



North West London
Collaboration of
Clinical Commissioning Groups



Health Education England

North West London Sustainability and Transformation Plan (STP) Workforce Transformation Strategy 2017 – 2022

**Health Education England North West London and
North West London Collaboration of Clinical
Commissioning Groups**

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List of Abbreviations

Abbreviation	Explanation
AHP	Allied Health Professional
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CEPN	Community Education Providers Network
CLAHRC	Collaboration for Leadership in Applied Health Research and Care
CSR	Chancellor's Spending Review
DA	Delivery Area
DH	Department of Health
FYFV	Five Year Forward View
GP	General Practice/Practitioner
GPFV	GP Forward View
HEE NWL	Health Education England North West London
HIT	High Intensity Therapists
HLP	Healthy London Partnership
IAPT	Improve Access to Psychological Therapies
ICHP	Imperial College Health Partners
MECC	Making Every Contact Count
NHSE	NHS England
NHSI	NHS Improvement
NWL	North West London
NWL CCGs	North West London Collaboration of Clinical Commissioning Groups
PIE	Partnerships in Innovative Education
PWP	Psychological Wellbeing Practitioners
RCN	Royal College of Nursing
SLTMHN	Serious and Long Term Mental Health Needs

SRO	Senior Responsible Officer
STP	Sustainability and Transformation Plan
WRaPT	Workforce Repository and Planning Tool
WTAC	Workforce Transformation Advisory Council
WTDB	Workforce Transformation Delivery Board

1 Foreword

The Sustainability and Transformation Plan (STP) has given North West London (NWL) 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 North West London (HEE NWL) and North West London Collaboration of Clinical Commissioning Groups (NWL CCGs), working as a unified team within a newly designed governance structure, which ensures service-led decision making.

This five-year strategy addresses a multitude of challenges from the long-standing difficulties in ensuring a safe supply of health and social care 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 in leadership and culture. Coupled with this, the NHS and Local Authorities are facing huge financial challenge in all sectors so it will be essential for NWL to think more creatively about how to transform its workforce within the context of this financial constraint. Our strategy considers an approach which can build on existing expertise and experience and embed new ways of working, flexibility and new roles.

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 aim to assist the improvement 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 social care sectors, require a workforce strategy that can build on existing experience and expertise.

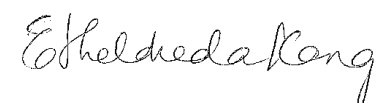
In NWL significant progress has been made towards addressing workforce gaps and developing a workforce that is fit for future health and social care needs. The reconfiguration of emergency, maternity and paediatric services in 2015/16 is an example of successful workforce support and retention, and workforce development in primary care has been supported since 2014/15.

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

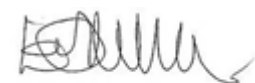
NWL STP Workforce Transformation Delivery Board Co-Chairs:



Judith Finlay, Executive Director for Children, Adults and Public Health, Ealing Council



Ethie Kong, Chair, NHS Brent CCG



Lizzie Smith, Local Director, HEE North London

2 Introduction

2.1 Context

The NWL 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 NWL and NWL CCGs teams and shows the continuation of work that has already started to support service change as well as new initiatives.

Across the eight boroughs in NWL, there are currently around 52,000 healthcare staff and 39,500 social care staff, supporting a population of over 2 million people. There are 10 acute and specialist trusts, including two mental health trusts and two community health trusts, around 400 general practices and 144 care homes.



Figure 1: North West London Footprint

2.2 Purpose of this Document

This document provides an overview of workforce transformation activity that will underpin and enable the delivery of the STP vision. This includes activity that is in progress, activity to be delivered in the next 12 months and activity planned for the next four to five years to realise the vision of the NHS Five Year Forward View (FYFV).

It is aimed at a variety of stakeholders that are interested in, or are working towards, the delivery of the STP, including health and social care service providers, commissioners, service and human resource (HR) directors, and a variety of affiliated organisations such as regulatory bodies, Department of Health (DH), NHS Improvement (NHSI) and NHS England (NHSE).

