to meet changing needs.
- 2 Many citizens with care and support needs are clear that they want to be treated as individuals. They want equal attention paid to their mental and physical wellbeing. In pursuing closer integration of health and social care services, an avoidance of over-medicalised approaches to individuals' conditions needs to be considered. Further co-ordination with other services, such as housing or the benefits system, are also recognised as important.

## 2.7 Summary

The combination of these national perspectives highlights the scale of planned transformation across a wide range of areas for an extended period of time. It is clear that implementing each of these recommendations will have a significant impact on the workforce, and will need careful consideration as a consequence of their interdependencies. These insights reflect a clear ambition to establish a modern workforce that is increasingly productive, can deliver transformed services as part of new models of care, and increasingly work seven days a week in both primary and secondary care.

To deliver this modern workforce, national publications reflect on those key enablers to facilitate this, which are:

- 1 Significant culture change to the way in which the current workforce operates is required to move to a system that is able to deliver consistent services seven days a week, and produce the levels of productivity anticipated to meet known funding gaps.
- 2 A focus on developing the existing workforce is needed to ensure staff have the skills, competencies and experience to deliver the new ways of working that will be expected as part of new models of care. This includes the support required to ensure the current workforce remains resilient to the continuous pace of change.
- 3 Adjustments to operational processes that hinder organisations from managing their workforce efficiently and inhibit the workforce from working in new ways across organisational boundaries.
- 4 Action to attract, develop and retain talent, particularly to improve the strength and depth of leadership and management skills at all levels.

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# Chapter 3:

## London workforce agenda and priorities

### Workforce implications of London transformation programmes



This chapter provides insights into the workforce implications of London-wide transformation programmes. Each programme summary reflects the analysis undertaken with a broad range of representatives from the major London-wide transformation programmes. The most established Healthy London Partnership (HLP) programmes were chosen, in conjunction with the London CapitalNurse programme and the Association of Directors of Adult Social Services (ADASS) London workforce programme.

The transformation programmes selected were:

- Transform cancer services
- Mental health
- Children and young people
- Transforming primary care
- Urgent and emergency care (including NHS 111)
- CapitalNurse programme
- The Association of Directors of Adult Social Services London workforce programme
- London's digital, personalisation and self-care programme.

Each programme summary provides a brief description of the programme context, the approach being taken across London and the key workforce implications of the planned transformation.

By reflecting the workforce implications of these programmes, it has been possible to consider the combined impact of their planned transformational change on the future and existing workforce.

In addition, this chapter provides an insight into three international models often cited as exemplars to be emulated across London. These are the Buurtzorg home care model, the ChenMed primary care group practice and the New Zealand primary care nursing development models. These have been selected as there is significant interest in how aspects of these models may be applied in London.



London's population is unique and its composition changing – this will drive future need and demand for health and social care services in London.



### 3.1 Cancer programme workforce implications



Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020 was published in July 2015 and has been endorsed by all relevant arm's length bodies. It has set new ambitions for cancer outcomes to ensure England can match those seen elsewhere in the world.

London has been successful in improving population awareness of the signs and symptoms of cancer, and promoting referrals from primary care via the two-week wait pathway.



The Transforming Cancer Services Team for London (TCST) was set up in April 2014 to achieve world class cancer outcomes, and improve patient experience across London.

#### Approach

The Transforming Cancer Services Team for London (TCST) was set up in April 2014 to achieve world class cancer outcomes, and improve patient experience across London. The TCST delivers the national priorities set out in Achieving World Class Cancer Outcomes: A Strategy for England. This is in addition to regional priorities set out in A model of care for cancer services (2010) and more recently the Five Year Cancer Commissioning Strategy for London (2014).

The TCST continues to deliver against five priority areas set out in its plan for 2015/16.

These are:

**Priority A:** Earlier detection and awareness

**Priority B:** Reducing variation in outcomes, and service consolidation to deliver centres of excellence

**Priority C:** Living with and beyond cancer

**Priority D:** Supporting commissioning, including contract negotiation, management and monitoring

**Priority E:** Improving patient experience across hospitals, general practice and the community.

**In addition, two new priority workstreams have also been taken forward:**

- Cancer waiting times
- Pan-London implementation of NICE Suspected cancer: Recognition and Referral guidance.

These priorities are the focus for the TCST next year and are concurrent with the support required to deliver system changes through development of the cancer alliances and vanguards. Pan-London clinical engagement will need to be maintained; this will need to be co-designed with the vanguards and South East London.

## Workforce implications

From activities conducted, eight clear workforce insights have emerged. The first relates to the challenges largely in the acute and diagnostics workforce. Priorities two to eight relate to the likely workforce implications of introducing new models of cancer care.

- 1** Growth in demand has led to a lack of capacity in key areas of the workforce including radiology; endoscopy; medical oncology; clinical nurse specialists; and specialist allied health professionals (AHPs), with variable access to end of life care and specialist palliative care services. Current workforce planning models may not be fit for purpose to address these issues. Changes to ways of working, such as networked models and the introduction of new roles, may increase capacity.
- 2** At present there is an insufficient secondary care workforce to deliver the earlier cancer diagnosis ambitions of the new NICE referral guidance (NG12); Achieving World-Class Cancer Outcomes; the 'straight-to-test' model; multi-disciplinary diagnosis centres (MDCs); and extension of current diagnostic centre opening hours.
- 3** A significant culture shift is required in order for cancer to be recognised and managed as a long-term condition, with primary and secondary care teams adopting similar ways of working to those used to support patients with other long term conditions (e.g. diabetes) including behaviour-change support, empowerment to self-manage, and access to psychological support.
- 4** To support the prevention of unplanned cancer patient admissions to acute hospitals, and meet the anticipated rise in demand for cancer services in the community, a workforce with a more generalist cancer skillset is required in the community. An enabler to this would be an adjustment in existing specialist and generalist training.
- 5** To raise the quality of service delivered to cancer patients across London, improved communication is required between primary care and acute hospital clinicians around patients' care plans (e.g. end-of-treatment summaries). This would support primary care clinicians to make more informed decisions, allowing personalisation of patients' continuing care.
- 6** Better communication and shared decision-making around patient care plans would support patients to have a greater awareness of their condition and the confidence to self-manage, and make treatment choices that reflect their own priorities.
- 7** To meet the anticipated increase in demand for cancer services in the community, including end of life care, alternative ways of working will be needed using the existing number and capacity of clinical teams. For example there are known workforce shortages in particular clinical roles. In secondary care these include, cancer nurse specialists, AHPs, endoscopy, radiology, and pathology. Within primary care, GPs, healthcare assistants, AHPs, district and practice nurse numbers have known workforce issues. A multi-professional approach with greater flexibility in team roles may be required.
- 8** Specialist palliative care and end of life care have a major role to play in the management of cancer patients across London. There are significant inequities in the specialist palliative care workforce in primary and secondary care. The end of life care workforce is facing a growing service demand and a reduction in workforce particularly GPs, district nurses, care and nursing home staff, therapists, and social workers.

### 3.2 Mental health programme workforce implications



Poor outcomes and care for people with mental health issues produces significant financial and productivity burdens on London and its services. According to the Mayor's report *London Mental Health: the invisible costs of mental ill health* (2014), the wider impact of mental illness costs the city roughly £26 billion a year including £7.5 billion in treatment costs, which are projected to double by 2031.

Building clinical competence, confidence and capacity along with awareness of mental health in primary care will help ensure that more people are diagnosed and treated quicker and that mental health services are equipped to respond to increasing demand.

There is evidence of the need to increase the skills of the workforce to diagnose and treat mental health illness. A better trained primary care workforce could support the delivery of better, more integrated services leading to improved outcomes and experience for service users.

### Approach

The London Health Commission supported a range of recommendations that aim to improve the mental health of Londoners. These include ambitions to reduce the gap in life expectancy between adults with serious mental illness and others, and recommendations that cover mental health in primary care, access to digital mental health and developing a pan-London response to people in crisis.

To respond to these challenges and support the system, the following priorities and work projects have been agreed by the Mental Health Transformation Board.

The HLP mental health programme, working in conjunction with the mental health strategic clinical network, has identified the following as priority areas of work:

- Addressing the mortality gap for people with severe and enduring mental illness by addressing physical risk factors and improving access to support with a focus on pan-London opportunities and inter-agency working.

- 75% of mental illnesses present by the age of 18.
- More than 15% of London's adults are likely to have a common mental illness such as depression or anxiety, however, of these only 24% are likely to be receiving clinical help.
- Even though there is unmet need, between a quarter and a third of all GP consultations are related to mental health concerns.

- People in London with a serious mental illness (such as psychosis, schizophrenia or bipolar disorder) experience a life expectancy 15-20 years shorter than the rest of the population.
- Londoners with a serious mental illness have a 74% higher risk of death after a diagnosis of cancer compared to others.
- 40% of all cigarettes in England are smoked by someone with a mental health problem.

- Strengthening the response for people in mental health crisis by focusing on the interface between crisis care and emergency departments, and by supporting the implementation of crisis care commissioning standards and crisis care concordat plans.
- Building the confidence, capacity and capability of those working in primary care to support patients with mental health issues.
- Improving access to perinatal mental health care by influencing and improving the commissioning across London.
- Improving access to psychosis care by helping prepare London for a new national access and waiting time standard for early intervention in psychosis.
- Improving access to early intervention by developing an online mental wellbeing service to support self-management of issues.
- Further improving the strategic commissioning of mental health.

These priorities reflect and will respond further to those outlined in the Five Year Forward View for Mental Health, published in February 2016.

### Workforce implications

Through engagement with the mental health strategic clinical leadership group and other clinical leaders, the following workforce priorities were identified as priority areas of focus:

- 1 The high vacancy rate (up to 20%) in mental health nursing teams and difficulty recruiting into other key staffing groups. How to make careers in this area more attractive; improve retention by addressing existing culture and behaviour; and make London more 'liveable' for lower paid staff must be addressed.
- 2 The lack of 'tier one' mental health skills in the general health workforce, with a particular need to address the "lack of compassion" in A&E (as identified by the CQC in their report, Right here, right now (2015)) and across all staffing group and areas. This includes recognising the need to raise awareness of mental health issues across other sectors such as social care and the voluntary sector.
- 3 The need to build capacity, capability and confidence to address mental health issues in primary care through improvements in training and through building sector leadership.
- 4 The need to improve the 'physical' health skills of mental health staff to address the physical risk factors associated with severe mental illness. Allied to this is the need to improve collaboration between organisations and individuals to address these issues.
- 5 The need to review and improve ways of working in teams dealing with people in crisis, including access to liaison psychiatry, allied mental health professionals and ensuring coverage across London for crisis care home resolution teams.
- 6 The need to strengthen commissioning and commissioning skills in an increasingly complex environment.

The need to address the specific workforce issues and shortages associated with meeting the new early intervention in psychosis (EIP) access standards, as demonstrated by the NHS benchmarking report. There will also need to be a response to required improvements in perinatal mental health care across a multidisciplinary workforce, ensuring adequate supervision from a perinatal lead or specialist in mental health in maternity services, supportive supervision for staff and how to use the skills of health visitors.

