



North West London
Collaboration of
Clinical Commissioning Groups

North West London
Workforce Transformation
Strategic Plan
2016 – 2021

**Health Education England North West London
& Strategy and Transformation, Workforce
Transformation Team**

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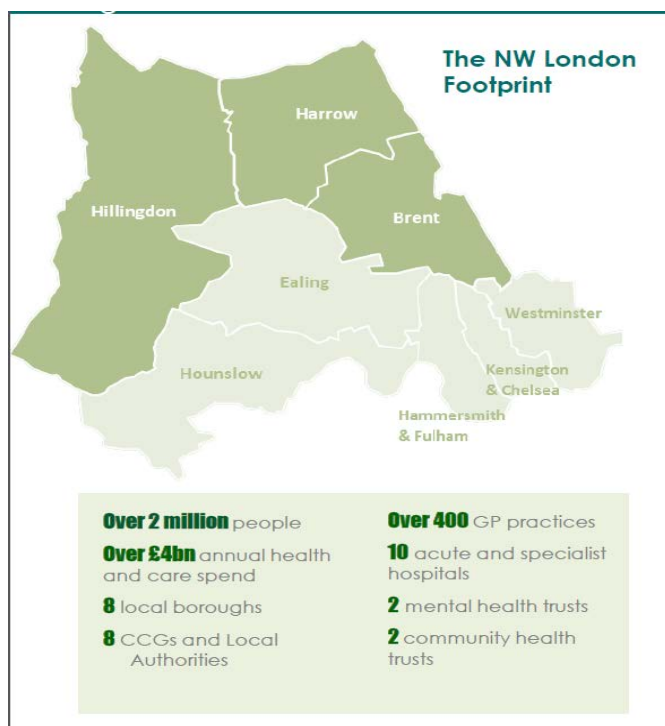
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Executive summary

The Sustainability and Transformation Plan (STP) has given North West London a renewed impetus and opportunity to transform care by working in a more integrated way. Our existing and future health and social care workforce will be integral to delivering the service transformation and vision. Therefore a robust workforce strategy is being implemented under the joint leadership of Health Education England (HEE) North West London and CCG Collaborative, Strategy and Transformation Team (S&T) working as a unified team within a newly designed governance structure, which ensures service led decision making.

This 5 year strategy will comprehensively address a multitude of challenges from the long-standing difficulties in ensuring a safe supply of healthcare professionals to the complex tasks of supporting new models of care that rely on new ways of working using a change in skill mix and a change in leadership and culture. Whilst workforce planning and educational support for secondary healthcare has been well supported over the years, this workforce strategy will now place a strong emphasis on Primary and Integrated Care and tackle fundamental problems of workforce planning for Social Care. The challenges of policy change impacting on education provision for healthcare professionals and financial constraints within the health and care system require a workforce strategy that can build on existing experience and expertise. In NW London significant progress has been made towards addressing workforce gaps and developing a workforce that is fit for future health care needs. The reconfiguration of emergency, maternity and paediatric services in 2015/16 is an example of successful workforce support and retention, and workforce development in Primary Care has been supported for the past two years.

This workforce strategy being delivered by the HEE/S&T joint team provides a comprehensive view of work that is being planned and delivered to support the service change presented in the STP.



1. Introduction

1.1 Context

The NW London STP sets out the vision for providing high quality and affordable care and the integral role of workforce transformation as an 'enabling work stream' in delivering this service vision. This document provides a comprehensive view of the robust workforce strategy that supports delivery of the STP. This strategy is built upon the experience and expertise which exists within the HEE and S&T teams and shows the continuation of work that has already started to support service change as well as new initiatives.

1.2 Purpose of this document

This document provides a comprehensive overview of workforce transformation activity that will underpin the delivery of the STP. This includes activity that is in progress, activity to be delivered in the next 12 months and activity planned for the next 4-5 years.

It is aimed at a variety of stakeholders that are interested in, or working towards the delivery of the STP, including health and social care service providers, commissioners, service and HR directors, and a variety of affiliated organisations like regulatory bodies, DH, NHSE and others.

1.3 Aims and objectives

The overarching aim of this STP workforce strategy is to ensure that high quality, evidence based workforce transformation activity is planned and implemented to support the delivery of the STP.

To meet this aim, the objectives of the strategy are as follows:

- To ensure support and development of the NWL health and social care workforce in all care settings, promoting integrated care working across professional and organisational boundaries.
- To ensure workforce activity is aligned to, and supports all 5 STP delivery areas
- To ensure that workforce planning processes aligned to nationally led systems are being utilised to drive investment in workforce transformation and provide evidence and insight required to meet local workforce planning requirements
- To allow for prioritisation of work in line with key STP priorities eg localised care or cost savings
- To plan activity and investment based on the need to increase the scale and pace of certain work
- To ensure leadership and organisational development at every level are supported to deliver high quality patient care
- To ensure a robust governance system is in place which allows key stakeholders to inform and direct this strategy and oversee performance and accountability.

Altogether, this workforce strategy is about empowering partners and mobilising expertise towards delivering on our NW London STP workforce aims. Its aspiration is to inspire partners to co-create for better outcomes and create cohesion for a truly integrated workforce.

1.4 Scope

The scope of the strategy is defined above. The following is not in the scope of this strategy:

- To detail individual small scale projects being conducted within HEE, the CCG collaborative or service providers
- To detail specific investment in education and training
- To provide financial information
- To provide detailed information about performance monitoring

The strategy will need to be a live document in order to flex to the changing service landscape in NWL. It will be overseen by the Workforce Transformation Delivery Board (WTDB) and regularly refreshed in order to ensure it still meets the needs of the STP in NWL.

2. Principles and Governance

2.1 Principles for driving delivery

This workforce strategy will be delivered through a robust governance structure (see section 2.2) and a set of core principles that define the team and its way of working in order to deliver its vision.

The core principles for this team are:

- To provide leadership and expertise on all workforce activity across the sector and service areas defined within the STP.
- To be the recognised experts and partners of choice for all agencies supporting workforce transformation activity.
- To build on experience and lessons learnt, and work in a way that adapts to the changing needs of the sector
- To ensure decisions are evidence based and stakeholder driven wherever possible
- To strive to deliver against and influence, national and local policy

The core principles for this strategy are:

- To focus on supporting the FYFV triple aim of improving people's health and well-being, improving the quality of care that people receive and addressing the financial gap.
- To lead workforce planning activity aimed to ensure a safe supply of the future health and social care workforce
- To support workforce development and transformation required for future services including new models of care, new roles and new ways of working
- To support all 5 service delivery areas through close collaborative working with delivery area SROs
- To support the workforce to work effectively in multi-disciplinary teams working across organisational boundaries with a patient centred focus

2.2 Governance

Health Education England North West London (HEE NWL) and the Workforce Transformation Team within Strategy and Transformation Team (S&T) are working together as a single team to address workforce challenges and deliver this workforce strategy.

The pre-existing governance has been refreshed to ensure we have appropriate representation encompassing experience and expertise from across health and social care to drive the implementation of the STP workforce strategy. The NWL workforce strategy is being delivered through a strengthened collaboration between Health Education England and the CCG collaborative, local councils and other stakeholders. This ensures the strategy combines expertise and experience of investing in education and workforce initiatives with that of service planning and commissioning.

A joint STP workforce team is delivering this strategy under the leadership of Health Education England (HEE) and a newly established Workforce Transformation Delivery Board (fig 1) that is co-chaired by a CCG Chair, Social Care Director and HEE Director. This CCG and HEE joint team is being guided by:

- 1) A Workforce Transformation Advisory Council, a vision setting group and vehicle to develop and test the strategy and work programme with senior stakeholders in a large forum, and,
- 2) A Workforce Transformation Delivery Board that will then translate the vision into a workforce strategy and delivery plan for NW London, and will have responsibility for steering investment and resources.

These two groups report to the overarching Health and Care Transformation Group that is responsible to delivery of the STP and is accountable to the 8 sets of CCG governing bodies, provider boards and local authority cabinets (fig 2).

This new governance structure (fig 1 and 2) maximises efficiency and ensures clinically led decision making and input from key stakeholders including health and social care providers, CEPNs (Community Education Providers Network) and the Healthy London Partnership. The joint STP workforce team will deliver this strategy through pooled project management resource which includes at least 6 senior managers and additional support staff and subject matter experts. The strategy will be supported by co-ordinated use of individual budgets and expertise.

Our refreshed governance structure ensures that we have the strategic leadership, guidance and advisory input from a broad representation of individuals with experience and expertise in workforce planning, development and transformation across the sector.