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

2.3 Changes to this Document

Since the release of the first NWL STP Workforce Transformation Strategy in 2016, a significant amount of progress has been made towards the delivery of the STP. The Joint Workforce Team of HEE NWL and NWL CCGs is now more firmly established and has set out how the STP and workforce strategy can be realised through creation of a delivery plan (see section 3). This plan now includes the detail, which was originally set out in the previous version of this strategy, as to how the workforce strategy will be delivered.

As a result, readers of the previous version of this strategy will notice that this refresh is a more concise document and focuses on what will be achieved rather than how. The workforce themes and delivery areas and subsections however are broadly the same with each section broken down into context, vision and objectives, achievements to date (a new addition to the strategy which demonstrates some examples of progress made), current priorities and future priorities. This refresh also has an increased focus on the social care workforce implications and how these contribute to the overall delivery of the strategy.

2.4 Aims and Objectives of this Strategy

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 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
- ensure workforce activity is aligned to, and supports all five STP delivery areas (see section 4.1)
- ensure that workforce planning processes aligned to nationally led systems are being utilised to drive investment in workforce transformation and provide the evidence and insight required to meet local workforce planning requirements
- allow for prioritisation of work in line with key STP priorities
- plan activity and investment based on the need to increase the scale and pace of certain areas of work
- ensure leadership and organisational development at every level are supported to deliver high quality patient care
- ensure a robust governance system is in place which allows key stakeholders to inform and direct this strategy and oversee performance and accountability

- allow flexibility to respond to changing STP priorities.

Overall, this workforce strategy is about empowering partners and mobilising expertise towards delivering the NWL STP workforce aims. Its aspiration is to inspire partners to co-create for better outcomes and create cohesion for a truly integrated workforce.

This strategy covers the health and social care workforce, however funded, across the eight boroughs of NWL. The following areas are not within the scope of this strategy and are therefore not covered within this document:

- Details of unrelated projects being conducted within HEE, NWL CCGs or service providers.
- Details of specific investment in education and training.
- Detailed financial information.
- Detailed information about performance monitoring of this workforce strategy.
- Detailed information as to the delivery plan for the STP and workforce strategy.

3 Principles and Governance

3.1 Principles for Driving Delivery

This workforce strategy is being implemented under the leadership of HEE NWL and NWL CCGs, referred to throughout this report as the Joint Workforce Team. This team is working together within a newly designed governance structure, which ensures that service-led decision making will be delivered through a robust governance structure and a set of core principles that define the team and its way of working. The core principles of the Joint Workforce Team are to:

- provide leadership and expertise on all workforce activity across the sector and service areas defined within the STP
- be the recognised experts and partners of choice for all agencies supporting workforce transformation activity
- build on experience and lessons learnt and work in a way that adapts to the changing needs of the sector
- ensure decisions are evidence-based and stakeholder driven wherever possible
- support the system in identifying potential workforce solutions from available evidence
- strive to deliver against and influence national and local policy
- lead workforce planning activity to ensure a safe supply of the future health and social care workforce
- support workforce development and transformation required for future services including new models of care, new roles and new ways of working
- support all five service delivery areas (see section 4.1) through close collaborative working with delivery area Senior Responsible Officers (SROs)
- create methodologies which will support the workforce to work effectively in multidisciplinary teams working across organisational boundaries with a patient-centred focus.

The core guidance underpinning this strategy is as follows:

- To focus on supporting the FYFV triple aim of improving people's health and wellbeing, improving the quality of care that people receive and addressing the financial gap.
- The NWL Sustainability and Transformation Plan (STP).
- The Mental Health Five Year Forward View and national Mental Health Workforce Plan.
- The General Practice Forward View (GPFV).
- The HEE Mandate 2017/18.

3.2 Governance Arrangements

As described previously, HEE NWL and NWL CCGs are working together as the Joint Workforce Team to address workforce challenges and to deliver this strategy. This joint working, along with collaboration with local councils and other stakeholders, ensures that the strategy combines expertise and experience of investing in education and workforce initiatives with that of service planning and commissioning.

The Joint Workforce Team is guided by:

1. the Workforce Transformation Delivery Board (WTDB) – the Local Workforce Action Board (LWAB) for NWL – which takes responsibility for delivery of the STP, workforce strategy and steering of investment and resources. It is co-chaired by a CCG Chair, a Local Authority Executive Director for Children, Adults and Public Health and HEE North London Director
2. the Workforce Transformation Advisory Council (WTAC) which is a vision setting group and vehicle to develop and test the strategy and work programme with senior stakeholders in a large forum.