The programme will also respond to the multi-disciplinary workforce strategy for the future shape and skill mix of the workforce required to deliver the FYFV for Mental Health that will be developed by HEE, with stakeholders, in 2016.

### 3.3 Children and young people programme workforce implications



Transformation of health services for children and young people in London is urgently required. Children and young people suffer from poor health outcomes in a number of areas and there is marked variability in key outcomes across the capital. These outcomes are delivered across a health system which has fragmented service delivery across different areas and providers.

The London Health Commission highlighted poor outcomes for children and young people ranging from mortality and serious illness to mental ill health, common diseases such as asthma, and public health issues such as obesity and poor school-readiness.

#### Approach

A transformation programme was established to rebuild healthcare around London's children and young people. Working with a wide range of stakeholders, the NHS in London came together to agree the following five joint priorities for 2015/16 and beyond:

- Develop an approach to delivering care for children and young people across defined geographies by developing population-based networks to join up public health, commissioners and providers.
- Reduce variation in quality of services for children and young people by developing standards of care for commissioners including acute care, community care and Children and Adolescent Mental Health Services (CAMHS).
- Develop new models to integrate care across primary and secondary healthcare services, acute systems and multispecialty community providers.

- Improve commissioning by developing children and young people commissioners and support new commissioning models to deliver effective pathways of care across healthcare settings.

- Develop innovative access models of care using 21st century technology.

Transformation efforts need to be targeted to devise and implement an integrated system of care that can be easily navigated by children and young people, their families and the health professionals delivering their care. Achieving this aim will mean that London has a 21st century health system able to deliver the best outcomes for children and young people.

#### Workforce implications

The programme and its clinical partners have identified the following core workforce challenges:

- 1 There is a lack of skills and structures to support children in primary, intermediate and integrated care, including for those acutely unwell children living at home or in the community. This includes variable skills of GPs, practice nurses and the wider practice and community teams in supporting children and young people and the under-provision of school nurses and paediatric specialist nurses working in the community. This is reflected in the potential challenge of implementing the asthma standards.
- 2 Staff find it difficult to train and work across organisational and professional boundaries. This entrenches divisions between 'generalist' and 'specialist' skill sets.

- 3** There are staff shortages across the children and young people's workforce, with a particular issue for GPs, practice nurses, paediatricians, children's nurses, allied health professionals and other key staff groups. The affordability of living and working in London, and the 'leaky bucket' as staff move to other geographical and professional areas contributes to these issues. There is a need to look at new ways of working, new roles, training, and removing barriers of entry to the workforce as well as developing attractive careers for all staff.
- 4** Acute workforce models are unsustainable, with a high likelihood that the new acute care standards will not be met in areas such as anaesthetics, radiology and surgery, and a de-skilling outside of the specialist centres. Change is made difficult by the reliance on medical trainees to deliver core services and the interlinkages between paediatric and neonatal medical rotas. It is also recognised that this is compounded by the lack of skilled neonatal nurses.
- 5** There is a skills deficit in the general and children and young people workforce in terms of supporting children and young people with mental health issues both within CAMHS and the wider workforce.
- 6** Skills and quality of commissioning services is inconsistent, with a need to develop commissioners and commissioning skills in a complex environment. This is reflected in a lack of visibility of children and young people in strategic and local service planning.

### 3.4 Transforming primary care workforce implications



Patients tell us they want better continuity of care ('my doctor', 'my nurse'). They also want better access to services when they need them; to contact a health professional when they need to; to have care closer to home; to stay healthier and more independent for longer; and more support to enable them to manage their own health more effectively.

Our patients' needs are different now and keep changing. The systems that are in place to care for them have to evolve to keep pace with this change. As demand for health services grow, patients will need a good understanding of the services and resources available to them to stay well and look after themselves through minor illnesses. General practices will be recognised as centres in each neighbourhood that are supporting Londoners to stay healthy and as well as they can.

If London is going to meet the challenges we all face there will need to be additional resource, but we will also need to achieve significant economies of scale and be more innovative in the way we deliver primary care.



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## Approach

At the heart of Transforming Primary Care in London: A Strategic Commissioning Framework is a new service specification for general practice. This supports the need to define and commission a more constant service for all Londoners. Three characteristics are needed for general practice to thrive and deliver the care that patients need and value:

- Proactive care
- Accessible health
- Coordinated care.

The Strategic Commissioning Framework focuses on 'function' not 'form' and sets out a new patient offer for all Londoners that can only be delivered by primary care teams working in new ways and by practices forming larger primary care organisations. Further to this, the quality of general practice estate is highly variable and there is a real challenge to improve it. A poor estate means a poorer patient experience, poor working conditions for London GPs and lost opportunities to improve health and healthcare. It is expected that modern, state-of-the-art facilities will be required. It is likely that general practice will need to transition out of the existing estate gradually as investment is made in more modern buildings.

For primary care to lead and sustain change, it is important that systems and processes are in place to enable this to happen. For example contracts, incentives and technology. However, there is widespread recognition that there must be provider-driven change as well, and that this will not come from a top-down managed process or through a hierarchical leadership model. It is essential to ensure that there is focus on the development of transformational leadership capacity and capability-building.

## Workforce implications

Re-designing the workforce is pivotal to achieving the scale, pace and sustainability of the transformation outlined in the Strategic Commissioning Framework. Through engagement with primary care commissioners and HEE, and building on existing workforce implications raised in the Strategic Commissioning Framework, the following workforce priorities have been raised as areas to be addressed to enable primary care transformation:

- 1** Strengthen the alignment between service commissioning and health education commissioning to improve local workforce delivery plans.
- 2** Re-establish and promote local networks with a focus on primary care (e.g. Community Education Provider Networks).
- 3** Identify the skills required and the resources needed to deliver and manage GP federations, in alignment with the existing provider development support programme.
- 4** Improve career pathways and ensure greater clarity on individual roles and responsibilities.
- 5** Strengthen the mechanisms by which local workforce planning informs national workforce planning, with a particular emphasis on primary care.
- 6** Develop solutions to identified barriers (e.g. employee contract, pension and indemnity, and terms and conditions to enable desired change).
- 7** Strategic Planning Group baselining of the existing primary care workforce, and developing the description of the future workforce as a result of new models of care.
- 8** Understanding the workforce implications on primary care of findings to date, to define the impact on the primary care transformation programme.

### 3.5 Urgent and emergency care programme workforce implications



Better Health for London calls for better urgent and emergency care to provide Londoners with the consistent high-quality care that they expect and rightly deserve, seven days a week, in order to improve patient experience and outcomes. This is reinforced by the Five Year Forward View, which outlines that urgent and emergency care services will be redesigned to integrate emergency departments, GP out-of-hours services, urgent care centres, NHS 111, community services and ambulance services. This is in line with the vision of Professor Sir Bruce Keogh's Urgent and Emergency Care Review, of enabling patients to receive the right care first time, as well as the vision of the Seven Days a Week Forum to address variation in services and close the gap in care between weekdays and weekends.

The urgent and emergency care system in London is facing many challenges. An ageing population with increasingly complex needs is leading to ever rising numbers of people needing urgent or emergency care. There are also many people who are struggling to navigate and access a confusing and inconsistent array of urgent care services provided outside hospital, which can result in them defaulting to emergency departments. There are issues with recruitment and retention of the workforce. Every winter the ongoing challenges facing London's urgent and emergency care services are highlighted further. The signs of this are most visibly seen in efforts to deliver the urgent and emergency care four hour waiting time standard. However, the challenges for London's urgent and emergency care services are not simply issues within emergency departments or a result of seasonal variation. Issues are present all year round and across the entire urgent and emergency care system.

### Approach

To address these challenges, and establish a more integrated approach to the provision of urgent and emergency care services to patients, a fundamental shift towards a more closely integrated urgent care service is underway across London, and nationally. Building on the success of NHS 111 in simplifying access for patients, the intent is to deliver a functionally integrated 24/7 urgent care service that is the 'front door' of the NHS, and which provides the public with access to both treatment and clinical advice. This will include NHS 111 providers and GP out-of-hours services, community services, ambulance services, emergency departments and social care. The offer for the public will be a single entry point – NHS 111 – giving them access to fully integrated urgent care services in which organisations collaborate to deliver high quality clinical assessment, advice and treatment. Achieving this ambition will address existing variation in service delivery and quality across different settings.

The development and commissioning of the London Quality Standards for Acute Emergency and Maternity Services has led to some improvements in these services across London. The development of the national clinical standards (with which the London quality standards are congruent) of Professor Sir Bruce Keogh's Seven Days a Week Forum (December 2013), has reinforced their importance. Sanctions for non-compliance with the standards will be in place by 2016/17, however to implement them properly will require wider system transformational change. There are service redesign programmes in train in some areas of London to move toward a clinically and financially sustainable provider landscape, supported by out-of-hospital provider developments including the integration of health and care services through Better Care Fund plans.



A central part of this proposed transformation to 24/7 integrated urgent care access, treatment and clinical advice service will be the development of a 'clinical hub' offering patients access to a wide range of clinicians where required – both experienced generalists and specialists. However, these and other proposals rely on existing issues in the urgent and emergency care system inside and outside of hospital being addressed.

There have also been calls for change to the commissioning of urgent and emergency care services, with the implementation of incentives to drive the right behaviours coupled with Monitor's recent recommendation for reform of the activity-based payment system that is ineffective and unsustainable for some elements of urgent and emergency care.

To address these demands and issues the NHS in London has come together to agree the following three priorities for urgent and emergency care, supported by underlying activities:

- Achieving integrated urgent care across London's urgent and emergency care networks and supporting personalised access to the most appropriate setting to receive the right care, first time.
- Embedding and developing urgent and emergency care networks to oversee the planning and delivery of the urgent and emergency care system.
- Implementing the specification for London's urgent and emergency care system in networks including designating facilities to ensure London quality standards are met, seven days a week.

## Workforce implications

In London, national representatives, urgent and emergency care (U&EC) clinical and network leads have come together in collaboration to share evidence of existing workforce challenges, and reflect on the workforce implications of future delivery plans and specifications. This engagement with the London U&EC Programme Board, Strategic U&EC Clinical Leadership Group and over 200 delegates at a U&EC 'Implementing the Urgent and Emergency Care Vision in London' event concluded with a list of workforce priorities to take forward. These are:

- 1 Having sufficient numbers of U&EC staff, with the right competencies to meet existing patient demand for services, and maintain expected service quality standards should be ensured. A priority focus should be to address factors that hinder the retention of the U&EC workforce, and impact significantly on their health and wellbeing. This is anticipated to lead to a reduction in agency usage.
- 2 A significant cultural shift is required for all members of U&EC networks, including the clinical workforce, to participate and deliver change collaboratively rather than as individual organisations. A potential enabler could be the alignment of staff within each U&EC network to collectively defined network objectives. This alignment could also be applied within individual organisations.
- 3 To achieve the desired quality of service of new urgent and emergency care models, it is important to make sufficient investment in the frontline workforce. Low pay, anti-social working hours and limited personal development are identified as reasons for a high attrition rate of this workforce. Possible mitigations include the provision of personal development rotations across the service to raise individuals' awareness of referral pathways, and more clearly defined and communicated career pathways.