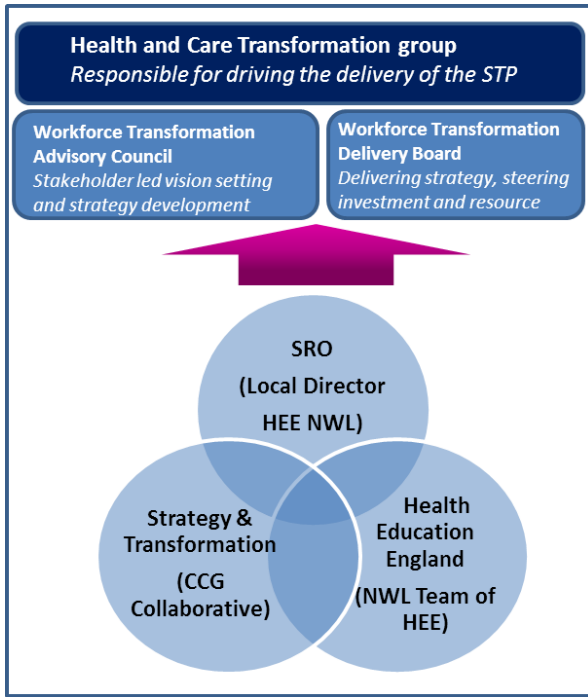


Figure 1: Governance to drive the delivery of the workforce strategy

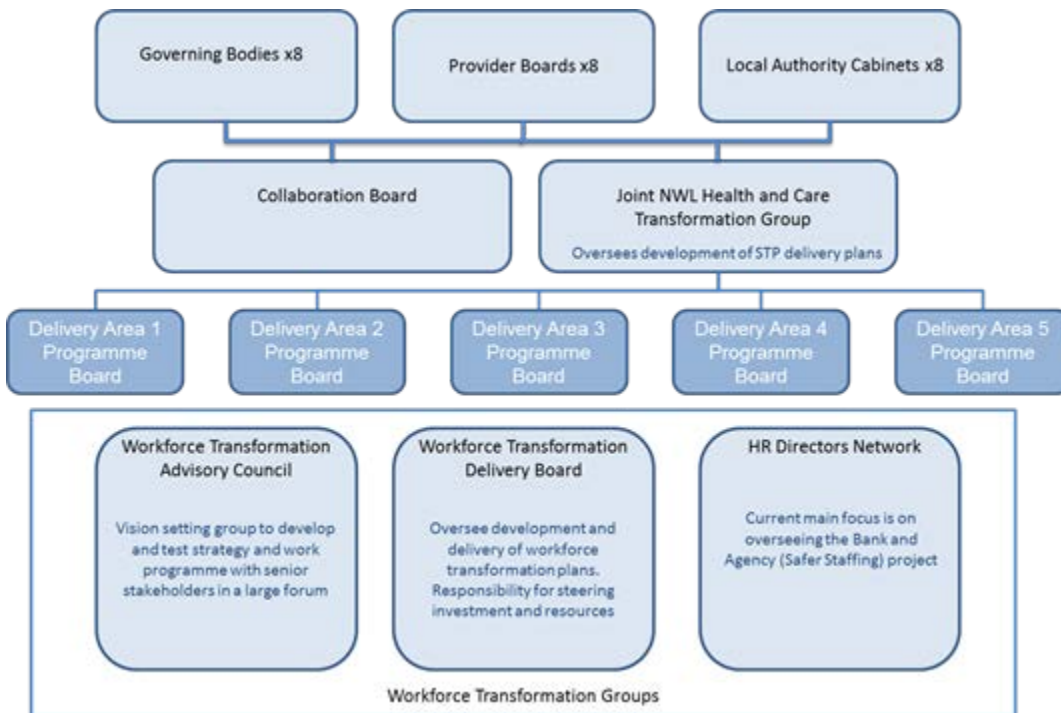


Figure 2: Wider NWL governance and accountability framework

2.3 Stakeholders

NW London has established a successful whole system partnership and has a strong history of pan-borough working and collaborative achievements; for example, the implementation of Shaping a Healthier Future and three successful reconfigurations. The STP builds on this and brings further opportunities and impetus for collaborative working, innovation and improvement.

We are currently mapping our stakeholders, so that we can capitalise on existing relationships and fora for engagement, and understand where we need to focus more efforts to establish and build relationships. We acknowledge that there is more to be done with the carer and social care workforce.

We have recently agreed joint ways of working with Imperial College Health Partners (ICHP) to include leadership and change management programmes under the Change Academy, and have an existing relationship with the Collaboration for Leadership in Applied Health Research and Care (CLAHRC).

3. Delivery Programmes

3.1 Workforce delivery themes

The NWL STP workforce strategy is centred on four workforce priorities that cut across all five STP delivery areas. These are:

1. Workforce planning and addressing workforce shortages
2. Recruitment and Retention
3. Workforce transformation to support new ways of working
4. Leadership and Organisational Development (OD)

This document details the content and outputs of this 5 year strategy. Its purpose is to define priorities and plans for future work. It should ensure that work being conducted is having maximum impact, avoiding duplication and meeting the requirements of the wider STP programme and national guidance from NHSE and HEE.

3.2 Workforce planning and addressing workforce shortages

3.2.1 Context

Effective workforce planning is essential for securing our future workforce; it underpins all workforce interventions and investment, cutting across all STP delivery areas.

3.2.2 Current status and future vision

Health Education England (HEE) will provide dedicated and general expert support to the work of the Sustainability and Transformation Plan (STP), the Workforce Transformation Advisory Council

(WTAC) and the Workforce Transformation Delivery Board (WTDB). HEE will be able to draw on its resource of data and intelligence and the expertise of expert workforce planners.

HEE is responsible for ensuring that there is sufficient future supply of staff to meet the workforce requirements of the English health system. In undertaking this role it must also work with partners to assess, but not have primary responsibility for, the workforce consequences for the wider health and care system. Each year HEE provide local and national forecasts of the supply that will arise over the next five years and use these forecasts to discuss with stakeholders whether this supply will match the system's view of future demand including the extent to which any current shortages will be addressed. This analysis and discussion is then used to identify whether any changes are required to the volumes of training commissioned by HEE, whilst recognising that the impact of these decisions will, for most programmes, have no impact on supply until over four years' time.

Historically HEE has led workforce planning activities in order to develop and publish an annual Workforce Plan for England. Locally, LETB's (and predecessor organisations) undertook workforce demand and supply modelling to determine education commissioning numbers with HEI's that would be funded by HEE. These numbers were fed back centrally to inform the national plan.

As a consequence of the Comprehensive Spending Review (CSR) in 2015, HEE no longer has commissioning responsibilities for most areas of non-medical education and funding for courses will fall under the same bursary and student loans schemes of all other pre-registration degree programmes. Further data will be collected from 1st November 2016, led by NHS Improvement working in conjunction with HEE. The workforce information will be included within the collection that NHSI routinely collect as part of organisation submissions for their 2 year operating plans and will provide comprehensive data on supply for new and existing roles within health services. This new process is designed to ease the burden on Trusts but also to align short term planning needs with longer term resource requirements.

It should be noted that the full impact of the CSR on new student entry for September 2017 has yet to be realised and whether the removal of funding will significantly reduce student intake and therefore future supply for a wide range of non-medical professional groups.

Medical workforce shortages

Postgraduate Medical trainees, not only represent the future consultant workforce but also provide significant input to 24/7 service delivery whilst in training. This is recognised in part by the 50% HEE salary contribution and large number of 100% Trust funded placements.

HEE has established a national approach to medical workforce planning, this process commenced with a review of five of the largest medical training specialties – covering collectively more than 50% of medical training posts (including GPs). There will then follow a series of rolling reviews for other medical specialties.

As part of this planning HEE is committed to actively consider the education and training needs of Staff and Associate Grade doctors, in light of their significant contribution to service delivery.

Only by openly and explicitly acknowledging the whole medical workforce and their supporting multi professional teams will we be able to make sensible decisions on the levels of structured Postgraduate medical education to commission for future consultant and GP supply. In the

meantime we have therefore limited material changes in 2016/17 medical commissions to three known priority areas of GP, Emergency Medicine, and Clinical Radiology.

We acknowledge that there are shortfalls in the supply of the junior medical workforce to fill the 24/7 rota across specialties and we are committed to work with trusts to mitigate gaps where possible through alternative workforce options. Corresponding future expansion and reconfiguration of services places further pressure on 24/7 rotas. Where there are opportunities to expand medical postgraduate training commissions this is within a fixed funding envelope so a collaborative approach with employers is essential.

The current and future medical workforce will need to align with planned service transformation, with greater training emphasis in out of hospital and community settings, working in multidisciplinary teams, by building on initiatives such as Shape of Training which recommends patients and the public need more doctors who are capable of providing general care in broad specialties across a range of different settings.

There will need to be alignment across commissioning organisations to ensure training opportunities are maintained during reconfiguration and/or procurement of services, in particular when private or voluntary sector organisations are appointed.

Available Workforce Information Analysis

HEE has access to a wide number and range of information and data sources that will be essential in any workforce planning activity. HEE has also undertaken workforce modelling activities and has the resource to conduct further modelling to fit the needs of the STP.

Internal data sources

HEE has knowledge of access to a range of locally held data which includes:

- GP and Medical recruitment data
- Access Provider database for education outturn (pre reg non-medical commissioning data)
- Data warehouse – Trust Workforce Electronic Staff Record (ESR) data
- E- wisdom – Dental competencies and skills training system
- E-workforce tool – workforce planning data

External data sources

A range of national data sources are available and regularly updated as listed below. All of the data sources listed below are accessible via the Health Education England Data Library.

- **Social Care data** – Data on the social care workforce is crucial in planning an integrated workforce that delivers on the priorities with the STP. The National Minimum data set for social care is collected by Skills for Care and published annually. Specific workforce modelling for the social care workforce will be required which utilises data available and encompasses the roles and activities that exist and will be required in the future.
- **Primary care data** – NHS Digital (formally HSCIC) collects information from general practices across the country using the workforce minimum dataset (wMDS). Information by practice

of GPs, practice nurses and other occupations are collected including age, gender and FTE. The dataset is developing after each publication and is published bi-annually.

- **NHS Digital** is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care. A broad range of other health and social care data can be accessed via i-view.
- **Office of National Statistics (ONS) data** – Wide ranges of national data available of relevance to the provision of health and social care planning including data related to People, population and community. Detailed data on Health and Social care related to life expectancy, death and illness as well as disease prevalence.
- **Higher Education Statistics Agency (HESA) data** – HESA collects and publishes detailed information about the UK higher education sector.
- **Higher Education Funding Council for England (HEFCE) data** – Data related to the funding for UK Higher education.
- **Universities and College Admissions Services (UCAS) data** – data related to universities applications and admissions
- **Care Quality Commission (CQC) Data** – patient and NHS staff survey information and data

Workforce Information Analysis

- BI dashboards – monthly workforce information by profession and footprint derived from ESR
- HEE national dashboards – 5 year workforce forecast demand and supply data by secondary care organisation and footprint
- Medical Supply- The case for change
- Medical supply – Speciality datasheets
- General Practice Forward View (GPFV) GP Workforce Analysis – Analysis of various data sources to assess the geographical areas most in need of primary care funding.
- Workforce Migration – Using ESR data, this analysis examines how midwives, adult, child and mental health nurses move within the NHS between 2009 and 2014.
- Other things on data portal

Workforce Information Modelling

- 2016 demand and supply modelling by footprint by profession (HEE National) – workforce demand and supply data is modelled with a number of assumptions applied to project how many staff will be available within our workforce in 5 years' time. It therefore identifies any issues with over or under supply for the future.
- Historic demand and supply modelling 13/14, 14/15 and 15/16 – pan London tool
- Economic Retention Model – a nationally lead project that is developing a tool that can demonstrate the potential benefits and cost savings associated with various approaches to retain staff and students. Currently developed to look at nursing professions and across footprints but is being further developed for other professions and for specific organisations.
- Healthy London Partnership Workforce Modelling – Primary care, Mental Health (EIP)
- Modelling for the national cancer vanguard
- Mental health modelling – Likeminded

A document outlining workforce data outputs and reports are available on request.