The WTDB reports to an overarching Health and Care Transformation Group which is responsible for delivery of the STP and is accountable to the eight sets of CCG governing bodies, provider boards and local authority cabinets.

This governance structure (figure 2) maximises efficiency and ensures clinically led decision making and input from key stakeholders including health and social care providers, Community Education Providers Networks (CEPNs) and the Healthy London Partnership (HLP).

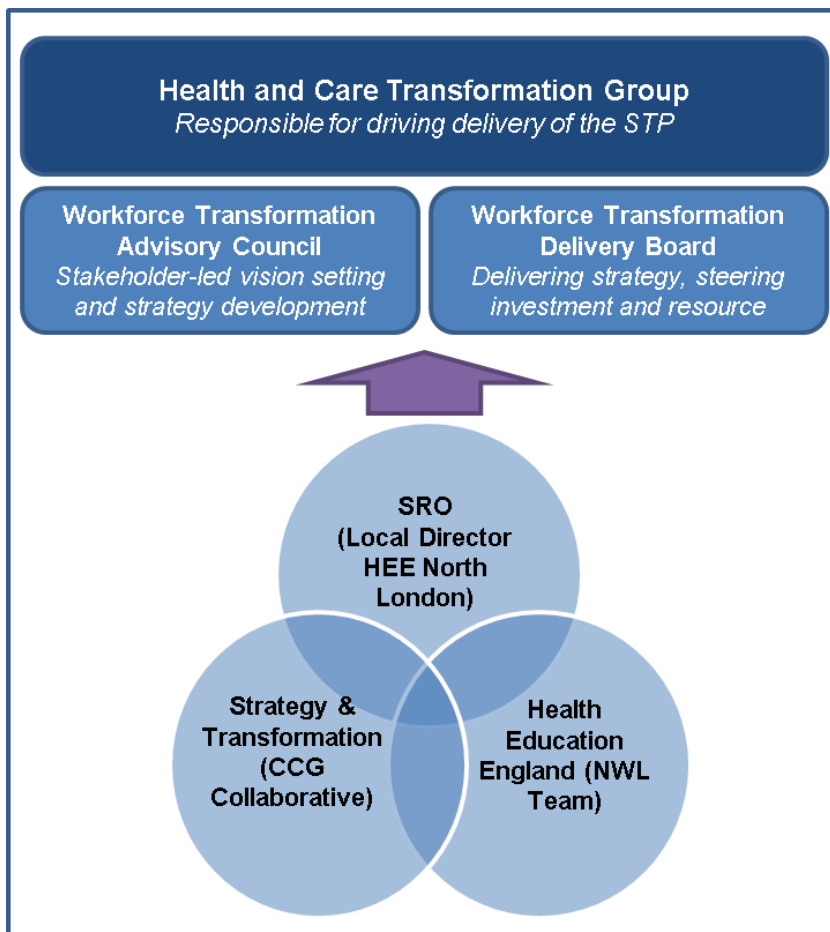


Figure 2: Governance to drive the delivery of the workforce strategy

3.3 Stakeholders

NWL 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.

Stakeholders have been mapped so that existing relationships and fora for engagement can be capitalised upon, and gain a better understanding as to where to focus efforts to establish and build relationships.

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

3.4 Delivery and Monitoring

Delivery of the STP and workforce strategy is set out in detail within the STP Delivery Work Plan. This sets out activities or deliverables both underway and planned across the STP in NWL to support the workforce strategy. Each deliverable is assigned an SRO – a senior member of staff within HEE NWL or the NWL CCGs – who has a working knowledge of the area.

The Delivery Work Plan is reviewed and updated on a fortnightly basis by the Joint Workforce Team to ensure deliverables are progressed. The plan is also reviewed by the WTDB and members may make recommendations on how the STP is being delivered.

Risks and issues are identified and managed at project level and escalated where necessary to the WTDB.

In addition, a highlight report is presented at each WTDB which flags key achievements, progress against the delivery plan, planned activity and any risks and issues identified and their management.