- 4 New urgent and emergency care models of care will require greater multi-disciplinary and cross-organisational boundary working across health and social care settings (e.g. the delivery of a proposed multi-disciplinary integrated urgent care clinical hubs).
- 5 It will also be necessary to find ways to make the new urgent and emergency care models in out-of-hospital and in-hospital settings more attractive to the clinical workforce: for example, by encouraging further clinical training placements in NHS 111 and in the community, or overcoming the challenge of not being able to provide training placements in private providers.
- 6 In parallel with building an effective and efficient urgent and emergency care system, there will be a need for the workforce to focus on promoting appropriate self-care for patients. This will ensure that strains on capacity do not impact the quality of service delivery.
- 7 Furthermore, urgent and emergency care must also ensure parity of esteem between mental and physical health. U&EC staff will need to have the skills to recognise a patient that presents in mental health crisis, and ensure that a patient's physical health and mental health are both given the same level of focus and priority.

The CapitalNurse programme is focused on developing solutions to solve nursing workforce challenges in London.

### 3.6 CapitalNurse London programme

The CapitalNurse programme is focused on developing solutions to solve nursing workforce challenges in London. This concentrated work aims to develop and sustain a healthcare workforce in the capital that is affordable, and to ensure the delivery of consistent high-quality care for all users of healthcare within and between organisations. This will be achieved by having employers, health education institutions (HEIs) and commissioners working together to build a compelling vision of the CapitalNurse. The three overriding objectives of this work are:

- to ensure the partners work collectively in planning the transition to new methods of funding for pre-registration nursing education in London
- to ensure the ongoing supply of an appropriately skilled nursing workforce to meet the changing requirements of healthcare within London
- to ensure ways of working and organisational governance are in place to deliver high-quality person-centred care across London.

This work is shaped around four nursing workforce priorities:

#### 1 Employability of student nurses

It is recognised that employability is important and always an issue. The purpose of this scheme of work is to move toward guaranteed employment for all London-LETB sponsored graduates successfully exiting from nursing programmes. This is in addition to developing a framework for improved student mentorship.

This work will look to:

- achieve a partnership agreement that all eligible students will be offered employment on completion of their programme in their host organisation
- gain London-wide commitment that a successful nursing qualification provides sufficient assurance for employment, and automatic recognition of key skills
- achieve London-wide agreement and development of consistent tests, where trusts require them, to be used across all HEI programmes before students qualify
- build on existing work to ensure that mentorship is fit for purpose and supports staff and students development at all stages of their career. This includes piloting and reporting on a range of new models that are currently being explored in London.

## 2 Developing career pathways

Having visible career pathways is seen as essential in managing staff movement in London, and can be seen as a cornerstone in increasing staff retention. The purpose of this work is to develop a robust nursing career framework that encompasses current and future workforce delivery models and an agreed set of standards for all providers and commissioners to achieve in recruitment and retention of the local workforce.

This work will look to:

- collaborate with newly-qualified nurses to develop a clearer 'story' of the benefits of working in London as a nurse
- signpost and share best practice in approaches to preceptorship in the capital
- promote a number of career pathways, such as in older person, neonatal, mental health, primary and community care that harness the wealth of unique opportunities in London.

## 3 Use of agency staff

There is a need to gain commitment across London to reduce reliance on agency staff. This work will look to achieve further sharing of data on pay rates for bank and agency staff in London, exploring options to align and potentially integrate bank supply provision and develop recommendations around the use of agency and bank staff.

## 4 Reform of support for nurse, midwifery or allied health professional students in England

At present, new full-time students accepted on an NHS-funded course in England, starting on or before 2015/16, which leads to professional registration as a nurse, midwife or allied health professional, may be eligible for an NHS bursary to help with the cost of study.

In June 2015, Universities UK (UUK) and the Council of Deans of Health issued a joint statement around reforming initial education funding for nursing, midwifery and allied health professional students in England. It stated that student number controls were creating difficulties with workforce planning, and funding through grants was causing difficulties with under-funding for courses and students. In this statement a case for change was set out for reform of the current funding system.

This case for change asked the government to change student funding from grants to loans. In response, the government's 2015 autumn statement announced the intention to replace NHS bursaries with student loans for students starting courses in nursing, midwifery and allied health subjects. This announcement also included the removal of the cap on the number of student places for these courses. Under the proposals, from September 2017 new students in nursing, midwifery and allied health professions on pre-registered courses in England, will take out maintenance and student loans, rather than getting an NHS bursary.

The government has stated that it expects the reform to provide up to 10,000 additional nursing and health professional training places over the course of the 2015 parliament. Critics of the policy point out that reducing NHS bursaries will deter potential candidates from applying, and therefore lead to a reduction in the numbers of nurses, midwives and allied health professionals in the long term. Under this proposal, HEE will retain responsibility for the management of the clinical placement element of programmes and the mechanics of how this would work is being debated. The implementation of this new policy (not the policy itself) is subject to consultation, which launched in the final quarter of 2015/16.

### 3.7 The Association of Directors of Adult Social Services workforce programme

Social care ('formal care') comprises personal care and practical support for adults with physical disabilities, learning disabilities or physical or mental illnesses, as well as support for their carers. Services aim to enhance adults' quality of life, delay and reduce the need for care, ensure positive care experiences, and safeguard adults from harm.

Publicly funded care makes up only a minority of the total value of care, and this proportion is decreasing. Most care and support is provided unpaid by family, friends and neighbours ('informal care'), while many adults pay for some or all of their formal care services. Local authorities (LAs) provide a range of universal and preventative services, many of which are available without assessment of need. Local authorities commission most care from the private and voluntary sectors, with home care and care homes the most common services.

Legislative and other changes are increasing the role of adults in shaping their own care and support, diversifying the types of care available and changing how they access it. The Care Act (2014) aims to rationalise local authorities' obligations, to introduce new duties based on individual wellbeing, and to mitigate pressures on self-funders and carers.

The *Future Care Workforce* noted that the adult social care sector in England will need to add approximately one million workers by 2025 in response to an ageing population and the implied increase in the number of people with disabilities. The workforce will also have to be increasingly diverse in order to deliver a more personalised service to those in need of care and support.

### Approach

The Association of Directors of Adult Social Services (ADASS) London Branch has established a workforce transformation programme to support the delivery of identified workforce priorities. The programme is governed by a Social Care Workforce Steering Group (SCWSG) and supported by the ADASS Learning and Development Group.

#### The current focus for the programme is to:

- lead and support the registered managers network (building on local good practice) recognising managers as crucial to success
- focus on how to commission good nursing homes in collaboration with partners
- jointly work with the United Kingdom Homecare Association (UKHCA) and Skills for Care (S4C) to bring together and promote the business case for better employment practice as a way to improve recruitment and increase retention of the workforce
- develop a London-wide learning and development response to the London-wide safeguarding adults procedures.

### 3.8 London's digital, personalisation and self-care programme



'The NHS belongs to the people', is enshrined in the NHS Constitution. The NHS is therefore obliged to become more orientated towards the people it serves, keeping pace with patient demands for more personalised healthcare and for a modern customer service that enables greater control, convenience and ability to self-serve.

This is the ambition set out in the *Five Year Forward View* and the National Information Board's publication *Personalised Health and Care 2020*, which aim to put technology to work for people, whilst also tapping into the renewable source of energy that can be unlocked by genuinely enabling people to be active participants and not simply passive recipients of health and care.

The good news is that people are willing and ready to engage in this way (evidenced by the findings of research commissioned by NHS England in 2015 using a representative sample of England's population). People want to experience the same levels of convenience, control and personalisation in their interaction with the NHS that are afforded to them in their interactions with other service industries.

The single biggest challenge for the NHS is to re-imagine itself whilst staying true to its founding principles. That requires a significant re-modelling of the workforce articulated within the new models of care that emerge from the sustainability and transformation plans underpinned by local digital roadmaps.

#### Particular areas of focus include:

- Enabling people to be more active participants in managing their own health and care enabled through digital technology.
- Implementing citizen-centric information exchange that is capable of scaling and embedding into workflows in order to deliver value in local health economies and across the region for services that transcend organisational boundaries, such as urgent and emergency care.
- Driving increased utilisation of existing technical capabilities.

In the context of a forecast reduction in overall workforce and estate and a drive towards seven day services it is a necessity, and an opportunity, to maximise the capabilities that both people and technology bring.



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## Workforce implications

In order to make best use of the capabilities that will be delivered through the work of the London digital, personalisation and the self-care programme in supporting new models of care, there are significant workforce implications which are encapsulated in the seven groupings below:

- 1 Activate people as assets:** Requires a fundamental shift away from the 'paternalistic' to 'personalised' models of care and a workforce equipped with the right skills, behaviours, knowledge and attitudes to enthuse people to be more active in managing their health, in decision-making, administering and even commissioning their own solutions.
- 2 Activate community assets:** Requires the NHS and social care to partner with industry and the voluntary sector to find ways to make self-help assets, peer-to-peer support and volunteering in local communities more widely accessible. This requires a workforce that steps back from 'medicalising life' and is prepared to support people in taking responsibility and managing risk differently, especially as more of the population have access to health and care budgets with which they will want to commission more flexible services (especially personal assistants).
- 3 Embed technology in workflows:** Technology needs to be fully embedded and mainstreamed into the workflows in order to be adopted by the workforce and make their day-to-day jobs more effective and efficient. This means understanding new models of care and the aspects of care pathways that need to be standardised or personalised in order to drive value.
- 4 Mobile working:** Investing in Wide Area Networks (WAN) technical infrastructure and access to records and data sharing is essential in enabling flexible and mobile working (especially in the context of a shrinking workforce and estate, and customers of health and care that want to be able to interact with health and care services on the fly).
- 5 Train people to deliver care differently:** The existing and future workforce will need training in how to use technology such as webchat, webcam and email in the assessment and treatment of patients. They also need training in how to approach the nature of their work differently in the move towards more collaborative approaches that involve shared decision-making, peer-to-peer support and a reduction in the reliance on prescriptions with a shift towards supporting people to define their goals and make informed choices about courses of action.
- 6 New roles and skill mix:** Lower skilled workforce may be enabled with decision support systems. There may also be a greater need for telephone operators for triage especially in primary care and urgent care. New roles are required that can support people to access greater levels of self-help enabled through technology, and help in better managing choices, risk and responsibility.
- 7 Automation and customisation:** There will be a need for the workforce to be trained in how to customise services and how to utilise greater levels of automation (for example technology-driven early warning systems, remote monitoring, alerting, and virtual consultations). The workforce will also need to take on the role of supporting people in the use of technology and automated systems in the same way that other businesses like banks, airlines and retail have done.

### 3.9 International healthcare models

The three international models reviewed as part of this analysis all provided insights into how new ways of working may be required in London, should aspects of the transformation proposals be applied. The models can be summarised as follows:

#### ■ New Zealand primary healthcare nursing development model

This model focused on implementing new primary healthcare nursing leadership positions to assist with reducing inequalities and developing the capacity of the primary healthcare nursing workforce. This is in response to the New Zealand primary healthcare strategy and the development of more integrated services.