Further development

We recognise that the nature of the STP as a local transformation plan will require specific workforce planning activities to be undertaken at local and service level. HEE have the skills and capacity to support this work and are currently exploring the use of a range of other planning tools such as further development of the **Healthy London partnership workforce modelling** or commissioning of new tools such as the **Workforce Repository and Planning Tool (WRaPT)**.

As the STP is a truly local plan based on local population need we aim to develop workforce planning expertise and adopt **integrated place based modelling** approaches that develop place based workforce plans. These plans will identify competency and skill mix requirements and training for staff to workforce plan sustainably.

For certain programmes it may be necessary to collect data directly from service providers as part of the workforce planning activity and HEE will support any additional data collection alongside programme leads. HEE will advise on the best source of data and intelligence to ensure consistency and best practice as well as ensuring that data is fit for purpose.

Workforce planning activities will be undertaken as part of a London wide approach and good practice from other STP's nationally will be observed so that any relevant and useful learning can be introduced within North West London.

HEE will determine if there are any national targets that we have to deliver on or any specific national campaigns that need to be incorporated into any planning activities. For example national targets for:

- Physician Associates
- Increases in GP trainees
- Associate Nurses
- Radiography services

3.2.3 Key deliverables and future objectives

Key objectives or deliverables		
Year 1	Year 2	Year 3-5
Use 16/17 HEE/NHSI workforce dashboards and data analysis to establish baselines for current workforce	Undertake NWL workforce modelling by professional group using HEE national tool	Refresh NWL data modelling with current data
Use HEE demand/supply modelling to determine future workforce by profession.	Identify specific work streams requiring data modelling	Undertake further data modelling not conducted in year 2.
Establish dashboards for relevant current and future population statistics	Identify data modelling tools appropriate for activities (HLP, WRAPT, place based techniques, others TBC)	Review if modelling tools are fit for purpose or if further resources require consideration.
Establish data directory of all other data sources relevant for supporting delivery of	Identify and agree all Information Governance and Information sharing	

Workforce strategy including publication dates. Including: <ul style="list-style-type: none"> • Social care data (Skills for Care) • General Practice workforce minimum data set (NHS Digital) 	agreements required.	
Liaise with the National HEE Information Development Team to ensure standard data and intelligence is accessed through the National Data Portal	Identify and mobilise expert workforce planning staff to deliver on this activity.	
Determine any areas where procurement of additional data is required. (liaising with national team)	Prioritise and initiate work streams to undertake data collection and modelling	
	Collate data outputs to inform STP transformation plans	

3.3 Recruitment and Retention

3.3.1 Context

Improvements in recruitment and retention across health and social care will be critical to closing the financial gap and addressing workforce shortages. Economic modelling in London and the south east shows £100.7 million could be saved in the next 10 years by retaining new staff for 1 extra year. Recruitment and retention issues lead to excessive use of bank and agency staff costing £172m. Recruitment and retention is a core workforce theme that cuts across all STP delivery areas.

3.3.2 Current status

- Supporting recruitment and retention has been identified as a key enabler to cost savings
- GP and Practice Nurse work force supply is the lowest in London, therefore recruitment and retention initiatives are imperative to supporting Primary Care in NW London.
- Turnover rates within NW London Trusts have increased since 2011, negatively impacting on patient care and finances.
- Challenges in social care are recognised. Turnover and vacancy levels are very high for social care.
- Recruitment of social care nurse and care workers is a national priority. These will be addressed through this strategy following further consultation with service and subject matter experts.

NWL STP is a pathfinder for a national programme of back office consolidation; this will impact on HR services and recruitment and retention activity

3.3.3 Future Vision

Improvements in recruitment and retention lead to:

- Improved patient care and experience
- Improved workforce productivity and stability
- Significant cost savings and reduced use of bank and agency staff

3.3.4 Key activities

An overview of activity aimed at improving recruitment and retention is summarised below:

Economic analysis of retention strategies

Detailed economic modelling of the costs of retention within the nursing professions has been undertaken. This was initially a London wide model with national support; it therefore incorporated discussion on assumptions with range of key stakeholders (nursing leads, planners, commissioners, finance) and utilised the HEE finance model. This modelling has shown the magnitude of savings that could be made through improvements in retention eg. £100.7 million could be saved in the next 10 years by retaining new staff for 1 extra year. This type of economic modelling is now being rolled out more widely to incorporate medical specialties and AHPs, and show costs savings associated with Trust specific recruitment and retention strategies and with specific projects like the Capital Nurse Foundation Programme.

Capital Nurse Foundation Programme

The aim of the NW London Capital Nurse Foundation Programme is to improve recruitment, retention and progression of newly qualified nurses to address the workforce challenges being faced by individual organisations in specific specialties and meet the strategic priorities of the STP and NHSE forward view. In 2016/ 17, 320 newly qualified nurses will begin a 1.5 year rotational programme with educational and development support, this covers all NHS trusts in NW London and a range of specialisms and settings including Paediatrics, Mental Health and Primary Care. This programme has been started through partnership working with Trusts and a £1.1m investment to support the establishment of the rotations. A centralised evaluation process is being conducted to demonstrate the benefits and ensure longevity of this work

Bank and Agency Programme

This is a critical programme of work aimed at improving efficiency and delivering cost savings. Bank and agency usage in NW London is too high. Working with all 10 trusts in NW London we will reduce the spend on agency staff (beginning with nurses) and optimise the balance between bank, agency and substantive staff to make most effective use of staffing spend. We will achieve this by:

- Controlling demand for bank shifts by improving rostering
- Encouraging employees to work additional shifts via banks rather than agencies
- Harmonising bank pay rates
- Increasing the size of trust banks and working collaboratively so staff can work at a NW London level
- Quality agency partnerships to reduce agency costs
- Establish collaborative networks across NW London to share best practice for bank and rostering managers

Profession specific recruitment and retention projects to support STP priorities

A variety of project work is underway to address profession specific issues with a view to improve recruitment and retention. For example expanding the radiographer workforce is essential to meet the seven day services standards, therefore a career development framework has been developed with staff and endorsed by trusts, HEE and the Society and College of Radiographers (SCOR). The framework was launched alongside ongoing initiatives to promote careers in radiography and provide opportunities for career development and progression and support retention of staff. Return to practice is being utilised as a cost effective way of quickly filling immediate workforce shortages in Nursing and Paediatrics. This type of work will continue to strategically support the delivery of the STP.

Primary Care

Recruitment and retention within Primary Care is being tackled through a number of initiatives that will be built on and further developed in the future, these include:

- Ensuring maximum uptake to GP training places in NW London, which has been achieved over the last two years
- Promoting General Practice and Practice Nursing as a career choice in a number of ways including: supporting national campaigns, providing educational support eg BSc in General Practice Nursing (GPN) or fellowships in mental Health for GPs and joint working with Imperial undergraduate medicine.
- Addressing GP and Practice Nurse retirement
- Building on intelligence from CEPNs to understand and address local retention issues
- Support nursing revalidation amongst older primary care nurses in order to deter early retirement.

Promoting the healthy workplace charter

Evidence shows that organisations gain financial benefits through implementing workplace well-being programmes that help improve productivity and reduce sickness absence and staff turnover. CCGs in NW London are being supported to achieve the healthy workplace charter, and workplace well-being is being promoted through HEE and the HEENWL public health strategy. A future consideration is to develop or support a NWL-based initiative for workplace wellbeing working in collaboration with the National School of Occupational Health. Work will also continue to promote the attractiveness of working in NW London.

3.3.5 Key deliverables and future objectives

Recruitment and retention Key objectives or deliverables			
	Year 1	Year 2	Year 3-5
Economic analysis of retention strategies	<ul style="list-style-type: none"> ▪ Medical Economic Retention Tool rolled out ▪ Allied Health Professions Economic Retention Tool rolled out ▪ Economic retention modelling complete for a number of bespoke projects in NWL. (CNWL, Imperial, Hillingdon) 	<ul style="list-style-type: none"> ▪ Implementation of local and/or system retention strategies following outputs from modelling. ▪ Yearly refresh of data in tools 	<ul style="list-style-type: none"> ▪ Analysis of impacts of implemented retention strategies. ▪ Yearly refresh of data in tools.
Capital Nurse	<ul style="list-style-type: none"> ▪ Capital Nurse Foundation programme planned and implemented. ▪ 320 nurses will start rotations with funding to support rotation co-ordination and nurse education ▪ Economic and educational evaluation started 	<ul style="list-style-type: none"> ▪ Outputs of economic and educational evaluation will determine next steps ▪ Further roll out of rotation programme in new care settings and specialisms 	<ul style="list-style-type: none"> ▪ Integration of rotation programme within Provider's standard process of service delivery
NWL Staffing Project	<ul style="list-style-type: none"> ▪ NWL Staffing project led by HRDs aimed at reducing bank and agency use started. <ul style="list-style-type: none"> ➢ Roll out rosters at 6 weeks' notice across all NWL trusts ➢ Fix new framework agency rates into rostering system ➢ Synchronise rosters across all trusts in NW London ➢ Carry out a pay rate benchmarking exercise in line with the rest of London to review rates and provide evidence base to recruit staff from agencies ➢ Agree and implement a medical booking process to control locum usage ➢ Baseline and monitor staff spending across substantive, bank and agency ▪ Trusts will receive £1m to support various retention initiatives aimed at reducing bank and agency spend 	<ul style="list-style-type: none"> ▪ NWL Staffing project continued <ul style="list-style-type: none"> ➢ Recruitment streamlining process implemented to support the expansion of staff bank numbers ➢ Agree and Implement medical rostering process ➢ Agree and implement AHP rostering process ➢ Carry out a unit cost analysis to agree optimal usage of bank:agency:substantive staffing ➢ Agree an additional duties process to reduce unplanned shift requirements 	<ul style="list-style-type: none"> ▪ NWL Staffing project continued. Project direction will depend on the progress made and the opportunities that are identified over the preceding periods
Primary Care	<ul style="list-style-type: none"> ▪ Filled all GP trainee positions ▪ GP careers fairs and workshops being held by HEE and providers eg. Imperial and Hillingdon to target recruitment and retention of GP trainees and trainers 	<ul style="list-style-type: none"> ▪ Development of GP fixed rotations from August 2017 to deliver annual expanded intake of 106 trainees per annum 	<ul style="list-style-type: none"> ▪ Continue to support and manage GP trainee rotations in line with national policy
	<ul style="list-style-type: none"> ▪ Supporting Nurses to move into general practice nursing. 69 places commissioned in 16/17 ▪ Supporting community based education and work in general practice though commissioning post-graduate education for Nurses and AHPs 	<ul style="list-style-type: none"> ▪ Continuation of work to recruit newly qualified staff into Primary Care 	
	<ul style="list-style-type: none"> ▪ CCG based workforce planners acquiring intelligence and proposals for addressing recruitment and retention issues in Primary Care 	<ul style="list-style-type: none"> ▪ Supporting retention through strategic use of workforce development funding for Primary Care. ▪ Working with and supporting CEPNs 	