4 Delivery Programmes

4.1 Workforce Delivery Themes

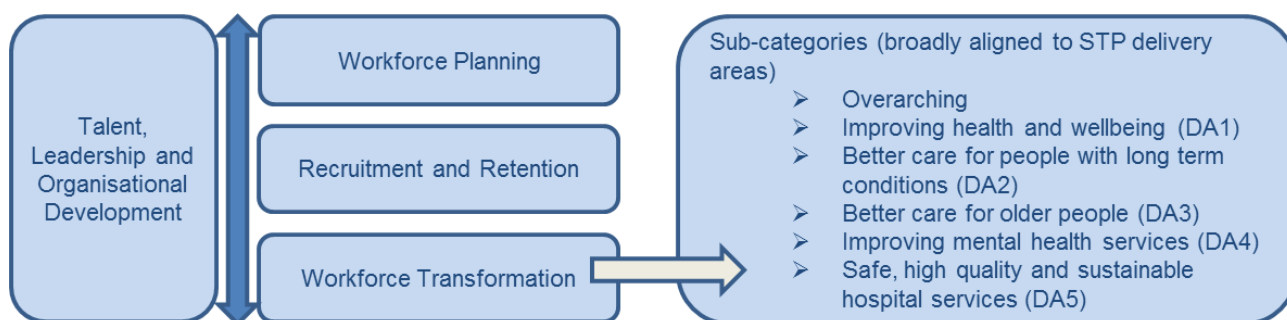
The NWL STP workforce strategy is centred on four workforce themes:

1. Workforce planning and identifying future workforce needs.
2. Recruitment and retention.
3. Workforce transformation to support new ways of working.
4. Talent, leadership and organisational development.

The first three themes are underpinned by Talent, Leadership and Organisational Development. The third theme, Workforce Transformation, is further broken down into five delivery areas (DAs):

- DA1: improving health and wellbeing.
- DA2: better care for people with long term conditions (primary care).
- DA3: better care for older people.
- DA4: improving mental health services.
- DA5: safe, high quality and sustainable hospital services (acute services).

This is shown diagrammatically below:



The following sections explore each of these workforce themes in more detail, setting out context, vision and current and future priorities.

5 Workforce Theme 1: Workforce Planning and Identifying Future Workforce Needs

5.1 Context

Effective workforce planning is an essential step in the process to identify and secure the future workforce. It underpins all workforce interventions and investment, cutting across the STP delivery areas.

5.2 Vision and Objectives

The vision is to provide accurate and relevant workforce information across the entire health and social care workforce, adopt workforce modelling approaches which will support workforce transformation to develop workforce plans which identify the workforce priorities we need to deliver within the STP and enable us to make informed choices about what changes to health and social care delivery are possible and what further work might need to take place.

Accessibility of accurate, consistent and relevant workforce data covering the entire health and social care workforce will be enabled through:

- developing and populating a workforce dashboard/profile which illustrates the current composition of the workforce in NWL
- developing approaches to improve the quality of data within primary and social care
- working with stakeholder organisations in improving data integrity and gaining additional intelligence where necessary
- utilising existing intelligence from the HEE National Information Development Team and monitoring emerging developments in data and modelling
- identifying and agreeing appropriate modelling approaches where relevant to identify workforce needs
- working with HEE National Information Development Team to adopt the Workforce Repository and Planning Tool (WRaPT*)
- utilising existing national sources of data and intelligence to assist in planning for the future workforce, for example, i-View, ONS
- working with transformation leads to identify specific work streams where workforce modelling is required and can be applied
- utilising existing approaches to workforce planning, for example, work from HLP
- utilising this information to identify how to transform the composition or the skills of the workforce in order to deliver the transformation programmes within the STP.

*WRaPT is a strategic workforce planning tool for health and social care. It is a web-based application that enables the collection, analysis and modelling of workforce information from providers across the whole health and social care economy. It is a flexible tool which, at its core, establishes the relationship between workforce capacity and service activity.