#### ■ Netherlands Buurtzorg home care nursing model

This is a unique district nursing system which is nurse-led and delivers both nursing and social care services in the Netherlands. Care and treatment is outcomes focused, aimed at promoting independence and mobilising 'social capital' around the individual to support care. The Buurtzorg nurses are embedded in the community setting.

#### ■ US ChenMed primary care group practice model

ChenMed is a primary care-led group practice model which serves low to moderate income elderly patients with multiple chronic conditions. With 350 – 450 patients per doctor, it allows for more intensive health coaching and preventative care and aims to achieve low levels of unnecessary hospital admissions. It is a one-stop shop approach and is a multi-speciality model, based on the individual.

#### Workforce implications

- 1 All three models require significant changes in culture for the healthcare professions, which need to work effectively together in teams in non-traditional ways. Often this also involves working across organisational boundaries.
- 2 Although all of the models are different, a common characteristic is the clear alignment of incentives and working practices to the chosen model of care.
- 3 The models target different groups of patients, but in all of them there is a sense of a 'whole person' approach working with different health (and social care) professionals as required. There is a great clarity on who is responsible for an individual.
- 4 There has been a clear investment in ensuring that the right number and type of roles are present to deliver the model – this is supported by clarity on the model of care.



There is a need to develop strategies to ensure that professionals can be attracted into areas which may historically have been less attractive. For example, primary care and community services, urgent and emergency services, and mental health services.

### 3.10 Summary

Working with the eight very diverse transformation programmes to understand workforce implications of proposed transformation, and reviewing three international models, has revealed a number of key insights:

- 1** The need to ensure that there are strong linkages between service transformation planning, workforce planning and education commissioning is critical. This has been specifically cited in the findings from the primary care programme but is indicated in all of the programmes as there are references to the need for increases in specific roles, developing new roles, or utilising existing roles in a different way.
- 2** Consideration needs to be given to the combined impact of these programmes on the existing workforce. This is especially true for the primary care and community services workforces. Implementation of elements described in Transforming Primary Care in London will in itself require significant changes in roles and the way that roles work together. However this becomes even more critical when it is overlaid by the anticipated requirements of the other programmes on primary care and community services.
- 3** A number of programmes describe either the development of networks (e.g. in urgent and emergency care; and children and young people's services) or teams working together in different ways, often across traditional boundaries. In addition, as care becomes more complex, professionals will need to work together differently in multi-disciplinary teams to meet the changing needs and expectations of the population. This may require new skills, but also cultural changes to the way that individuals work with each other.
- 4** There will be a need to ensure that commissioning develops with a greater focus in some areas (e.g. mental health) but also becomes increasingly strategic in its approach (e.g. in the development and implementation of ambitious transformation plans).
- 5** It will be important to ensure that there is a clear alignment of incentives, contractual forms, and performance to enable the workforce to be effective in these transformed environments.
- 6** A number of gaps are identified in key roles needed to deliver the transformed services e.g. nursing and emergency consultants. This is a potential issue which, if not solved, may prevent the realisation of the transformed services. But new roles and the right number of existing roles will be required to deliver the new transformed services.
- 7** There is a need to develop strategies to ensure that professionals can be attracted into areas which may historically have been less attractive e.g. primary care and community services, urgent and emergency services, and mental health services. In some areas there are particular issues in retaining staff (e.g. high turnover has been cited in NHS 111 frontline staff). There are programmes of work underway in different areas of London which are trying to address these issues (e.g. the nursing workforce programme), and it has been suggested that the learning could be adapted for different professions.



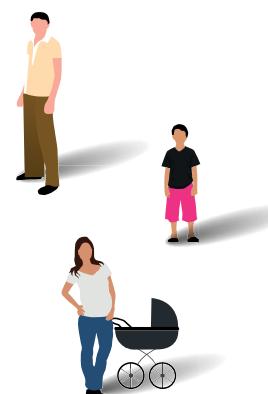
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# Chapter 4:

## Local workforce agenda and priorities

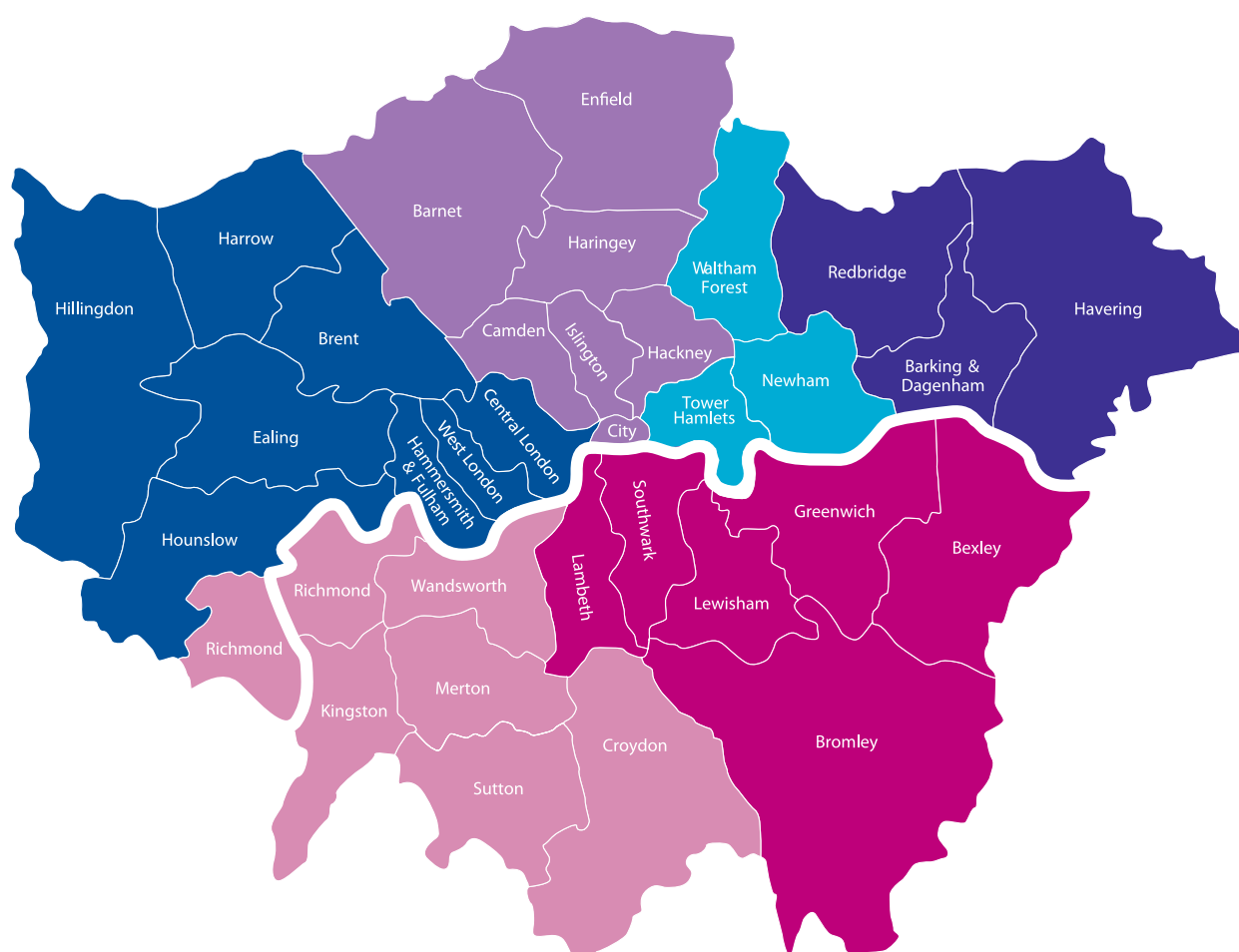
### Strategic planning group priorities



Over a number of years, CCG Strategic Planning Groups (SPGs) have been developing ambitious transformation plans to meet the needs of the local population in their geographical area. Each of these transformation programmes is very distinct to its local area, but all share a common need to support the development of their local health and social care workforce in order to deliver a modern workforce for the future.

This chapter provides a brief overview of each SPG transformation programme, and summarises those local workforce priorities on which they are currently focused.

Through sharing local workforce priorities, it is possible to establish common areas of focus across London where the most value can be delivered locally.



## 4.1 Barking and Dagenham, Havering and Redbridge (BHR) CCG partnership



The vision for the BHR health economy is to improve health outcomes for local people through best value care in partnership with the community. This local strategy aims to ensure that everyone will have a greater chance of living independently for longer and spend less time in hospital, but when they do go to hospital, patients will have a better experience than now. Services will be better integrated both within and across organisational boundaries, with more streamlined access and more services being offered 24/7, delivering high-quality health and social care to patients closer to home. BHR workforce priorities include:

### Recruitment and retention

Improve the ability of the system to attract, recruit and retain a workforce to meet safe staffing levels, improve consistency and quality of care, and reduce bank and agency spend. Specifically this will include the delivery of:

- a workforce development group (subgroup of the SRG), which has been established locally with a short-term aim focused on how to promote opportunities and make the area more appealing to potential staff.
- overseas recruitment drives.
- Care City, which is a test-bed bid to develop a new health and social care research, education and innovation hub in East London with a remit to support healthy ageing and social regeneration.
- the Health for North East London acute reconfiguration programme to help address gaps in emergency care workforce, particularly at senior levels.

### Supporting new models of care

Redesign the urgent and emergency care pathway to create a simplified, streamlined urgent care system, delivering excellent urgent care and patient experience with financial stability. This is being lead through the local Urgent and Emergency Care Vanguard. This will be facilitated by empowering the workforce to identify opportunities, co-design the new model, and deliver stepped change, including:

- contractual solutions to enable the workforce to rotate across organisational and pathway boundaries.
- clinical champions and other leadership opportunities to deliver change and staff engagement.
- work in partnership with CEPN to identify and commission training and development opportunities.
- workforce strategies alignment across organisations across BHR
- consider how the development of an Accountable Care Organisations (ACOs) might accelerate and enhance performance and outcomes

### Primary care workforce sustainability

Address challenges in primary care workforce sustainability including recruitment and retention of GPs and practice nurses. A key priority will also be to consider the use of other primary care professionals and different skill mixes that can be utilised to support general practice including:

- undertaking workforce modelling and review outcomes; including using all the information currently held.
- working in partnership with CEPN and other borough organisations like colleges to identify any opportunities that can be used to promote and retain staff.
- developing new roles to support delivery of new models of care and an accountable care partnership (ACP).

## 4.2 Newham, Tower Hamlets and Waltham Forest CCG partnership



The Transforming Services Together (TST) programme is a partnership between three east London CCGs, NHS England, Barts Health NHS Trust and other hospitals, community and mental health providers, primary care and local authorities, including public health and social care. The aim of the programme is to deliver safe, sustainable and high-quality services for the residents of east London. It focuses on improving physical and mental healthcare in Newham, Tower Hamlets and Waltham Forest, while also thinking about how changes in these areas could impact on neighbouring boroughs. TST's change programme aims to address the system-wide challenges anticipated as a result of a forecast population rise of 270,000 patients in the area over the next 10 years, including addressing already challenging workforce supply shortages. Some of the key workforce priorities to meet the needs of a growing population include:

- ensuring recruitment to new and established primary care staffing levels is as efficient and effective as possible
- addressing retention difficulties experienced in primary care and especially with healthcare assistants (HCAs), GPs and practice nurses

- introducing new models of integrated multidisciplinary care and new cross-boundary roles to support them (e.g. pharmacists, physician associates and advanced practitioners)
- developing and upskilling existing roles (e.g. HCAs, care navigators, health coaches and other clinical and non-clinical staff).