Profession specific projects	<ul style="list-style-type: none"> ▪ Increase recruitment of student Paramedics ▪ Support recruitment and retention within the London Ambulance service 		
	<ul style="list-style-type: none"> ▪ Supporting Return to Practice for Nursing and Midwifery. 25 places/year commissioned. 		

3.4 Workforce transformation and new ways of working

3.4.1 Context

Workforce development and transformation to support new ways of working is pivotal to the delivery of the STP and cuts across all service delivery areas. Increasing demand for health and social care services under growing financial constraints means that maximising the effectiveness of the existing workforce and utilising new ways of working are key priorities.

3.4.2 Current status

- Numerous initiatives are underway to support each of the service delivery areas in clearly defined projects eg Partnerships in Innovative Education (PIEs) which improve patient care through new, non-traditional training and education models that involve a range of individuals from across health, social care, voluntary and patient groups and educators. PIEs have been running for over two years and have progressed year on year covering wider geography and specialisms.
- All STP delivery area SROs are being consulted to ensure their workforce requirements are adequately supported.
- CCG based workforce planners have supported workforce development and transformation activity tailored to meet the needs of general practice and primary care within individual CCGs and emerging GP federations
- Planning and small scale interventions are in place to introduce new ways of working and develop the non-clinical workforce to tackle workforce shortages (release clinician time) in Primary Care.
- Workforce planning processes are being developed to undertake bespoke planning for new models of care eg support for the Cancer Vanguard.

3.4.3 Future Vision

- A strong workforce planning function across health and social care will provide the evidence base for directing investment in workforce transformation activity that meets the needs of integrated services and the new models of care within individual services or regions. Types of activity that will expand include those similar to the current transformation of sexual health services supported by fewer consultants and more nursing and support staff. HEE will need to support future workforce developments and support re-train existing workforce
- Workforce transformation activity will progress at scale and pace building on the work that has been undertaken over the past three years.
- Workforce transformation activity will support all 5 delivery areas and cross cutting priorities like Primary care. All health and social care staff groups will be supported.
- Delivering integrated care services requires integrated learning between and within professions. Multi-disciplinary education and development opportunities between general practice, acute, mental health, care homes, social services, etc

- General practice taking responsibility for developing future workforce plans and educating and developing their future workforce
Making greater use of the whole workforce (eg HCAs and reception/admin staff) and deploying new roles (pharmacists, PAs, etc) in general practice in order to release GP time. A more diverse skill mix in general practice.

3.4.4 Key Activities

Some of the work in progress and future plans are summarised below by service area (more detailed activity is shown in appendix 5.2):

3.4.4A Primary Care – cross cutting all 5 delivery areas

Supporting the Primary Care workforce is fundamental to the delivery of the STP and this work cuts across all 5 service delivery areas. Some of the core workforce transformational activity in progress is as follows:

Community Education Provider Networks (CEPNs) have been established within every CCG. They serve to support multi-professional workforce development activity, the implementation of local investment activity plans and to conduct localised, detailed workforce planning. CEPNs are being run by local managers and nurse educators and being supported centrally through CCG based workforce planners and HEENWL. Building on work to date the infrastructure and governance for supporting the CEPNs will be further improved.

Education and training within Primary Care for health and social care professionals and for other staff groups will be important in supporting new ways of working to deliver the STP. Training hubs are being designed which will allow for service providers like GPs to deliver education and training based on their experience and their practical and specific needs of the services that are being recruited to. Opportunities for better linking educational hubs and Specialist GP training programmes (formerly VTS) will be utilised to ensure that newly qualified GPs are being trained to deliver care in a way that meets future needs in a fully multi-disciplinary approach. GP scheme development workshops around the changing Primary Care landscape to prepare trainees for the future workforce are already underway. New programmes are being implemented such as a one year programme for Paediatric and General Practice trainees to better understand and start practising integrated child health care. This type of work will continue and evolve alongside the core work of supporting medical trainees by rotation planning, and building trainer and training capacity.

New models of care within Primary and Community care settings are being developed based on evidence emerging from studies like [Making Time in General Practice](#) , [General Practice Forward View](#) and local Day of Care Audits that assesses activity and skill mix in Primary Care and workforce data modelling undertaken by the Healthy London Partnership. The HEE/S&T team together with the CCG workforce planners team are supporting individual CCGs with implementing new models of Care. Furthermore, investment in Physician’s Associates, receptionist training, apprenticeships, and non-clinical staff will continue to support the use of skill mix and reduce the pressure of workforce shortages that are forecast for GPs and GPNs.

Accountable Care Partnerships or Organisations (ACOs) have emerged as a key part of NHS policy for the next five years to 2020/21. They feature in the Five Year Forward View (FYFV), published in

October 2014 by NHS England as part of essential actions to manage quality and financial sustainability for the NHS.

Accountable Care Partnerships (ACPs), new organisational forms which integrate care around patients by breaking down traditional organisational boundaries and bring together providers of primary, secondary and social care including third sector organisations, are at varying stages of development across NWL. ACPs are integral to the delivery of the STP service vision and NHS policy for the next 5 years. Currently a team of CCG based workforce planners are defining workforce requirements for ACP partners as new models of care emerge and as these organisations develop.

3.4.4B Workforce development – cross cutting all 5 delivery areas

HEE NWL has worked to minimise the impact of the requirement to reduce workforce development funding for Trusts. Funding was allocated via headcount methodology based on the most recent, accurate, ESR data and the total reduction was capped at 30% and not the recommended 50% through readjustment of other activity. To further protect Trusts from the impact of this reduction, they have been supported by additional strategic investment throughout the year. The indirect funding stream paid directly to Universities was protected in order to maximise value for money and allow for strategic investment.

Furthermore, HEE NWL has supported the development of educational programmes that support health care staff to work in the community. Both Pre-registration and Postgraduate education with a community focus to support Nurses and AHPs to work in the community will be continued.

3.4.4C Delivery Area 1 – Prevention

A range of activity to support the prevention and self-care agenda has started, some examples include:

- NWL Public Health strategy was developed in 2016 alongside the NWL Public Health Steering Group to ensure HEE NWL is ensuring a consistent approach to the wider workforce training and development and aligned to both national and local drivers for change.
- The Making Every Contact Count (MECC) programme is being supported, examples include working with Brent Council to train 1000 multidisciplinary staff members in MECC and develop tools to support efficient engagement with service users and supporting MECC to be embedded in Higher Development Award for HealthCare Support Workers
- Investment in the CCG collaborative, Local Services team led project to support self-care through delivering the Patient Activation Measurement tool and raising awareness campaigns.
- Working with Middlesex LPC (LPCs covering NWL) in 'The Use of NHS Health Checks from Community Pharmacies to Identify Patients at risk of Diabetes' project.
- An 'Improving Health Literacy' programme has been developed which will support tailored health literacy to priority patient groups; which will also include a patient empowerment programme targeted at receptionists, HCAs, practice nurses, practice managers and GPs.

3.4.4D Delivery Area 2 and 3 - Eliminating unwarranted variation and improving LTC management/ Achieving better outcomes and experiences for older people

- A programme is in place to ensure implementation of 7 day services. Whilst much of this work is provider led there are key activities that need central support. For example a career framework to support career development and progression and therefore retain radiography staff was launched in November 2016. This will help trusts to address shortages and help meet the clinical standards for delivery of 7 day services. This year, £750k was invested to trial new models of care and support recruitment and retention in the radiography workforce.
- New models of care defined by the Cancer Vanguard will promote early diagnosis, prevention and treatment of cancers. These are being supported by implementation of specific projects.
- Partnerships in Innovative Education (PIEs) started in 2013 (Previously called CEPNs) as a means of improving patient care by exploring new, non-traditional models of training and education involving combinations of educators, healthcare and social care professionals, and patients as well as voluntary and patient groups. They acted as catalysts for the adoption of best practice and facilitate integrated care, to create new innovative educational models to support local workforce transformation. The PIEs are well aligned to DA2 and 3, projects include: Falls and Frailty, Improving care for people with Chronic Obstructive Pulmonary Disease (COPD) and Challenges in End of Life Care: Delivering an integrated primary care, multi-professional training programme.
- The long term vision for developing the workforce to support older people is a much deeper level of integration both across organisational boundaries and between professionals who deliver different packages of care to those people that need support – particularly in their own homes. This will require changes in the way that services are commissioned including a longer term view of the procurement of services.