5.3 Achievements to Date

- Dialogue and a closer working relationship have been established with NHSI to further improve data collection from NHS trusts and collaborative working on workforce projects and interventions.
- Formation of an HEE Workforce Observatory which will work closely with the HEE central team and information development team to make more effective and efficient use of existing data sets, participate in new data collections and will have the capacity to assist in appropriate workforce modelling approaches.
- HEE NWL has successfully developed and commissioned a national economic retention model, initially on behalf of London, but extended to the rest of the country. This has been used to assist in identifying specific workforce scenarios, financial implications and their impact. These have been developed for all nursing and allied health professions.
- First draft of NWL workforce profiles developed and presented to WTDB.

5.4 Current Priorities

- Make available relevant and accurate data and intelligence.
- Continue to work with NHSI to improve the collection and integrity of trust workforce data.
- Identify and prioritise specific work streams requiring detailed data interrogation.
- Develop workforce plans which identify the numbers and types of roles required to meet the transformation agenda.
- Forge strong working relationships with HEE's workforce observatory and national workforce planners as well as having a strong dialogue with NHSI and NHSE and the work of HLP.
- Extension of the national economic retention model to cover medical workforce and to be developed at an organisational level.

5.5 Future Priorities

- Through the development of the Workforce Observatory, enable the automation of basic workforce profiles/dashboards so consistent, accurate and timely data and intelligence is available.
- The workforce observatory will work closely with the HEE central team and information development team to make more effective and efficient use of national existing data sets, participate in new collections and have the capacity to assist in appropriate workforce modelling approaches.
- Work with both primary care services and social care to apply workforce planning modelling locally to assist in the development of integrated workforce plans.
- Develop approaches to interrogate the skills of staff within NWL and identify specific education interventions required.
- Launch the HEE Star tool. This is a tool to support workforce transformation, help providers understand their workforce requirements and also provide a range of potential solutions. The launch is planned for November 2017.

6 Workforce Theme 2: Recruitment and Retention

6.1 Context

Recruitment and retention is a core workforce theme. Addressing recruitment and retention challenges will be critical to ensuring the workforce is in place to implement new models of care, and in doing so, improve patient outcomes and experience. Improvements in recruitment and retention across health and social care will be critical to closing the financial gap, addressing workforce shortages and delivering service transformation.

Economic modelling commissioned by HEE in London and the South East shows £100.7 million could be saved across NHS trusts in the next 10 years by retaining new staff for one extra year. Recruitment and retention are key drivers of agency use which in 2016/17 totalled £193m across NWL trusts. Changes to undergraduate bursaries may impact the number of nurses and other professionals being trained which, combined with increasing demand for healthcare staff, will require more efforts to secure the supply of nurses in NWL.

The workforce across social care has significant issues around recruitment and retention and there are areas of NWL where recorded vacancy rates are above national and London averages. Recruitment of social care nurse and care workers is a national priority and NWL has high vacancies for registered managers, occupational therapists and social workers. The age profile of staff working in social care is also a risk – less than 10% of staff working in social care in NWL are below the age of 24 and the average age is 42-45 years.

General practice faces particular challenges with significant numbers of staff approaching retirement in the next five years, 28% of general practitioners (GPs) are over the age of 55 compared with an average of 22% across England. For practice nursing the situation is more acute with 40% of nurses over the age of 55, compared with an England average of 30%.

Turnover rates within NWL trusts and across social care have increased in recent years, which presents challenges in ensuring patient and service user care as well as negatively affecting finances.

6.2 Vision and Objectives

The vision is to improve the retention rates and recruitment of staff in NWL by identifying the key areas of concern and focussing on the issues leading to high turnover and vacancy rates and what retention and targeted recruitment activities can be offered across the NWL health and social care system.

Improvements in recruitment and retention lead to:

- improved patient care and experience
- improved workforce productivity and stability
- significant cost savings and reduced use of agency staff and recruitment costs.

The objectives are to:

- improve the retention of band 5 nurses, reduce vacancy levels for radiographers and address workforce issues associated with paramedics
- develop an implementation plan to address social care workforce challenges, in particular the ageing profile of the adult social care workforce

- increase the number of non-GP roles in primary care and address shortages around primary care nurse roles
- retain newly qualified GPs to continue to work in NWL
- develop a framework with late career GPs to retain GP expertise.

6.3 Achievements to Date

- Over 95% of GP training places in NWL are filled consistently. Experience has shown that GPs continue to work in areas they have trained.
- Working with the Society and College of Radiographers, a career framework has been developed to support the recruitment of radiographers and improve the recruitment of staff.
- Over 100 midwives have been recruited to improve midwife to birth ratios as part of the maternity reconfiguration.
- Practice nurse degree courses with salary support to general practices are in place for all CCGs in NWL.