More specifically, operational task and finish groups have been set up for 2016, focusing on:

**Physician associates:** implementing funding and sponsorship across the TST partnership, developing a curriculum from St George's Hospital to run education programmes for physician associate students at Queen Mary University of London.

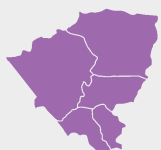
**Promoting and marketing new and existing roles:** with a particular focus on HCAs, physician associates and pharmacists.

**Education programmes, rotations and cross-sector pathway working:** determining what is commissioned for the future and what sponsorship will be made available for new trainees.

This is the start of the TST mobilisation around workforce. As the programme progresses, more and more projects will evolve to support delivery of the TST strategy (for example, physician associates are just the first of a number of new roles under consideration; other roles include HCAs, primary care pharmacists and ANP).

TST's change programme aims to address the system-wide challenges anticipated as a result of a forecast population rise of 270,000 patients in the area over the next 10 years.

### 4.3 Barnet, Camden, Enfield, Haringey and Islington CCG partnership



The five CCGs of north central London (NCL) have (with their partners, local authorities and NHS England) identified a long-term plan to transform health and social care to be focused on delivering personalised care for all those who need it. This includes a multiple set of responses and adjustments to the changing needs, expectations and size of local communities.

#### These models include:

- strengthening and developing comprehensive primary care services
- building of integrated teams from across sectors and organisations wrapped round the patient or service user
- greater emphasis on prevention and early intervention that in turn leads to a greater emphasis on out-of-hospital care
- building on the specialist hospital care when it is needed ensuring NCL is at the forefront of innovation in healthcare
- supporting the development of FYFV new models of care (e.g. accountable care organisations) where they benefit the local population
- developing a workforce to deliver seven day working.

The workforce vision for north central London is to ensure that all health and social care services are able to deliver integrated, high-quality, cost-effective care through a workforce (clinical and non-clinical) of the right number, in the right places, and with the right knowledge and skills.

#### The workforce strategy for NCL is:

In the short term:

- Develop existing workforce plans based on qualitative and quantitative data through the five CEPNs of NCL.
- Model future workforce needs alongside colleagues at Health Education North Central and East London (HENCEL) and Health and Social Care Information Centre (HSCIC).
- Develop locality plans for direct and indirect funding.
- Identify the core workforce skills required to deliver integrated care, and develop integrated training frameworks (including identification of quick wins for joint training).

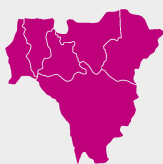
In the medium term:

- Agree borough-based workforce plans with all stakeholders.
- Establish NCL programmes based on the models outlined above, including:
  - entry level (widening participation and apprenticeships)
  - core training (care certificate, undergraduate placements)
  - postgraduate training (blended roles, practice nurse training)
  - understanding the needs of new organisational models (cross sector leadership training, review of specialist skills training, whole system approach across health and social care, voluntary and third sectors)
  - retention of staff (career diversity, cost of living, career pathways)
  - developing capacity locally (mentorship, clinical supervision – including new integrated models and preceptorship).

In the long term:

- An agreed NCL-wide workforce development plan that is supportive of the SPG vision.
- Greater control on workforce spending, in partnership with HEE.
- Establish education and training faculties that are co-developed and organised by providers, HEIs and commissioners.

#### 4.4 Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark CCG partnership



Current NHS spending in south east London is £2.3 billion. Through the Our Healthier South East London (OHSEL) workforce supporting strategy and overarching programme, there is an aspiration to develop a workforce with the right people, who have the right skills and values, in the right place and at the right time, to deliver high quality, personalised and integrated care across south east London.

This vision will be achieved by supporting local care providers to find ways to address current demand and short term pressures. At the same time consideration will be given to whether the current workforce composition can achieve the ambitions of future models of care.

The OHSEL workforce strategic framework has been developed in alignment with the London workforce key findings. By taking into consideration local, regional and national priorities and initiatives, OHSEL will maximise and leverage resources and expertise available in the wider NHS at local, regional and national levels.

Current NHS spending in south east London is £2.3 billion.

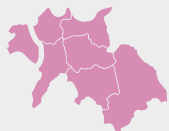
#### The main south east London workforce objectives are:

- to support the review and redesign of the workforce to address short term challenges, and deliver the ambitions of the new models of care
- to support the development of skills and capabilities to ensure effective delivery of new models of care
- to facilitate system-wide capacity and capability to support culture change.

#### Key OHSEL objectives for 2016/17 and beyond include:

- continuing to examine local requirements to develop and support the development of new roles within the community (e.g. 'care navigator/coordinator' roles)
- supporting service transformation by promoting culture and behavioural change interventions (e.g. by utilising the 'making every contact count' framework)
- supporting commissioning workforce development to deliver the OHSEL overarching transformation programme (e.g. through development of 'communities of practice')
- supporting existing workforce development and engagement (e.g. through training in skills and tools of improvement science to make positive changes in health, healthcare, and the daily life of staff)
- supporting the development of leadership and management at all levels (e.g. by supporting a systematic approach to leadership and talent development across OHSEL).

#### 4.5 Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth CCG partnership



In February 2014 the six south west London NHS Clinical Commissioning Groups (CCGs) – Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth – and the health commissioners from NHS England (London) agreed to work together with hospitals, mental health, primary and community care service, local councils, local people and patients on a five year plan to improve health services for everyone in south west London. This partnership, which now includes SWL providers and neighbouring Surrey Downs commissioners, is called the South West London Commissioning Collaborative (SWLCC).

In June 2014 a case for change and outline strategy was published to respond to NHS England's Call to Action.

##### This strategy aims to ensure that:

- people in south west London can access the right health services when and where they need them
- care is delivered by a suitably trained and experienced workforce, in the most appropriate setting with a positive experience for patients
- services are patient-centred and integrated with social care, focus on health promotion and encourage people to take ownership of their health
- services are high quality but also affordable.

##### In delivering this vision, SWLCC will aim to:

- improve the quality of care across south west London
- address the workforce gap
- ensure local NHS services are financially sustainable
- confront the rising demand for healthcare.

There has been a strong history of engagement around workforce in south west London, which can be seen in the strong working relationships with Health Education South London and the development of the CEPNs in each borough.

##### Workforce priorities for SWLCC as set out in the five year strategy include:

- expansion of the community workforce and adaptation to seven day working in the community
- training to upskill the incoming community workforce
- identification of opportunities to work across organisational boundaries
- recruitment, education and support of carers
- reduction of the gap in the workforce needed to deliver London quality standards
- ensuring the workforce is trained to deliver new models of care
- engagement with stakeholders such as Health Education England and SWL community provider networks to develop new training models to address longer term shortages in certain specialities.

The four acute providers in south west London (Croydon Health Services NHS Trust; Epsom and St Helier University Hospitals NHS Trust; St George's University Hospitals NHS Foundation Trust; and Kingston Hospital NHS Foundation Trust) formed an acute provider collaborative (APC) to collectively address the challenge of implementation. This collaborative is currently working towards the flexible use of workforce by sharing workforce between south west London sites, and a shared staff bank across the four acute providers and South West London and St George's Mental Health NHS Trust.

The local commissioners and providers are planning to work together to address their collective challenges in delivering system sustainability and transformation. They are reviewing the current programmes to strengthen and build on the work done so far. This will involve a review and refresh of workforce priorities and implementation plans, and a re-launch of the workforce workstream in early 2016.

North West London (NWL) was awarded national pioneer status to develop integrated care

#### 4.6 Harrow, Hillingdon, Brent, Ealing, Hounslow, West London, Central London, and Hammersmith and Fulham CCG partnership



North West London (NWL) was awarded national pioneer status to develop integrated care. As a result, a large-scale and innovative programme of activities is in progress to improve health and social care in the sector.

These include:

##### ■ Whole systems integrated care

Focusing on older adults with one or more long-term conditions and developing a model of care that focuses on patient needs and delivering care in the community. To support this, integrated teams working across organisational boundaries are being developed to ensure care is joined up and people receive the care they need when they need it. Further tools and resources need to be developed to enable this to happen.

##### ■ Primary care

Improving health and wellbeing outcomes and access, reducing inequalities and improving the patient experience as well as providing more joined-up services closer to people's homes. This relies on improvements in workforce, buildings, extended opening hours and co-commissioning.

##### ■ Like-minded

Enabling North West London to work in partnership to deliver excellent, joined-up services that improve the quality of life for individuals, families and communities that experience mental health issues.



### ■ Acute reconfiguration

Concentrating some services into specialist units to improve the care patients get when they need it most. This will allow patients to be seen by more specialist staff and allow many more senior staff to be present 24/7.

The workforce priorities in North West London are focused to support the overall strategic aims of the sector and transformation programmes outlined above.

### The workforce priorities for NWL are:

#### Workforce planning

- This is a key priority to inform other workforce priorities. The strategy is to improve workforce planning in NWL to ensure the emerging care models from the programmes will have sufficient well-trained staff to deliver care, and to highlight areas where there are staff shortages or where current staff need training and education to enable them to work in new ways. This will be achieved through modelling, starting with a baseline view of the existing NWL workforce (numbers in roles and their respective skillsets), to understand any gap in workforce requirements, that must be met to achieve the aspiration for new models of care
- Developing new roles and new ways of working to address the gaps that the workforce planning is identifying.

### Recruitment, training and education

- Opportunities to support development of the primary care workforce are being explored through a series of workshops with frontline staff and employers (including GPs, nurses and community pharmacists). An outcome of the workshops will be for staff to build networks and relationships across the perceived boundaries in NWL (between boroughs and professions) and to empower staff to work toward implementing ideas and action plans that can be supported and facilitated by the work of NWL's strategy and transformation team.
- Developing the community nursing workforce as a key to delivering integrated care. There is an opportunity to achieve this by embedding Health Education England's (HEE) education and career framework for district and general practice nursing.
- There is potential to introduce new roles into general practice, such as physician associates, and to develop a career pathway to upskill receptionists, healthcare assistants and nurses to support GPs' workloads and attract more people into the professions.
- There is an opportunity to work with boroughs and federations to strengthen the 'NWL brand' to attract and retain permanent staff to fill vacancies. This may include developing a consistent set of terms and conditions, aligned to Agenda for Change, to promote equity across NWL, and to create development opportunities and clear career pathways to help attract and retain staff.
- Ensuring staff are developed to work to the 'top of their licence' across the system, to ensure professionals are focused on the work they have been trained to do and explore how they can work in more efficient and effective ways.