3.4.4E Delivery Area 4-Improving outcomes for children and adults with mental health needs

Context

‘Like Minded’ is the key Mental Health Strategy for North West London and was established as part of the ‘Shaping a Healthier Future’ transformation programme, to improve mental health and wellbeing across the area. ‘Like Minded’ is about working in partnership to look at how excellent, joined up services, experiences and outcomes can be delivered that improve the quality of life for individuals, families and communities who experience mental health issues. There is also a learning disabilities work stream within this programme. The Mental Health and Wellbeing Transformation Board is the key strategic forum that guides this programme of work. Whilst Delivery Area 4 focuses solely on mental health, it is important to note that mental health also cross cuts across Delivery Areas 1 and 2.

HEE NWL are working, alongside the NW London Mental Health and wellbeing transformation team, to develop and support a work programme to deliver the HEE Mandate for Mental Health, the Mental Health Five Year Forward View and the GP Five Year Forward View. In addition, this section has also been informed by meetings held with the SRO for DA4.

Current Status

- Turnover in mental health providers tends to be much higher than in other acute settings. To both grow the workforce and provide quality care providers must take action to improve retention.
- Moving service provision into primary and community care is key to the success of the mental health agenda. However primary and community care services are already under

significant pressure and therefore there will be huge recruitment and retention challenges associated with providing mental health services in these settings.

- There are significant challenges associated with the integration of mental health trusts, primary care, acute and social care.
- Financially sustainable implementation will require significant service and skill mix redesign - the MH5YFV argues that doing more of the same is not an option.
- Training and up skilling of the current workforce is a national priority.
- Significant work is required to ensure that adequate numbers of staff to grow the workforce are trained: the psychiatric (medical) workforce, specialist mental health nurses, clinical psychologists and IAPT. There is also work required to up skill generic primary and community care staff in new roles such as care navigators and primary care reception staff as well as existing acute staff.
- The Like Minded Case for Change highlights three broad workforce areas where progress is necessary. First, ensuring that the mental health workforce has the right numbers, skills, values and behaviours, at the right time and in the right place. Second, systematically developing the broader mental health workforce in primary and community care – in particular, to think about how the skills and capabilities of third sector partners can be improved. Third, ensuring that those working in other parts of the health and care system – and beyond it such as the police, schools, housing – have appropriate training and awareness of mental health issues.

Future Vision

There are high ambitions for better mental health and wellbeing for every person living in North West London. The aspiration is that North West London should be a place where:

- wellbeing and happiness is valued and people are supported to stay well and thrive;
- appropriate and timely help is available;
- people receive joined up care and support.

Key Activities

There is currently a wide range of activity aimed at improving outcomes for children and adults with mental health needs and learning disabilities in NWL. An overview of current activity and support to the Like Minded Programme is summarised below and further examples are listed in appendix 5.3. The list is not exhaustive but highlights key examples. End of life care and the mental health needs of people with physical health needs are not specifically covered but are highlighted, where relevant.

-HEE NWL support to Like Minded Programme including:-

- -Specialist Community Eating Disorders service for children and young people **(DA4)**
- -Workplace wellbeing and prevention **(DA1)**.
- -Prevention of conduct disorder – support to Like Minded for training in primary care **(DA1)**.
- -New models of care for children and young people **(DA4)**
- -Specialist community perinatal services **(DA2)**
- -Crisis care **(DA4)**
- -Support for people with Learning Disabilities, autism and challenging behaviours **(DA4)**
- -Implementing evidence-based interventions and models of care for under-diagnosed and under-treated common mental health needs. IAPT Long Term Conditions and emotional wellbeing **(DA2)**
- -Social Isolation and Loneliness Steering Group **(DA1)**
- -GP and primary care workforce development being explored **(DA2 & 4)**

Key Deliverables and Future Objectives

The HEE Mental Health Workforce Strategy describes five overarching pillars that when implemented together can provide a blueprint towards meeting the workforce gap:

1. Increasing productivity
2. Increasing attractiveness and reducing attrition
3. New staff
4. New roles
5. New skills

The five pillars are themselves rested on the need to evolve a different approach to workforce planning, moving from planning to traditional roles towards planning against competences needed to deliver care. This does not preclude the need to ensure certain roles are filled but will enable the available workforce to be utilised more effectively.

(It is important to note that the eight different boroughs within NWL are all at differing starting points in relation to the deliverables below, section 3.4.5)

3.4.4F Delivery Area 5 - Ensuring we have safe, high quality sustainable acute services

This delivery area was previously supported as part of the Shaping a Healthier Future Programme and this work will be built upon to support the STP. Some of the previous and on-going activity is summarised below:

- Since 2013 close partnership working with service providers and education providers together with active investment in workforce development and retention strategies have enabled the safe transition of staff and learners during significant acute reconfiguration of emergency care, maternity care and paediatric services in North West London. This experience will guide future work to support reconfiguration.
- The development of a frailty unit at Ealing local hospital will mean we need to support staff to move to the new delivery model, this includes making sure that there are sufficient opportunities for trainee doctors and any changes in training placements are managed. We will also develop recruitment and training plans for staff to make sure that we can ensure a safe and effective new service for patients.
- The seven day services programme is receiving an additional investment of £750K to trial new models of care and to further support the Radiography workforce.
- Strategic investment of workforce development funding and preceptorship funding continues to support staff across NHS Trusts.
- Expansion of the medical workforce, including Clinical Radiology, Intensive Care Medicine and Emergency Medicine. Opportunity to review distribution of placements across NW London and explore multi-professional teams best placed to deliver patient care

3.4.5 Key deliverables and future objectives

Workforce transformation - Key objectives or deliverables			
	Year 1	Year 2	Year 3-5
Primary Care	<ul style="list-style-type: none"> ▪ Developing the evidence base to inform new ways of working ▪ Understanding training needs of existing and new roles ▪ Supporting the development of the non-clinical primary care work ▪ Developing the bands 1-4 workforce - 300 HCA care certificates by Dec 2016 	<ul style="list-style-type: none"> ▪ Improve on workforce planning infrastructure to meet local needs ▪ Extend and revise the role of CEPNs to meet service needs 	<ul style="list-style-type: none"> ▪
Workforce Development	<ul style="list-style-type: none"> ▪ Strategic investment in workforce development funding for Trusts ▪ Supporting apprenticeships ▪ Developing the bands 1-4 workforce 	<ul style="list-style-type: none"> ▪ Strategic investment in workforce development funding ▪ Supporting implementation of the apprentice levy 	<ul style="list-style-type: none"> ▪ Strategic investment in workforce development funding
DA 1 Prevention	<ul style="list-style-type: none"> ▪ Develop public health strategy ▪ Support initial project work to support MECC, Right Care, and implementation of patient activation monitoring 	<ul style="list-style-type: none"> ▪ Upscale projects and start new work based on collaboration with DA1 SRO and HEENWL public health team 	
DA2 and 3 Managing LTCs and variation of care and supporting care of the elderly	<ul style="list-style-type: none"> ▪ Achieve clinical standards 1-4 of 7 day services programme ▪ Support PIEs to address LTCs in accordance with patient needs ▪ Work with the Cancer Vanguard to deliver workforce projects aimed at improving cancer diagnosis and care ▪ Work through the rapid response and intermediate care project to increase the capacity of services ▪ Increase the amount of activity that geriatrists do outside of acute settings ▪ Build on existing work to further integrate primary, secondary and community care with social care around the needs of older people 	<ul style="list-style-type: none"> ▪ Achieve clinical standards 5 and 6 of 7 day services programme ▪ Strategic investment to support workforce priorities defined within DA2/3 based on collaboration with SROs ▪ Work with the Cancer Vanguard to deliver workforce projects aimed at improving cancer diagnosis and care 	
DA4 Mental Health	<ul style="list-style-type: none"> ▪ As below 		
DA5 Safe, high quality sustainable acute services	<ul style="list-style-type: none"> ▪ Ealing frailty unit ▪ Support 7 day services programme ▪ Supporting staff recruitment and retention across all health care settings 	<ul style="list-style-type: none"> ▪ Continue all year 1 work streams 	

Improving Outcomes for Children and Adults with Mental Health Needs – Objectives/Deliverables			
	Year 1	Year 2	Year 3-5
Like Minded- MH transformation programme: 1. Serious & Long term mental health needs (DA4) 2. Children & Young People (DA4) 3. Wellbeing & Prevention (DA1) 4. Common Mental Health Needs (DA2) 5. Workstreams in Implementation (including perinatal MH, crisis care) (DA4)	<ul style="list-style-type: none"> ▪ Alignment of Like Minded Strategic Plan and HEE Mental Health Workforce Strategy. ▪ Implementation of strategic investment funds supported by HEE (and development post March 2017) ▪ IAPT (DA2) ▪ GP specialist diploma in Mental Health. Also open to other healthcare professionals such as practise nurses. ▪ Shifting of workforce to primary and community care. ▪ A new, co-ordinated perinatal service to 'go live' in three boroughs. ▪ Extend the 'single point of access' for all adult urgent mental health services to cover all eight boroughs. 	<ul style="list-style-type: none"> ▪ Year 2 & 3 objectives /deliverables will be developed following completion and progression of the Year 1 objectives. ▪ Continuation of shifting of workforce to primary and community care. 	<ul style="list-style-type: none"> ▪ Year 2 & 3 objectives /deliverables will be developed following completion and progression of the Year 1 objectives.
Healthy London Partnership (HLP)	<ul style="list-style-type: none"> ▪ Continue to align work with HLP Mental Health programme's deliverables and objectives. 		
Dementia	<ul style="list-style-type: none"> ▪ Continue to expand the work to support Tier 2 developments in dementia training to ensure that NHS staff continue to receive the most advanced support available; 		
Learning Disabilities	<ul style="list-style-type: none"> ▪ Develop comprehensive understanding of the full LD workforce across NWL. ▪ Leadership programme aimed at helping health and care staff who are in a position to influence the system to build the right support in their areas and implement any new models of service. 	<ul style="list-style-type: none"> ▪ Ensure workforce requirements for specialist roles are met. ▪ Ensure that the TCPs are able to meet the needs of service users with severe, long term needs. ▪ Ensure workforce with appropriate skills to care for people with forensic LD needs. 	