6.4 Current Priorities

A number of programmes are underway to address recruitment and retention issues across NWL. These include:

- Capital Nurse Foundation Programme – a programme for newly qualified nurses which aims to provide a role attracting nurses into NWL, support nurses to be ready to move to band 6 roles with the right competencies and allow nurses to experience work in three different settings, including community and primary care.
- Develop a NWL-wide recruitment strategy which focuses on workforce roles which currently have the greatest challenges in terms of retention; those where there are greatest shortages in NWL, where vacancies are highest, and where it is anticipated that the role will continue to exist in new models of care.
- Work with the two NHSI programmes for mental health and acute trusts to address areas of high turnover. This will initially cover Chelsea and Westminster Hospital NHS Foundation Trust and London North West Healthcare NHS Trust and Central and North West London NHS Foundation Trust and West London Mental Health NHS Trust.
- Economic analysis of retention strategies and roll out of a tool which will allow the costs and benefits of initiatives to support retention to be quantified which will in turn help to focus on areas of greatest impact.
- Support the London Ambulance Service paramedic workforce – London faces particular challenges attracting and retaining paramedics. A structured support programme has been developed to address some of these challenges.
- Clinical pharmacist pilot programme – as part of the GPFV, NHSE has developed a pilot programme to establish clinical pharmacists as a significant part of the wider primary care workforce. NWL practices are being supported by the STP to roll out this pilot.
- Increase trainee placements for nurses in practice settings – nurses are more likely to work in areas where they have spent time in their training so by having more undergraduate trainee placements in primary care, the aim is to increase the potential supply of nurses into primary care.

- Develop opportunities for late career GPs to remain in the workforce – NWL faces significant challenges with 41% of GPs being over the age of 50. Development of opportunities for late career GPs are being explored to provide alternatives to retirement so as to retain clinical skills and experience within NWL.

6.5 Future Priorities

- Reduce vacancy rates of registered managers, forensic and mental health social workers and occupational therapists within social care – there is a need to develop relationships and infrastructure to understand how recruitment and retention of these staff can be best supported.
- Improve the recruitment of under 24 year olds into social care work – the age profile of social care staff does not currently suggest the workforce will be sustainable long term. There are opportunities, including around apprenticeships, to attract younger people into the workforce.

7 Workforce Theme 3: Workforce Transformation and New Ways of Working

7.1 Context

Workforce transformation to support new ways of working is pivotal to the delivery of the STP and is broken down into five service delivery areas (see section 4.1). 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.

7.2 Vision and Objectives

To develop and transform the workforce to enable new ways of working in support of delivery of the STP and maximise the effectiveness of the existing workforce by utilising new ways of working, to meet demand.

Objectives within this area are to:

- support STP workforce transformation with robust governance structures
- allocate strategic investment funds
- develop apprenticeships across NWL.

7.3 Achievements to Date

These are set out within the achievements to date sections within each of the delivery areas (sections 7.6.1.3, 7.6.2.3, 7.6.3.3, 7.6.4.3, 7.6.5.3).

7.4 Current Priorities

- Numerous initiatives are underway to support each of the service delivery areas in clearly defined projects, for example, 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.
- Planning and small scale interventions are in place to introduce new ways of working and develop the non-clinical workforce to tackle workforce shortages in primary care.
- Expansion of apprenticeship opportunities is being explored to support the delivery of the STP.
- Workforce planning processes are being developed to undertake bespoke planning for new models of care, for example, support for the cancer vanguard.

7.5 Future Priorities

- 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-training of the 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 five delivery areas and cross cutting priorities like primary care. All health and social care staff groups will be supported.
- Delivery of integrated care services requires integrated learning between and within professions – multidisciplinary education and development opportunities between general practice, acute, mental health, care homes, social services, etc.
- Increase general practice responsibility for developing future workforce plans and educating and developing their future workforce.
- Support the primary care workforce (at individual and organisational levels) through a period of unprecedented change, including the merging or practices into primary care hubs or super-practices, moves to capitated budgets and forging new relationships with commissioners and other health and social care providers (e.g. accountable care organisations).
- Make greater use of the whole workforce (e.g. healthcare assistants and reception/administrative staff) and deployment of new roles (pharmacists, physician associates, etc.) in general practice in order to release GP time.
- A more diverse skill-mix in general practice.