### Change Academy

- Building a sustainable workforce that can adapt to future changes and priorities. The Change Academy programme will include development of skills and approaches including leading change across boundaries and delivering transformation projects.
- Developing integrated multi-disciplinary teams. The Change Academy programme will take a team-based approach and focus on working across different organisations to deliver transformational change. A team could be comprised of system leaders, commissioners, providers in primary, secondary and community and social care (including GPs, nurses and mental health practitioners), and the voluntary sector.
- Behaviour change from both staff and patients/service users to ensure person-centred care and better management of health and wellbeing through the health coaching programme, which will train more health professionals to use coaching skills to have more meaningful conversations with patients. The programme will use a sustainable 'train the trainer' model to harness existing capability and ensure widespread reach.

## 4.7 Summary

Each SPG transformation programme summary reflects the distinct focus of each local area. However, there are common themes across a number of those SPG workforce priorities. These include the need to:

- 1 implement coordinated recruitment and retention strategies to fill existing vacancies across local professions, and remove the existing reliance on bank and agency staff – in particular across primary care
- 2 develop workforce models that align to planned new models of care upon which local workforce development plans can be built
- 3 establish a local workforce baseline across those professions that support the delivery of existing services
- 4 define the skills, competencies and responsibilities of new and existing staff who will deliver integrated, multi-disciplinary care across organisational boundaries.

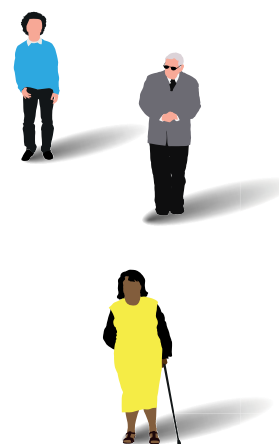
It is important to note these insights in order to ensure that any focus of this framework aligns to the needs of local transformational services.

### References

CCG Strategic Planning Groups call for evidence submissions

# Chapter 5:

## Key workforce findings



The health and social care system in London is undergoing substantial transformation, with ambitious goals over the next five years. This chapter brings together the key findings from analysis of all of the reviews described in previous chapters.

More than 70% of the current workforce will be the workforce in ten years. Therefore, it is clear that if substantial transformation is to happen over the next five years, there will need to be a clear focus (and a balance of investment) on supporting the existing workforce, to deliver this planned transformation. This is in addition to ensuring that the right numbers of professionals are being educated for the future. A balance in the investment available for both building the future workforce and developing the existing workforce is needed. This will need to be considered across service and education commissioning systems, and employers in their respective care settings. In collaboration and through extensive engagement with over a thousand clinical and non-clinical stakeholders from across the capital (including strategic planning group workforce leads, CCG chief officers and providers, HR directors, and trade unions) eight key areas of focus have been identified.

These eight key workforce findings provide a guide to those areas of focus where action is required to ensure the health and social care system develops and delivers the workforce to meet the needs of patients now, and in the future. They are:

### 5.1 Retaining and recruiting the best staff



Ensuring that there are sufficient high-quality staff to deliver health and social care services is particularly challenging, given London's professionally and personally demanding environment. This affects all professions, but particularly lower paid staff.

#### Common insights include:

- Low pay, anti-social working hours, limited personal development and work-life balance are all factors contributing to significant workforce attrition, and existing high vacancy rates across a number of professions.

- Even though, from a public sector perspective, a number of health professions are considered to be well paid, there are professions where existing low pay is a cause for individuals to seek alternative employment away from the health and social care system, or to work within it but for agencies.
- Where there is limited flexibility available to members of staff in determining their working hours, for example as a result of strict rostering timetables, this may cause a migration of the workforce to bank and agency providers that offer a greater degree of flexible working.
- Where organisations do not provide their workforce with sufficient personal and professional development opportunities and support within their existing roles, it leads to high turnover.

- A cause of high vacancy rates across certain professions, care settings and geographical locations in London is as a consequence of the lack of perceived attractiveness of these careers.
  - There are specific challenges recruiting in certain parts of London. Reasons vary but include affordability, publicised challenges with local providers, and financial incentives. Specific challenges exist (e.g. in east London due to large scale developments leading to forecast large increases in population).
  - Some professions (e.g. those delivering care in the community and across primary care environments) are seen as less desirable by prospective staff. This may be due to poor publicity or perceived underinvestment. A lack of exposure to training and working in these areas means that many staff are not aware of the benefits of working in this sector in comparison to other sectors (e.g. acute hospital settings).
  - A number of specific staffing gaps have been identified across the different transformation programmes in London. Although the reasons vary, there is a general concern that unless specific short-term gaps are addressed, then the ambitions of the transformation activities described may be difficult to achieve.
  - A number of organisations are looking at improving vacancy rates by ensuring that the composition of the workforce reflects the community it serves and is indeed drawn from the local population.
- A lack of a clear workforce baseline across existing professions, care settings and London geographies may lead to inaccurate future workforce forecasts to inform effective recruitment and retention strategies.
  - The existing maturity of understanding around the impact on the workforce of new models of care and interventions; and the implications of proposals for community, mental health, primary care and acute care, means there are limited clear assumptions on which to base future forecasts for workforce demand.
  - Where there are no established mechanisms to consistently capture, interrogate and challenge workforce data from varying sources, the ability to maintain an actual workforce baseline is challenging.
- The high cost of living in London means that recruiting and retaining staff remains a significant challenge.
  - At the inner and outer London weighting boundaries, and particularly where there is limited geographical difference between organisations/sites, staff tend to migrate to inner London (and the greater pay). This happens within and across organisations.
  - Where there is a lack of affordable housing, this impacts on a region's ability to attract new members of staff for existing vacancies. There is a trend for staff to travel further to get to work in inner London organisations.
  - The rising cost of transport in London influences where people choose to work, impacting employers' ability to recruit and retain staff. Transport links, and the accessibility of where employers are geographically located, are also an important factor.
- Known factors that improve the retention of the existing primary and community care workforce are where staff have a clear career path with roles and responsibilities defined at each stage of their career; opportunities to expand their knowledge and expertise throughout; and ways of working that support them to be released to receive development training.

## 5.2 Supporting staff to collaborate across organisational and professional boundaries



The increasingly complex needs of the population mean that staff must be supported to work across organisational and professional boundaries to develop and deliver integrate services based around the patient. From the ability to put aside organisational loyalties to collaborate in networks, to increasingly developing collaborative working arrangements across different organisational structures, this need exists across the health and social care economy.

### Common insights include:

- Many of the transformation programmes described above outline a need to work in a patient-centred way and often across traditional organisational and professional boundaries.
- Where roles and responsibilities are unclear across the workforce, this can impact on the delivery of coordinated patient care by multi-disciplinary teams.
- Where shared objectives have not been sufficiently defined and agreed between care providers, this can inhibit staff from collaborating effectively and potentially undermine trust between organisations.
- Where maturing network ways of working exist between professionals in different care settings, sharing knowledge and resources between staff across organisational boundaries can be limited. This is a common symptom of silo working arrangements and the culture of some individual departments and organisations. Particular examples of newly established networks that will need to ensure they agree clear shared objectives include urgent and emergency care networks and GP federations.

- Some organisational governance barriers exist which prevent the movement of staff across organisational boundaries to work in different care providers. Examples include employment contract terms and conditions; indemnity insurance; and the ability of staff in sub-contracting organisations to access NHS pensions.
- The lack of visibility and inconsistent communication of a patient's care plan between professionals in a multi-disciplinary team. This acts as a barrier to more integrated patient-centred services.
- Where an autonomous organisation's culture is at odds with the collective needs of the wider local health economy in which it resides, a culture shift within the workforce is required in order for staff to participate in collaborative working arrangements in partnership with other local care providers.

## 5.3 Supporting workforce versatility to adapt to the multiple needs of patients



There is a need to meet the increasingly complex care needs of patients through encouraging a much greater versatility in the workforce. The ability of individuals and multi-disciplinary teams to adapt to provide care in different settings, at different times and in different organisational and team structures is becoming even more essential. To achieve this there will need to be an improved balance of generalist and specialist skills across the current health and social care workforce.

**Common insights include:**

- There is an increasing tendency towards greater workforce specialisation. Whilst experts in their field are an essential part of the future workforce, there is a need to build additional generalist expertise in the existing workforce. For example, there could be a greater role of clinical pharmacists in the optimisation of medicines for patients with long-term conditions and pharmacy roles in managing minor illness and medicines advice.
- To meet the increased demand for care services across the NHS, there is a need for health professionals to deliver services closer to the patient. In many areas where there are shortages in professions, use of other suitable health professionals should be considered. For example, it has been stated that pharmacists and HCAs are examples of underutilised health professionals in the existing workforce.
- Where further multi-disciplinary team-working can be improved to enhance workforce versatility to meet patients' complex needs, a greater focus should be made on agreeing clear roles and responsibilities between team members. In addition, emphasis should be on staff competencies to 'do the job', rather than just qualifications held (i.e. determine who is best placed to meet the needs of the patient, not what qualification they have).
- There is a need to encourage new ways of working that ensure rapid access is provided to a broad range of expertise in the right settings.
- Through adapting practices to address the desire to provide seven day services there may be an opportunity to provide a more complete service to individuals with multiple co-morbidities.

## 5.4 Developing leaders and managers at all levels



To manage the increased scale and pace of change in such a complex and interdependent operational environment, there is a need to further identify, encourage and develop clinical and non-clinical leaders and managers. This will ensure the scale of transformation is achieved and delivered efficiently and effectively.

**Common insights include:**

- To drive forward the health and social care transformational agenda, further capability and capacity amongst leaders and managers is needed at all levels.
- Inconsistent health and social care appraisal approaches do not provide managers and leaders with sufficient mentoring and professional development opportunities. As a consequence, a lack of overall direction and support for careers into management will develop. This could act as a barrier to developing emerging leaders and managers across the frontline workforce.
- Given the degree of change at all levels across the health and social care system, leadership competencies in modern transformed services will differ to previously understood requirements. Existing leadership development programmes and methods may need to adjust to reflect this shift.
- In cases where the scale, pace and complexity of change is high, leaders and managers will have significantly reduced capacity to focus on their professional development whilst also delivering the required change.
- The development of leaders and managers at all levels is hindered by the shortage of sufficient leadership programmes to deliver the scale of professional development needed across the existing workforce.

- Where there is a gap between the diversity of the local population and that of the workforce, including trust leadership and senior management, studies have highlighted that this under-representation adversely impacts on the provision of services across London.
- Joint accountability for financial management and clinical delivery between managers and clinicians delivers improved value.
- To ensure that best practice approaches are adopted in workforce deployment, management of flexible working practices, including ward round effectiveness, it is recognised the development of effective leaders and managers will be required

### 5.5 Supporting workforce agility to respond to change



A constant feature of the health and social care system is that it is always undergoing significant change. There is no reason why this will not continue into the future. There will be a need for greater agility in the current and future workforce to respond to, and manage, repeated change. Creating a workforce which can adapt to change quickly will be crucial, but this must be underpinned by an organisational culture in which staff are suitably supported and empowered to work within this changing environment.