3.5 Leadership and Organisational Development Support

3.5.1 Context

In NW London, we acknowledge that the challenges we face are complex and inter-related; for example, the workforce implications of meeting increasing demand and a growing ageing population with multiple conditions, amidst financial pressures calls for a completely different way of

commissioning and delivering care. This includes learning new skills, behaviours and changing mind-sets to work more collaboratively across organisations and more closely with citizens.

The move towards place-based health is essential if we are to make care in NW London sustainable. Such wide-scale transformation will require a cultural and behavioural change to enable new ways of working, as well as changes in the way organisations are led and managed, and how staff are incentivised and rewarded.

As the intensity and depth of change required increases, sophisticated systems leadership is needed; to lead across health and social care and across organisational boundaries (accountable care partnerships, and new models of care). This will require shared ownership and responsibility for cost and quality.

Organisational Development will be needed at all levels of the workforce; drawing on change management and quality improvement methodology to support staff to arrive at the new mind-set and behaviours needed to work in new ways, with new partners in potentially new settings. We also recognise the challenge in bringing together different types of providers into effect accountable care partnerships and need to develop a consistency of approach now so that all organisations are able to work effectively as joint working increases. To do this we need to develop a sector-wide consensus about the kind of culture that we want to have across health and care.

The Rose Review (2015) identified strengths and opportunities as well as shortcomings in the management of staff, and of a lack of local strategic oversight indicative of broader issues in the NHS. One of which stated that there is insufficient management and leadership capability to deal effectively with the scale of challenges.

The report emphasises the importance of leadership and engagement through change; 'Leaders must ensure that the organisation understands the necessity to change, and must find ways to bring their staff along with them.' It also criticised the inadequacy of support available to CCG Chairs and other senior individuals such as Accountable Officers and Chief Clinical Officers. 'There is no 'step up' for these individuals: either they have the necessary leadership skills or they don't. A systematic way to identify and develop this group is needed.' Several recommendations from the Rose Review will help shape the future leadership landscape.

We are working with the London Leadership Academy to align our leadership and organisational development work with other national initiatives, including the recently published Developing People, Improving Care framework. This is an evidence-based national framework produced jointly by HEE and NHS Improvement to guide action on improvement skill-building, leadership development and talent management for people in NHS-funded roles.

3.5.2 Current status

HEE sponsors the National Leadership Academy; a leadership development organisation, of which the London Leadership Academy (LLA) is the local delivery arm for London. The LLA works with NHS organisations to deliver locally tailored leadership development support to those leading organisations and teams. We actively promote the opportunities offered by the LLA's suite of

programmes to existing and future leaders in NW London. The initiatives both give leaders the space and time to learn about their leadership capabilities, as well as building skills and confidence to become great leaders, to deliver better patient outcomes and improve the quality of public health.

The London programmes encompass:

- Lead across systems; Supporting leaders who are working across boundaries and in complex structures (including Systems leadership hackathon and Leadership for Integrated Care)
- Lead others; Building OD capacity and capability in the NHS by developing leaders to develop others (including the mentor and coach qualification training programmes)
- Develop yourself; learn more about leadership concepts and develop your own leadership skills (including open masterclasses and skills workshops)
- Lead for Change; empower inclusive and diverse leadership, and drive change across the health landscape (including Board development and Talent Management)

In addition, HEE make leadership development programmes, tools and resources available through;

- Skills for Care (the home of the National Skills Academy) - these programmes are suitable for leaders and managers at all levels, to feel supported in their roles
- Skills for Health's programmes are accredited by the Institute of Leadership and Management (ILM) and are open to health and social care staff
- Skills Platform is Skills for Health's training market place for the health sector, and includes eLearning
- Royal College of Nursing (RCN) offers blended leadership and management development courses focused on clinical and political leadership, suitable for registered nurses and health care professionals from bands 6 to 9/ or equivalent.

In North West London specifically, the Change Academy is the leadership and organisational development arm of workforce transformation. It can be described as a vehicle to deliver practical skills and knowledge to deliver place-based, integrated care throughout NWL. Through the applied learning approach, the Change Academy will support new models of care and the ambitions set out in our STP to become a reality.

The Change Academy is fully funded by HEE NWL. It has become a brand and umbrella term for a suite of leadership and change management programmes. To ensure that the model is sustainable, we have agreed joint ways of working with ICHP who have rebranded some of their programmes under the Change Academy.

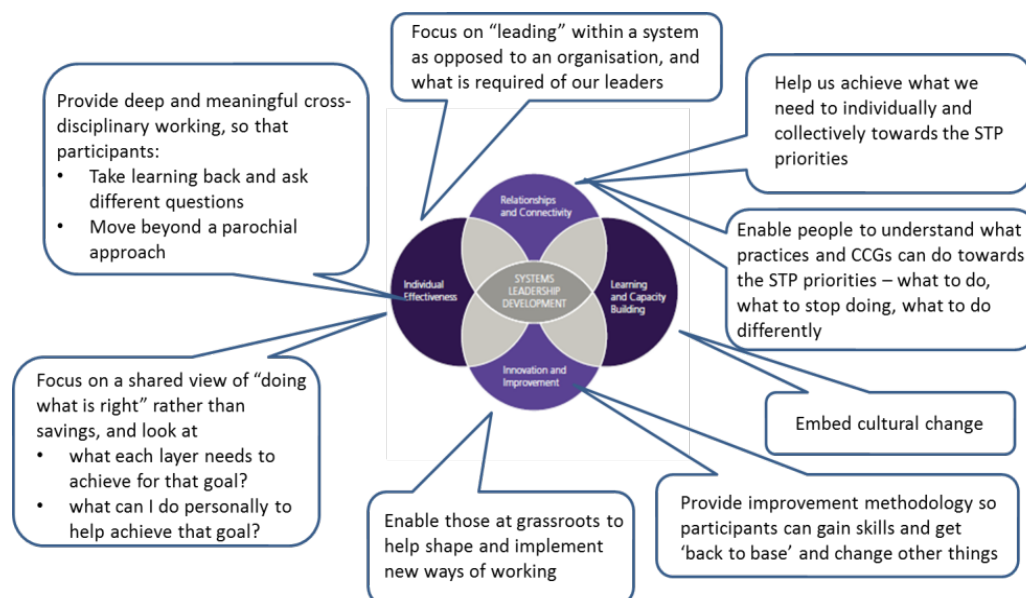
The Change Academy is now in its second phase and comprises a series of programmes targeted at health and social care staff, that will build capability and capacity in the workforce through developing skills and behaviours that will foster innovation and support more flexible and collaborative working across organisational boundaries to meet the needs of our population in a sustainable way (see figure below for programme summaries).

3.5.3 Future Vision

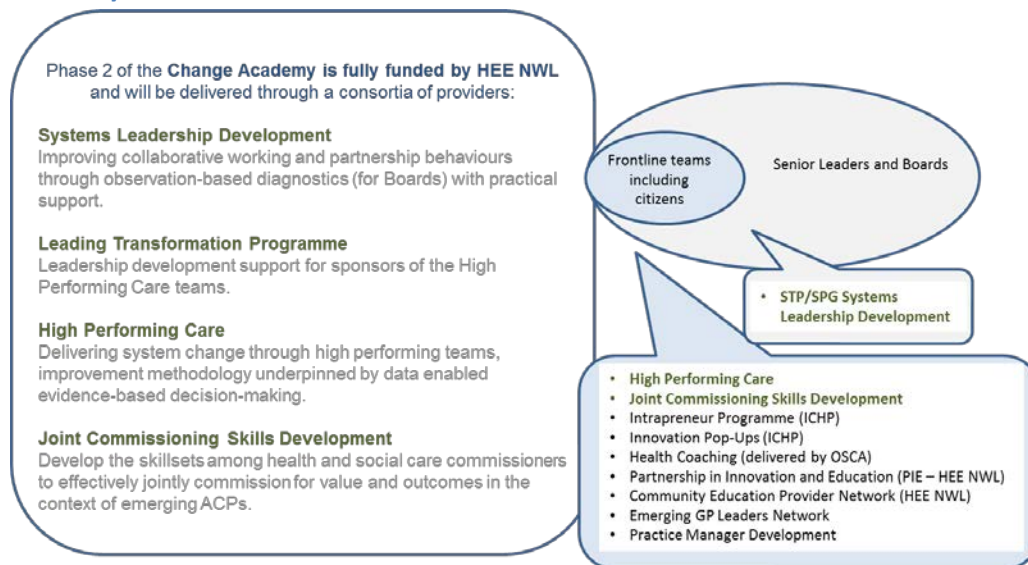
Phase 2 of the Change Academy seeks to address common workforce and OD challenges to enable the system to be in a better position to manage and lead through the anticipated changes that working as accountable care partnerships (ACPs) will bring. Outcomes will be agreed at the design phase with our delivery partners and key stakeholders, but may include the following:

- Supporting ACO/ACP and general practice development. Developing skills in understanding population needs, structuring the finance conversation, business-related skills, transitioning from acute to primary care settings, change management, problem identification and resolution
- Working in partnership and collaboration, across boundaries rather than in competition and isolation. Building networks across primary, secondary, community, LAS and voluntary sectors. Maximising involvement from citizens, carers and voluntary sector
- Exposure to and sharing of good practice, avoiding duplication. Adopting evidence-based practice and implementing innovation
- Leadership and succession planning challenges: increasing interest in becoming a GP partner (primary care)
- Educational challenges and improving morale and retention and patient outcomes: Increasing opportunities/investment in development and mentorship
- Provide Peer-to-Peer support through networks and action learning sets.

Feedback with engagement with the system on what the Change Academy can support has been summarised in the visual below, which is based on the Leadership Academy’s framework. The design phase for phase 2 is about to commence and will incorporate the contribution of citizens through a coproduction approach.