7.6 Workforce Transformation Activities by Delivery Area

As mentioned above, the Workforce Transformation theme is key to supporting new ways of working and is broken down into five delivery areas within the STP. In the sections below, this theme is explored further in the context of each of the delivery areas.

7.6.1 Workforce Transformation Delivery Area 1 – Improving Health and Wellbeing

7.6.1.1 Context

The NHS FYFV states that ‘the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.’ On the background of a sharply rising burden of avoidable illness, one in five adults still smoke, a third of people drink too much alcohol, a third of men and half of women do not get enough exercise, and almost two thirds of adults are overweight or obese.

This strategy challenges us not to simply accept this growing burden of ill health that is driven by our lifestyles, but rather emphasises the need to transform services from a reactive model that responds to ill health to a proactive model that seeks to seize all available opportunities to promote good health and wellbeing.

In response to this call, HEE has invested in organisations such as the London and South East Public Health Academy, focussed on the engagement and training of the wider public health workforce, defined as any individual who is not a specialist or practitioner in public health but has the opportunity or ability to positively impact health and wellbeing through their paid or unpaid work. HEE is also supporting organisations, such as HLP, that are working with stakeholders across London to support health and wellbeing.

On a local level, The HEE NWL Public Health Steering Group, working with the Delivery Area 1 board, has already responded to this call by working with local partners to provide strategic investment and support to a range of innovative projects focussed on the wider public health workforce across the area. This work is utilised to develop and support a network of key stakeholders who are working on a co-ordinated approach to healthcare prevention and promotion across the area. However, a true response to the NHS FYFV’s call to move beyond a reactive model of healthcare to a proactive one requires the prevention agenda to incorporate all aspects of workforce transformation and training.

7.6.1.2 Vision and Objectives

To respond to the challenge set out in the NHS FYFV, the wider public health workforce must be engaged to radically upgrade skills in prevention and the promotion of wellbeing rather than simply responding to presentations of physical and mental ill health. The greatest efforts must be targeted at the areas of greatest health need with a focus on local priorities and an understanding that health exposures across the life course, from the unborn child in pregnancy to health choices in old age, can impact health and wellbeing.

7.6.1.3 Achievements to Date

- Making Every Contact Count (MECC) projects have now been rolled out across NWL with positive feedback received from Brent and Harrow councils and West London Mental Health NHS Trust who have embedded MECC into their daily practice. Brent Council, for example, has to date trained 2022 colleagues on various topics including oral health, mental health and wellbeing, and alcohol and substance misuse. The main staff groups who have received training include GP practice staff, various voluntary sector providers, and probation officers. Currently plans are in place to expand the training to the London Fire Brigade and the Red Cross.
- The North West London Collaboration of CCGs has implemented an intervention with parents and schools to address the complex issue of conduct disorder and behavioural issues. To date, eight schools have been recruited into the programme and will receive

training from September 2017. Each school is paired with a healthcare professional who will also receive training as part of a multidisciplinary team session. A ten-week training programme for parents will commence in November 2017. A robust evaluation plan is in place with measurement being used pre and post project.

- Imperial College London is running an initiative which relates to the embedding of Coaching for Health principles and skills into clinical practice for medical students at the college. To date, 47 educators and students have been trained and project leads will also be offering in-house generic coaching and health coaching training to all members of the Department of Primary Care and Public Health from September 2017 onward. Two stand-alone half-day training sessions relating to coaching skills through the ASTIC (Advanced Skills for Teachers at Imperial College) have taken place and two further sessions are confirmed in addition to two workshops for clinical teachers at the Imperial Faculty Teaching Forum. Further funding has been sourced to enable development of online modules in coaching approaches through the novel international platform EdX with launch planned for January 2018. One to one telephone supervision is now available through the Imperial departmental coaching lead for all those who have trained in Coaching for Health skills through this project.