#### Common insights include:

- The success of new models of care for patients, which will require the workforce to undertake greater multi-disciplinary and cross-organisational boundary working, is dependent on staff being more proactive, resilient and adaptable to change.
- Change often adds additional pressure, uncertainty and burden onto the existing workforce. Without sufficient health and wellbeing support for staff, to enable them to be more resilient to change, there is an increased risk of a higher rate of attrition across the current workforce.
- Given that much of the change anticipated through new models of care is unprecedented, limited best-in-class examples exist to guide the workforce through the delivery of planned changes to services.
- In many cases the characteristics and behaviours expected of the workforce to deliver transformational change remain unclear or undefined. This can lead to a lack of direction in the ways in which the workforce should look to focus their development to better respond to change.
- Developing agility and resilience is not always prominent in workforce education and training. There is a need to support new and existing staff to learn these skills in the ever-changing NHS environment.
- A robust level of health and wellbeing for the workforce positively affects patient care and patient experience.



A constant feature of the health and social care system is that it is always undergoing significant change.

## 5.6 Strengthening health systems: providers and commissioners



Service commissioners and providers are increasingly urged to work together to deliver more integrated care for their local populations, for example through accountable care organisations). To balance national and local priorities, alongside the transformational journey being undertaken to deliver new models of care, there is a need to build and strengthen the capability and capacity of providers and commissioners to lead transformational change in a complex and changing environment.

### Common insights include:

- To establish and deliver a shared health system vision that meets the needs of a local community, alongside regional and national priorities, requires providers and commissioners to work together through shared governance to shape, own and deliver the strategic priorities of this shared vision.
- To enable the delivery of those agreed share priorities between providers and commissioners, performance and financial measures within each partner organisation must align and promote the behaviours that deliver these shared goals.
- Where local patient and clinical involvement is not sufficiently sought to shape local health economy sustainability and transformation plan priorities, the achievability of delivering the planned transformation at pace can be limited.
- To facilitate commissioning services that are more closely aligned to the needs of local health economies, commissioners and providers should be encouraged to ensure they have strong links into Community Education Provider Networks (CEPNs).
- To ensure that commissioners and providers have the information they need to make informed commissioning decisions, there is a need to improve the consistency and accuracy of workforce data available within the system.
- To best enable the effective delivery of services, commissioners and providers need to take into consideration workforce capacity and capability when making service commissioning decisions. Having clear roles and responsibilities is essential.
- Where high vacancy and attrition rates exist amongst commissioning and provider organisations, improved clarity and definition is required around the career paths and progression opportunities in existing commissioner roles.
- There is a need for greater alignment between service commissioning and health education commissioning to ensure that appropriate numbers of professionals are educated and trained to meet future needs. This includes greater links between provider workforce planning submissions (to LETBs) and commissioners' strategic transformation plans
- To best ensure commissioned services meet the needs of local health-economy populations, and deliver the desired outcomes in the future, there needs to be a suitable balance of commissioner and provider time focused on transactional commissioning activity versus longer-term strategic commissioning and planning.



## 5.7 Ensuring care is delivered in the right place, with a particular focus on primary health care and community services



Transformed health and social care services of the future will deliver the right care for patients, in the right place and at the right time. To achieve this transformation across all care settings, the workforce in each will require the necessary skills and capabilities to deliver appropriate care that meets patients' needs. The combined impact upon primary health care and community services, of existing local, regional and national transformation programmes is significant. Many of the proposed changes across London require primary health care and community services to operate in a different way, to ensure patients are at the centre of care. Without fundamental changes to primary health care, or appropriate development and support of the workforce, the benefits of moving care away from hospitals and into the community will not be realised. Therefore, a particular focus on the primary health care services' workforce is needed.

### Common insights include:

- Where the existing medical workforce does not have capacity to meet the growing demand for primary and community care services, this burden could be reduced by sharing clinical responsibilities with other health professions, for example by empowering practice, district and community nurses to manage a greater proportion of general practice workload.
- As a consequence of existing vacancies and an ageing workforce, there is an increasing need to make careers in primary and community care more attractive, to encourage more medical and health professionals to want to work in these settings.
- New ways of working in networks between primary and community providers should be encouraged, to enable professionals to share knowledge, expertise and resources across organisational boundaries, and improve their general skills base.
- A planned shift in patient care away from hospital settings will require a shift in the provision of staff training into the community.
- Given that shifting patient care into the community is a key part of the planned services transformation in London, it is vital to understand the combined impact of all transformation programmes on the primary and community care infrastructure and workforce, in order to enable the successful transition of care services.
- More training placements should be offered in primary and community care, so more trainee health and care professionals can experience the benefits of working in these settings and see their attraction.
- Given the important role of the workforce in system transformation, funding for training needs to be more closely aligned to primary health care and community services.
- Building greater capacity and expertise in the workforce is necessary to achieve the health and social care transformation ambitions for children and young people, mental health, cancer, and urgent and emergency care.
- In delivering greater patient interventions in primary health care and community services, it will be equally important to consider the impact on secondary care service providers.
- It is recognised that a fundamental shift away from 'paternalistic' to 'personalised' models of care is needed, and this requires a workforce equipped with the right skills, behaviours, knowledge and attitudes to engage patients in managing their own health, in decision-making, administering and even commissioning their own solutions.

## 5.8 Delivering improved value, quality and productivity through the workforce



The NHS in London is facing a £4.76 billion affordability gap by 2020/21. Delivering the right care in the right setting, improved productivity in existing services, and establishing new ways of delivering care are all recognised as areas of opportunity for the workforce to deliver improvement value for patients.

### Common insights include:

- The combined regulatory requirements on the medical workforce above and beyond their core duties as clinicians can create additional bureaucracy and increase the non-productive time of the workforce.
- Inconsistent ways of working in undertaking workforce planning and rostering can be a cause of reduced productivity in the frontline workforce.
- Where organisations' finance and governance models are at odds with new ways of working, this can limit change and innovation across the existing workforce.
- Where procurement of clinical supplies and non-clinical services are not tracked or managed consistently in an organisation, this can limit the workforce from delivering optimum care to patients that reflects value for money.
- Where there is a lack of bank and agency staff pay-rate harmonisation, there is a risk that organisations will incur unnecessarily high agency costs to meet the shortfalls in permanent workforce rosters.
- Where different local employers in a similar geographical area, or departments within the same organisation, undertake similar organisational processes (e.g. recruitment) independently of each other, streamlining these processes can deliver efficiencies.
- By implementing the Right Care approach through Public Health and commissioner agendas maximises the value the patient derives from their own care and treatment, and the value the whole population derives from the investment in their healthcare.
- Increased input from hospital pharmacists working in multi-disciplinary teams will improve outcomes, reduce waste, improve prescribing decisions and reduce avoidable harm.

## 5.9 Summary

The key findings described here offer a focus on where action is needed to best enable the workforce to meet the demands of patients now, and as part of a transformed NHS in future. Addressing each key finding in turn will require varying degrees of action and coordination across all parts of health and social care in London, as well as nationally. To best support commissioners, providers and the current health and social care workforce to deliver sustainable action around each of these findings, the next chapter describes the London-wide support available in the short and long-term as part of the London Workforce Programme.

# Chapter 6:

## A framework for action



Across the health and social care economy in London, workforce is consistently cited as the key area that will make or break the transformation of services required. If immediate actions are not taken that best support the workforce through this period of transformation, there is a significant risk that the quality of services for patients now and in the future could be affected.

Development of this London Workforce Strategic Framework mitigates this risk and provides the platform to support the development of a modern health and social care workforce in London.

The eight key findings (see chapter five) set a clear direction for where action is required in London. It is proposed that commissioners and providers across London embrace these findings, and that they inform the focus of local plans. Many solutions to existing workforce challenges may be found locally. However, it has become clear that there may be benefits to developing a number of solutions once for London.

This chapter recommends the support that would be needed in the short term, and those strategic London-wide actions around which a single voice for change is needed to enable the long-term delivery of new models of care as part of a transformed health and social care system.

### 6.1 Supporting the delivery of tangible action to mitigate local workforce challenges

To best support commissioners and providers locally across London, feedback has indicated that the following broad types of support would add value locally across each of the London Workforce Strategic Framework's eight key findings. These include:

- Gaining an understanding of the current workforce baseline and the impact of proposed transformation activities.

- Where there are solutions that mitigate existing workforce challenges, there is a need to more effectively disseminate examples of these solutions.
- Where solutions are not yet identified there is a need to bring together the appropriate resources to identify potential solutions and to disseminate them.
- Establish a London Workforce web presence to facilitate the sharing of successful solutions to existing workforce challenges, lessons learnt and promoting a workforce development community.

It is proposed that this short-term support would be made available to the system through the following five core packages of work.

## Workforce modelling for future requirements

The proposal is to develop mechanisms for sharing workforce modelling techniques, approaches and skills to support others to build sustainable and cost effective workforce models. Over the longer term, the ambition is to maintain a single source of data on existing workforce numbers in London, which is updated regularly and available to all. It is anticipated this work will include modelling of future workforce workloads, capacity and demands to optimise staffing at every level. In addition, further datasets around workforce migration patterns, future workforce needs, funding and educational implications of new models of care will also be made available. This work aims to facilitate an understanding of the impact of proposed transformation activities in London on the workforce.

Through our existing engagement with CCG/SPG workforce leads, the initial areas of focus recommended are to support:

- system dynamic modelling to baseline current workforce and create adaptable future models (e.g. modelling new models of primary health care)
- improved use of existing NHS workforce databases to enable benchmarking across organisations
- development of a simple online resource and directory from healthcare professionals seeking information.

## Enabling workforce development, innovation and adoption

The proposal is to establish and maintain mechanisms that facilitate the sharing of best practice examples across London where local workforce challenges have been resolved. It is suggested a workforce development and innovation portal is established and stakeholder events are organised around agreed priority areas for commissioners and providers.

Where existing solutions do not exist, but there is a desire to find solutions once for London, it is proposed that project support be made available to facilitate and co-develop solutions to known workforce challenges. Through our existing engagement with CCG/SPG workforce leads, the initial areas of focus recommended are to support:

- the delivery of employment governance which enables cross-boundary working, with a specific focus on key operational areas (e.g. clinical indemnities or employment contracts)
- the development of consistent approaches in London for specific workforce roles (e.g. for clinical pharmacists and physician associates).

## Continue London-wide partnership working

Through the work to date, the focus has been on understanding the workforce implications of London-wide transformation programmes for primary care, cancer, mental health, urgent and emergency care, and children and young people. It is proposed that continued project support be made available to these HLP programmes to facilitate the embedding of identified workforce priorities into local delivery plans. In addition, It is proposed that this supports enables the delivery of specific actions aligning to their agreed workforce priorities.

## 6.2 Longer term strategic projects

During the development of this London Workforce Strategic Framework, it has become clear that to develop a modern health and social care workforce in London that is ready to deliver

new models of care, a number of strategic system-wide areas of focus need to be addressed (see below). This will require input and challenge from a wide range of system stakeholders. It is proposed that a range of London-wide strategic projects need to be mobilised to coordinate, engage and collectively deliver action.