3.5.4 Key Activities



Some of the programmes are targeted at developing systems leaders (across public, private, and third sector bodies), who are required to work beyond organisational boundaries on issues of mutual concern that cannot be solved by any one person or institution. They need to act as change agents within that system to improve its overall performance, focused on improving the health of the population and providing treatment and care to all who need it. The High Performing Care programme is more team-based in its approach to implementing change in response to real challenges, based on data-driven evidence. It is important that the two programmes are aligned and rooted in real need, so that the impact of the leadership development and change management do not happen independently in a vacuum. The Joint Commissioning Skills Development will develop the skillsets among health and social care commissioners to effectively jointly commission for value and outcomes in the context of emerging accountable care partnerships. This will require a collective dialogue with citizens, managers and clinicians, based on public health data.

3.5.5 Key deliverables and future objectives – Change Academy

Key objectives or deliverables		
Year 1 (16/17)	Year 2 (17/18)	Year 3-5 (18/21)
Phase 2 programmes delivered	To be defined if funding for phase 3 is received	To be defined if funding for phase 4 is received
Mid point evaluation	End point evaluation	
Number/ type of interventions to be agreed in design phase in December e.g. coaching, action learning sets	Number/ type of interventions to be agreed in design phase e.g. coaching, action learning sets	

It is perhaps an injustice to the development programmes to describe the short term deliverables without articulating the qualitative nature of the longer term outcomes and benefits. Some of the anticipated outcomes are briefly described below.

Outcomes

- Deliver support to the health and care system through the Change Academy programmes; High Performing Care, Leading Transformation Programme, Systems Leadership and Commissioning Skills Development. The Change Academy will deliver skills, knowledge and behaviours that can be applied to real-time change, joint commissioning and leadership for frontline clinicians and managers as part of integrated teams.

Benefits

- Transformation achieved through High Performing Care projects in frailty, mental health and integrated care.
- Commissioners have the skills and understanding to jointly commissioning services (across health and social care)
- More effective Boards and Systems leadership capability to be in a better position to lead emerging ACPs
- Workforce is equipped with the skills, capacity and behaviours to deliver service change through new models of care and ACPs

3.6 Enablers

A number of approaches are planned to enable required workforce transformation activity, these include:

- Supporting the HEE mandate priority to develop education strategies to ensure future professional staff are more technologically literate and able to promote the adoption and spread of new technologies and innovation, particularly in respect of long term conditions and their prevention.
- Establishment of a multi-professional NW London Simulation Leadership Network in order to inform and drive the effective development and delivery of simulation to support multi-disciplinary teams and better quality and safety outcomes for patients.
- Provide the project resource and expertise required to deliver collaborative projects such as supporting the Cancer Vanguard or development of Accountable Care Partnerships

4. Concluding remarks

In summary this strategy demonstrates our approach supporting the growth and development of the workforce which is a key enabler to the delivery of the STP service vision. The required increase in the scale and pace of work is a challenge. However, this strategy demonstrates the breadth of work that is already in progress, a logical approach to addressing future requirements and a strong governance structure to drive decision making and investment. It does not detail all of the work that is underway or planned but provides a comprehensive overview of activity and the mechanisms that are in place to ensure delivery. This strategy will be updated periodically with key changes as they happen. Business planning for 2017/18 is currently in progress and will be support the implementation and strengthening of this strategy. The team welcomes collaboration and input from colleagues interested in this work through participation within existing forums or through directly contacting the team at Workforce.mailbox@nw.london.nhs.uk

5. Appendix

5.1 Workforce support required by STP delivery areas

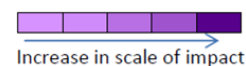
The tables below describe specific projects within the STP, their workforce project work requirements and an indication of progress on this.

Delivery Area Plans

	Plan	16/17	17/18	18/19	19/20	20/21
DA1						
a, Enabling and supporting healthier living for the population of NW London						
b, Keeping people mentally well and avoiding social isolation						
c, helping children get the best start in life						
DA2						
a, Delivering the Strategic Commissioning Framework and Five Year Forward View for primary care						
b, improve cancer screening to increase early diagnosis and faster treatment						
c, better outcomes and support for people with common mental health needs with a focus on people with long term physical health conditions						
d, reducing variation by focusing on Right Care priority areas						
d, improve self-management and 'patient activation'						
DA3						
a, Improve market management and take a whole systems approach to commissioning						
b, implement accountable care partnerships						
c, upgraded rapid response and intermediate care services						
d, create a single discharge approach and process across NW London						
e, improve care in the last phase of life						
DA4						
a, Implement the new model of care for people with serious and long term mental health needs to improve physical and mental health and increase life expectancy						
b, addressing wider determinants of health						
c, crisis support services including delivering the 'Crisis Care Concordat'						
d, Implementing 'Future In Mind' to improve children's mental health and wellbeing						
DA5						
a, specialised commissioning to improve pathways from primary care and support consolidation of specialised services						
b, deliver the 7 day service standards						
c, reconfiguring acute services						
d, NW London Productivity Programme						
Orthopaedics						
Procurement						
Safer Staffing						
Back Office						

Key:

- Plan not available
- Plan available, no workforce considerations included
- Plan available, workforce considerations included





DA1

<i>Title</i>	<i>Delivery Plan Content</i>	<i>What We are doing</i>	<i>What else we need to do</i>
Enabling and supporting healthier living for the population of NW London	The plan requires building awareness in staff to be able to support patients. There is an aspect of the plan that focuses on employers which include the health and care employers in NW London to support their employees to achieve good health. Outcomes that are listed include reducing staff sickness and turnover by supporting employee health.	CCGs in NW London are being supported to achieve the healthy workplace charter Working with general practice to support employee health	Gain clarity on who is leading the training and awareness sessions. Public Health, Health Improvement or other local authority departments.
Keeping people mentally well and avoiding social isolation	No specific workforce requirements noted.		
Helping children get the best start in life	No specific workforce requirements noted.		

DA2

<i>Title</i>	<i>Delivery Plan Content</i>	<i>What We are doing</i>	<i>What else we need to do</i>
Delivering the Strategic Commissioning Framework and Five Year Forward View for primary care	An aim of the plan is to promote integrated working between professionals in primary care and also to develop an efficient care team.	<p>The High Performing Care programme of the change academy is aimed at developing front line clinician’s skills with respect to integrated working between organisations and professional groups.</p> <p>The modelling work supporting primary care will aim to develop workforce models to support the new model of care which is effective and makes efficient use of money.</p> <p>Implementing the 10 High Impact Actions will also support an increase in efficiency in primary care by increasing GP capacity by making sure activity is carried out by the most appropriate members of the team</p>	
Improve cancer screening to increase early diagnosis and faster treatment	No specific workforce requirements noted	<p>Supporting the recruitment and retention of radiographers through the development of a career framework and promoting NW London as a destination place to work.</p> <p>Implementing radiography practice educator’s faculty across NW London.</p>	Understand the need to further increase the diagnostic capacity in NW London and where necessary support the recruitment of additional staff
Better outcomes and support for people with common mental health needs, with a focus on people with	Need to train/up-skill IAPT workforce and increase the number of therapists 16/17 24		



long term physical health conditions	17/18 40 18/19 39 19/20 39 21/21 39 There is also a need for increased awareness training for wider workforce		
Reducing variation by focusing on Right Care priority areas	Develop a centralised programme management resource		
Improve self-management and 'patient activation'	Lots of development of the workforce required, activating the workforce is one of the five areas of the plan the outcomes in the logic model are all survey measures for the workforce such as, 'professionals agreeing that they are delivering the care to patients they aspire to'	Health coach training across NW London including train the trainer. Supporting the workforce symposium.	

DA3

<i>Title</i>	<i>Delivery Plan Content</i>	<i>What We are doing</i>	<i>What else we need to do</i>
Improve market management and take a whole systems approach to commissioning	Increase medical and nursing support for nursing and residential care. Invest in career development pathways and training for unqualified staff .	Commissioning for Outcomes programme in Change Academy. Integrate social care workforce in to NW London-wide planning.	Work with social care providers to coordinate the support provided to the workforce and address factors causing instability in the market including lack of training and development opportunities, high turnover rates and high vacancy rates
Implement accountable care partnerships	No specific workforce requirements noted	Systems Leadership development programme in Change Academy	
Upgraded rapid response and intermediate care services	No specific workforce requirements noted		Understand the current workforce including challenges Support recruitment for staff to increase capacity Development of new roles to support higher acuity patients to be managed outside of A&E and inpatient settings
Create a single discharge approach and process across NW London	No specific workforce requirements noted		
Improve care in the last phase of life	Training and education for GPs, Care Home staff and LAS crews. Building upon the training and education programmes in train across the sector, ensuring portability of skills and continued delivery to cope with high staff turnover rates in specific areas		

DA4

<i>Title</i>	<i>Delivery Plan Content</i>	<i>What We are doing</i>	<i>What else we need to do</i>
Implement the new model of care for people with serious and long term mental health needs to improve physical and mental health and increase life expectancy	Significant increase in the primary care mental health team which leads to fewer beds needed so a reduction in staff there.	Working with employers and commissioners from across NW London to develop an implementation plan to support the workforce to move to the new care model	
Addressing wider determinants of health	One of the deliverables is a workforce strategy/plan, the delivery roadmap has staff development to support more complex needs, development of wider workforce and physical health development training. There is note of a requirement on HEE to attract and retain workforce		
Crisis support services including delivering the 'Crisis Care Concordat'	No specific workforce requirements noted		
Implementing 'Future In Mind' to improve children's mental health and wellbeing	One of the deliverables is a workforce plan leading to increased skills and knowledge		Understand the labour market risks as there will be a need to recruit additional staff and these staff are likely to be in high demand across England Develop a plan to mitigate the risks including supporting recruitment and retention



DA5

<i>Title</i>	<i>Delivery Plan Content</i>	<i>What We are doing</i>	<i>What else we need to do</i>
Specialised commissioning to improve pathways from primary care and support consolidation of specialised services	[Plan not available]		
Deliver the 7 day service standards	Radiography career framework and recruitment campaign and the development of a radiology network	Developed the career framework. working with providers to support the introduction of practice educators for radiographers Recruitment event planned for early 2017	
Reconfiguring acute services	No specific workforce requirements noted	Continuing to support service transformations such as maternity and paediatrics. The next phase is likely to be frailty services	Implement clinical standards set out in the SaHF business case
<i>NW London Productivity Programme</i>			
Orthopaedics	No specific workforce requirements noted		
Procurement	Discussion about the need for procurement staff and developing common specifications and common training needs. There will be a Procurement Skills Network.		
Bank and agency	More shifts filled by NHS staff, improved roster management, pay rate harmonisation, better agency partnerships, bank staff integration	NW London bank and agency project set up to address high agency spend and support the project aims	
Back Office	[Plan not available]	Working with the HR Director network	Possible support for trusts to



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		who are all tied into the London-wide streamlining work looking at options around HR consolidation	manage organisational change processes across multiple providers concurrently
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5.2 Workforce activity in progress

This table details some of the activity in progress across the four work streams. It does not list all of the work in progress but is intended to give a view of the types, and breadth, of activity underway, together with an indication of progress.