### The strategic system-wide areas of focus:

<b>Strategic barriers to workforce recruitment and retention</b>	Key finding <b>1</b>	Affordable housing was raised as a potential barrier to recruiting and retaining workforce in the BHfL recommendations. Since then, other significant barriers have been raised (e.g. inner and outer London weighting and the cost of transport). It is proposed that reviews of the key barriers to recruitment and retention are undertaken and clear recommendations are made.
<b>Investigate the balance of investment in the current workforce</b>	Key finding <b>2</b> <b>3</b> <b>4</b>	A recurring theme throughout the review has been the fact that 70% of the current workforce will be the workforce in ten years. The question that has therefore been raised is whether the degree of investment in supporting the existing workforce is appropriate. It is proposed that a review of investment in the current workforce to further develop their skills, roles and training to better enable them to deliver new models of care is required.
<b>Shift balance from specialist to generalist training</b>	Key finding <b>3</b>	Whilst experts in their field are integral to the future workforce, there is a need to develop greater generalist expertise within the existing workforce. Especially given the current direction of travel of an environment of ever increasing workforce specialisation. It is recommended that HEIs propose recommendations to how this could be delivered.
<b>Expanding leadership capacity and capability</b>	Key finding <b>4</b> <b>5</b>	There is a need to review specific leadership capacity and capability issues associated with the combination of transformational activities across London. It is proposed that HLP, the NHS Leadership Academy, HR directors, HEE and commissioners develop leadership support programmes to address the capacity and capability requirements identified in the review.
<b>Continued alignment of education and service commissioning</b>	Key finding <b>6</b>	To best identify and effectively address the needs of the workforce to deliver transformed services in London, greater alignment is needed between provider workforce planning, education and service commissioning. Building on work done to date, it is proposed that actions should be identified to improve this alignment.
<b>Shift from transactional to strategic commissioning</b>	Key finding <b>6</b>	Commissioning of services is becoming increasingly complex, with commissioners having to balance national and local priorities alongside new models of care that challenge traditional boundaries between themselves and providers (e.g. accountable care systems and integrated care models). There is a need to review the implications for commissioners as the NHS transforms.
<b>Shifting training provision into the community</b>	Key finding <b>7</b>	There is a need to significantly shift the balance of training provision into the community to support the service transformation described in CCGs' strategic plans. However there are two related issues that need to be particularly investigated. <b>1</b> The degree of dependency of the acute sector on trainees delivering acute services. <b>2</b> The capacity of the primary and community services to provide training places.

### 6.3 Conclusion

This London Workforce Strategic Framework provides a qualitative evaluation of the workforce implications raised by a number of key national reviews, and London-wide and local transformation programmes. These workforce implications led to eight key findings.

These findings set a clear direction for where action is required to best support the workforce to deliver the best quality care for patients now and in the future. Many solutions may be found locally, however there may be benefits to developing a number of solutions for London as a whole. Across the system, workforce is consistently cited as the key area that will make or break the transformation of services required in all parts of London. If immediate action is not therefore taken to properly support the workforce through this period of transformation, there is a significant risk that the quality of services for patients could be affected.

This London Workforce Strategic Framework will enable stakeholders across the system to develop coordinated action to address the workforce challenges identified in the key findings. In addition, it will be important to continue to reflect on where solutions would be best developed once for London, as well as identifying local solutions.

If you have any feedback on this framework, please email the London workforce mailbox [ENGLAND.LondonWorkforce@nhs.net](mailto:ENGLAND.LondonWorkforce@nhs.net)

#### References

London Health Commission (2014) Better Health for London, [www.londonhealthcommission.org.uk/better-health-for-london/](http://www.londonhealthcommission.org.uk/better-health-for-london/)  
NHS England et al (2014) The NHS Five Year Forward View, [www.england.nhs.uk/ourwork/futurenhs/](http://www.england.nhs.uk/ourwork/futurenhs/)

# Appendix 1:

## The methodology used to develop this London Workforce Strategic Framework

### Delivering a workforce strategic framework for London

To gain consensus on those workforce priorities which will deliver the most value to local health and care economies, CCG Strategic Planning Groups (SPGs) and London’s wider system stakeholders, a broad stakeholder engagement approach has been undertaken. In delivering this framework for London, we have spoken with clinicians, CCGs, providers, HR director groups, local authorities, directors of nursing, trade union partners and many others to identify those workforce priorities which will deliver the most value to them.

In developing this framework, there has been a concerted effort to support those responsible locally for transformation activities to develop their understanding of associated workforce implications and actions to address them.

### A shared language across London – workforce methodology

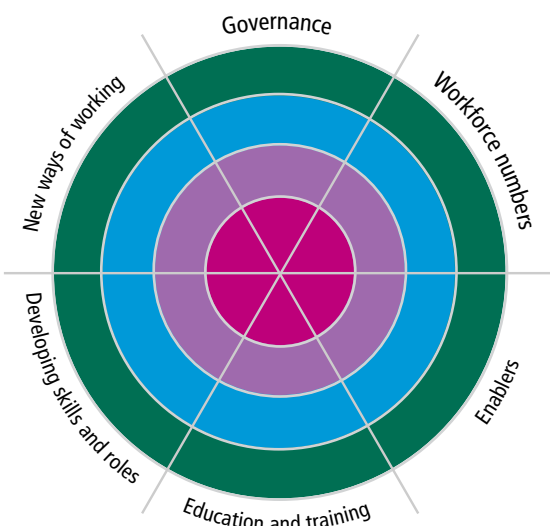
To facilitate a shared dialogue across London to describe workforce challenges now, and as a consequence of planned transformational change, a workforce methodology was developed and adopted to establish shared actions.

The sphere of influence model provides a guide to determine the workforce implications of future models of care, and identify where actions to support implementation can be most effectively taken.

This section describes this methodology and the replicable approach that has been used to identify and prioritise groups of workforce activities to inform this framework’s key workforce findings.

It is important to recognise that just increasing the number of staff is only part of the solution; there are a further five workforce segments for participants to consider when identifying and grouping workforce implications of planned transformational change to services.

### The sphere of influence model



- National
- Regional
- Local
- Employees

These six segments are defined as:

- 1 New ways of working** Some of the workforce implications to consider are related to cultural and behavioural change, ways to facilitate leadership at all levels and how multi-disciplinary and cross-sector relationships across health and social care can be developed further.
- 2 Developing skills and roles** The adjustment required to the skills and roles of the existing workforce to mitigate current workforce challenges, or to deliver new models of care. It is important to consider what new roles are required, the skills and competencies needed and what career path will be available as part of each role. The maturity of career pathways is also an element that will need to be considered as well as how roles will work across organisational boundaries.
- 3 Workforce numbers** The long-term forecast for workforce supply and demand, including recruitment and retention implications. A consideration has to be made regarding what numbers will be required, with a need to identify the existing baseline.
- 4 Governance** The organisational and legal governance elements that may impact the ability of the workforce to operate in the transformed environment. For example, adjustments to contracts and impact on professional legislation. A number of topics should be taken into consideration including employment arrangements; governance and management roles; organisational design and team structures; performance management and incentives; alongside accountability and professional regulation.
- 5 Education and training** The education and training required to deliver the required changes to skills and roles to build capacity and expertise in the existing workforce. The approach to the provision of education and training is considered as well as curricula development, logistics and supervision.

- 6 Enablers** Those support elements that would accelerate delivery of new models of care by the workforce, or improve the ways of working of the existing workforce. For example, data availability, improved estates and IT systems.

Each of these workforce priorities is then assessed across four spheres of influence to support the identification of suitable system owners to lead on their resolution and mitigation.

#### The national sphere

Organisations and bodies that influence and make workforce decisions at a national level [e.g. Professional bodies, Trust Development Agency, Monitor, NHS England, Higher Education Funding Council for England, Universities UK, Health Education England (HEE), Association of Directors of Adult Social Services, amongst others]

#### The regional sphere

Those organisations and bodies that influence and make workforce decisions at a regional level [e.g. Strategic Planning Groups (SPGs), Healthy London Partnership (HLP), HEE Local Education and Training Boards (LETBs), NHS England (London Region), Social Care Workforce Steering Group, amongst others]

#### The local sphere

Those organisations that influence and make workforce decisions on a local level [e.g. CCGs, service providers, community education provider networks (CEPNs), Higher Education Institutions (HEIs) and local authorities]

#### The employers sphere

Employers of the local health and social care workforce who influence local workforce decisions.



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- London CapitalNurse Programme Steering Group
- London Nursing Leadership Forum
- London Nursing Workforce Reference Group
- London Clinical Commissioning Group Workforce Leads
- NWL Critical Care Network
- London Community and Education Provider Networks (CEPNs)
- Health Education England London Education & Training Board (LETBs)
- Health Education England NCEL Allied Health Professional Network
- London Social Partnership Forum
- London Scientific and Diagnostics Network
- London Allied Health Professionals Network
- ADASS Developing London Workforce Plan Conference
- London Diabetes Strategic Clinical Leadership Group
- London Cancer Clinical Leadership Advisory Group
- London Cancer Executive Team
- London Mental Health Transformation Programme Board
- London Mental Health Clinical Leadership Group
- London Mental Health Nurse Directors Group
- London Mental Health Chief Officer
- London Children and Young People Clinical Leadership Group
- London Primary Care Transformation Board
- London Primary Care Strategic Oversight Group
- London Urgent and Emergency Care Clinical Expert Group
- London Urgent and Emergency Care Clinical Advisory Group
- London Urgent and Emergency Care Programme Board
- Urgent and Emergency Care 'Implementing the Urgent and Emergency Care Vision in London' Conference
- Our Healthier South East London Workforce Steering Group
- North West London 'Shaping a Healthier Future' Joint Workforce Steering Group
- North West London Collaborative
- North East London Advisory Group
- Transforming Services Together Workforce Steering Group
- London Clinical Senate Forum
- London Clinical Senate Council
- London Workforce Senate
- London Workforce Programme Board
- London Workforce Delivery Group
- London Commissioning System Design Group
- HEE London Medical Workforce Steering Group
- London Health Chief Officers Group
- End of Life Care Network: Education, Training & Workforce Group
- HENWEL Joint PEC and Patient Forum

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# Glossary of terms and acronyms

<b>A&amp;E</b>	Accident and Emergency
<b>ACO</b>	Accountable Care Organisation
<b>AHP</b>	Allied Health Professionals
<b>BHR</b>	Barking and Dagenham, Havering and Redbridge
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CCG</b>	Clinical Commissioning Group
<b>CEPN</b>	Community Education Provider Network
<b>CYP</b>	Children and young people
<b>FYFV</b>	Five Year Forward View
<b>GP</b>	General Practitioner
<b>HCA</b>	Health Care Assistant
<b>HEE</b>	Health Education England
<b>HEI</b>	Higher Education Institution
<b>HLP</b>	Healthy London Partnership
<b>LETBs</b>	Local Education and Training Boards
<b>MDCs</b>	Multi-disciplinary Diagnosis Centres
<b>Monitor</b>	NHS regulator
<b>NCL</b>	North Central London
<b>NHSE</b>	NHS England
<b>NWL</b>	North West London
<b>OD</b>	Organisational Development
<b>SCN</b>	Strategic Clinical Network
<b>SPG</b>	Strategic Planning Group
<b>TDA</b>	Trust Development Authority
<b>TCS</b>	Transforming Cancer Services
<b>TST</b>	Transforming Services Together
<b>U&amp;EC</b>	Urgent and Emergency Care
<b>Vanguards</b>	Sites which will lead on the development of new models of care and will act as a blueprint for the NHS moving forward.