Activity by workforce theme	
Workforce planning and addressing staff shortages	
Workforce analytics	Leading national set workforce planning processes within NWL, data analysis and engagement to address arising workforce issues
	Use of the WRaPT tool to undertake in depth work planning that informs service change
	Workforce planning for non-NHS staff in collaboration with Skills for care
Workforce supply through education	Supporting education with a focus on Primary Care; 16 Physiotherapy BSc, 16 Occupational Therapy BSC, 20 Mental Health Nursing Programmes.
	Providing funding to support increases in placement capacity, with a particular focus on primary care and child nursing, including additional investment in mentor and Specialist Practice Teacher training
	Developing proposals for the establishment of an NWL Centre for ultrasonography training
	SASG – work stream to identify support and development needs for non-training/non-consultant doctors, which are often integral to Trust rotas.
	Ensuring robust mechanisms are in place to effectively monitor and manage the multi-professional quality of learning environments in line with the HEE Quality Framework
Addressing workforce shortages	In 2016/17 HEE NWL has continued to commission places on programmes for nurses wishing to move into general practice nursing (69 places in 16/17)
	Funding and support for return to practice projects (nursing and midwifery)
	Supporting workforce shortages in Emergency medicine through training review, post CCT fellowships and other initiatives.
	Supporting growth of the paramedic workforce. Investment in placement management and introducing a placement tariff.
	Supporting development of apprenticeships for Associate Ambulance Practitioner post
Expanding the number of low intensity, high intensity and specialist IAPT practitioners to support expansion of services for adults with anxiety disorders and depression	
Recruitment and Retention	
	Capital Nurse Foundation programme being implemented. Up to 350 nurses will start rotation programmes in 16/17
	Providing funding to support preceptorship programmes for all newly registered health professionals and ensuring integration with capital nurse rotation programme
	Bands 1-4: Creating local health and social care vocational networks, rolling out Care Certificate, piloting Higher Care Certificate and providing clear and effective development/career progression pathways to aid retention and reduce attrition and apprenticeships for reception/HCA staff
	Investment in post-registration training and career development for radiographers and interventional radiology professionals aimed at addressing workforce needs for 7 days services
	Trusts will receive £1m to support various retention initiatives aimed at reducing bank and agency spend
Primary & secondary Care	HEE NWL provides funding to Trust and to Primary Care organisations to support a wide range of professional staff and support workers to access courses, study days, conferences and other forms of development. The majority of spend is on courses relating to treatment and managing illness in specific services, followed by learning to support and develop others.
Community Care	Employment of clinical pharmacists in 17 general practice surgeries in NWL to resolve day-to-day medical issues and consult and treat patients directly as part of a three-year pilot led by NHE England, HEE, RCGP, BMA's GP Committee and the Royal Pharmaceutical Society
	Developing extended roles for Practice Nurses and Health Care Assistants to provide a childhood obesity service in General Practice (funded 15/16)
	HEE NWL is providing additional investment in non-medical prescribing programmes with a particular focus on community pharmacists working in general practice surgeries and general practice nurses
Secondary Care	Funding to support development of a multi-professional Advanced Clinical Practitioner in Emergency Care MSc programme with curriculum content and structure based on framework developed by The Royal College of Emergency Medicine
	Contributing to London and South East project to employ pharmacists with advanced roles in urgent care centres
	7 day Radiographer Workforce Project
Self –Care	Bank and agency optimisation
	NWL Public Health strategy has been developed and will make recommendations for work through this governance structure. Supporting the system-wide industrialisation of MECC as outlined by the London and South East Public Health Academy.
Mental health	See table below for more detailed activity
	Work with the Like Minded Mental Health Strategy Team, work includes: combating conduct disorders in the education system, addressing social isolation and loneliness and supporting workplace wellbeing.
	CAMHS eating disorder
Workforce Transformation; new ways of working	
New ways of working	Providing funding to support expansion in the number of Apprenticeships in Trusts and Primary Care and supporting the introduction of an apprenticeship levy

	Establishment of a Clinical Education Support Team to provide educational support and enhance consolidation of skills in newly qualified 'in specialty' neonatal nurses and provide coaching to support practice development and leadership skills
	Supporting the development of new educational programmes at Brunel University and Buckinghamshire New University to increase the number of Physician's Associate students with placements in NWL
	Development of the Medical Assistant role in General Practice to reduce the administrative burden on clinical staff and improve patient access.
	A development programme aimed at enhancing the skills and the role that reception staff can play in signposting patients to the most appropriate services.
	Integrating care by taking specialists out of hospital to support primary care for complex adult physical health through virtual clinics, enhanced email support, consultant outreach into large GP practices, and MDT meetings with enhanced education.
	An 'Improving Health Literacy' programme has been developed which will support tailored health literacy to priority patient groups; which will also include a patient empowerment programme targeted at receptionists, HCAs, practice nurses, practice managers and GPs.
	Supporting our future workforce in personalised medicine by working with the West London Genomics Medicine Centre . Work includes training needs assessments across the NHSE GMC Delivery Entities; developing, implementing and monitoring a plan to address the gaps through the utilisation of HEE Genomics Education Programme resources and HEE investment planning
	Integrated Sexual Health Service – a programme to transform how sexual health clinics are run, including significant development of online 'offer' and greater focus on primary care provision. A new clinical service specification developed which is being implemented in various forms across London.
	Internal Medicine Training (Shape of Training) – implementing a new training programme for medical trainees moving to a model of 3 year basic internal medicine training with 4 years specialism. Intended to produce a future workforce with skills required to support Acute take
	HEE Quality Framework
	CEPNs delivering leadership and localised strategy for community based care
	Establishment of a multi-professional NWL Simulation Leadership Network in order to inform and drive the effective development and delivery of simulation.
	Development of a programme to buddy-up Public Health registrars with GP Trainees, School Nurses, Health Visitors and Community Pharmacists to promote multidisciplinary teams and learning, and exposure to varied healthcare organisations.
Leadership and Organisational Development	
Change Academy	Systems leadership development (Change Academy)
	Emerging GP leaders network(Change Academy)
	Practice Manager Development Programme (Change Academy)
	Joint commissioning skills development (Change Academy)

- Work being planned and not yet started
- Work progressing slowly/ in need of further development
- Work being progressed

5.3 Key Activities - Improving outcomes for children and adults with mental health needs

An overview of current activity aimed at improving outcomes for children and adults with mental health needs and learning disabilities in NWL is listed below. The list is not exhaustive but highlights key examples. End of life care and the mental health needs of people with physical health needs are not specifically covered but are highlighted, where relevant.

Mental Health and Wellbeing Transformation

Central London Community Healthcare (CLCH) are working to implement a band 5 programme to develop this staff group to be confident and competent in their practice to enable them to meet the implementation of the out of hospital strategy to a diverse and complex patient group. The programme aims to support these nurses in the transition to delivering nursing services in the community and build upon existing CLCH competency frameworks and specifically develop those in

relation to End of Life, Mental Health and Compassion in Care.
Nursing Academy - the West London Mental Health Trust (WLMHT) are making a strategic investment into nursing practice further supporting the development, recruitment and retention of the nursing workforce. To ensure they have “right skills, in the right place, at the right time”. Within this the Trust has identified four quality practice improvement areas requiring immediate focus.
Partnerships in innovation: perinatal MH.
Capital Nurse Project – rotation for MH nurses (refer to section on Capital Nurse)
CC4C(Connecting Care for Children) pilot to improve emotional wellbeing and resilience in children by education and development of community champions (Public Health(PH)project)
Significant investment funds agreed for 2016/17 including Out Of Hospital specifications, GP diplomas, MIND training to the non-specialist workforce and CYP commissioner development.
Dementia and End of Life Care
End of life care is not covered within the Like Minded programme but has been included as within HEE it is linked with the Dementia work stream.
Dementia care champions programme at CLCH - Tier 3 programme to health and service areas not able to engage in the first two programmes.
Developing excellence in dementia care – a programme to support the development of a new career pathway for unqualified nursing staff to join and stay with LNWH NHS Trust therefore improving the ability to recruit and retain staff.
Training for dementia care - awareness in North West London. Project in CNWL.
Engaging people with dementia and their carers as partners in training and education. Project in CLCH
CLCH compassion in practice continuation - dementia care champions - provide an integrated programme for Learning and Development.
Learning Disabilities
Project Search: Internships for young people with learning disabilities. The aim of this project is to provide supported internships within Imperial College Healthcare NHS Trust for young people with learning disabilities. The longer term aim of Like Minded is that all organisations become Learning Disability employer friendly.
Pre-Registration Nursing Placement Capacity Project. This project is being undertaken by Central and North West London NHS Foundation Trust and aims to investigate how placements can be more effectively utilised within one trust that hosts a mixture of child, mental health, learning disability and adult nursing students.
Additional opportunities to support the learning disabilities agenda are being explored in the NWL team's wider work on apprenticeships and bands 1-4
Work with the HEE national team and the Transforming Care Partnership for NWL to help implement their objectives and deliverables.