7.6.1.4 Current Priorities

To support a range of innovative, cost-effective and sustainable projects targeting the following areas of health need:

- Enable and support healthier lives through health promotion and prevention, for example, smoking cessation, increasing physical activity, reducing sexually transmitted infections.
- Support strategies that enable the health and social care workforce to transform from one that responds to health needs to one that proactively prevents ill health such as MECC.
- Keep mentally well and reduce isolation, for example, support people living with a disability to remain in employment, support adolescent resilience and wellbeing.
- Help children get the best start in life, for example, tackling childhood obesity and inequalities in childhood obesity, support safeguarding against sexual abuse and exploitation.
- Improve long term condition management, for example, improved availability and uptake of cancer screening services, improved working and collaboration between health and social care.
- Better outcomes for older people, for example, improved care co-ordination across organisations, improved end of life care.
- Improve outcomes for children and adults with mental health needs, for example, support the physical health of people with mental health needs, support children's mental health.

7.6.1.5 Future Priorities

- Reflect the FYFV to promote strategies and training that transfers the focus of health and social care away from acute responsive services to proactive preventative services, incorporating health promotion and prevention training throughout the training pathway of health and social care professionals.

- Support a culture change that transforms the health and social care workforce from a reactive workforce to one that proactively seeks to engage in health promotion and prevention.
- Support programmes that are engaged in the primary prevention of disease as well as those that support individuals to optimally manage existing conditions.
- Support the population of NWL to achieve their best health by promoting health literacy and supporting self-care.
- Include health promotion and prevention at all levels of health and social care training including undergraduate, postgraduate and continued professional development.
- Engage with partners across the health, social care, public sector and voluntary sector to ensure that health promotion and prevention is embedded at all levels of their activity.
- Continue to support and develop a network of local stakeholders that can identify areas of health need and support strategic investments to target health inequalities that could be reduced by effective health promotion and prevention.
- Provide employment support and increase the number of people with learning disabilities in employment.
- Continue to work with partner organisations such as local councils and Public Health England by responding to changing and emerging local health needs and to tailor strategies and investments to respond to these needs.
- Reduce the prevalence and duration of homelessness while improving the health and social care system's treatment and ways of working with people who are homeless.
- Roll out best practice across NWL.
- Promote models of best practice, championed in other regions, within NWL.
- Support the health and wellbeing of the health and social care workforce across NWL.

7.6.2 Workforce Transformation Delivery Area 2 – Better Care for People with Long Term Conditions

7.6.2.1 Context

A growing and ageing population, with complex multiple health conditions, means that personal and population-orientated primary care is central to any country's health system.

The key deliverables set out in the STP are increasing access to proactive, co-ordinated and consistently high quality primary care services and enabling more patients with long term conditions to self-manage with the support of primary care professionals.

General practice is the key agent in delivering these improved services and in response, NHSE and HEE have agreed ambitious plans to increase the numbers of doctors, mental health workers and pharmacists working in general practice, developed a general practice nursing strategy and support for practice manager and non-clinical roles.

7.6.2.2 Vision and Objectives

The vision within this delivery area is to eliminate unwarranted variation and improve the management of long term conditions through the transformation of primary care services; in

particular, improved cancer screening, diabetes prevention, better outcomes for people with mental health conditions and increased patient activation leading to improved self-management.

Furthermore, to ensure that patients receive the right care in the right place at the right time by maximising the effectiveness of the existing primary care workforce, the development of new ways of working and new roles.

Lastly, to support the development and resilience of general practice through developing the existing workforce, securing the supply of the future workforce, facilitating organisational change and supporting service innovation through education.

Objectives of this delivery area include:

- supporting the development of general practices working at scale (for example as primary care homes, super practices, etc.) and in partnership with other health and social care providers through accountable care systems or similar
- developing a patient-centred approach to workforce redesign that facilitates the development of new models of integrated care
- increasing the capacity for general practices to train the future workforce, increasing GP and nurse training placements and the development of placements for other professional groups such as pharmacists and physician associates
- promoting GP careers and increase the uptake from GP training to employment in NWL general practices
- providing revalidation and careers advice, and health and wellbeing support for GPs and general practice nurses considering career change or retirement
- increasing the number of apprentices in primary care including healthcare support workers and business administrators. Working with national and local groups to develop and implement career frameworks and apprenticeships for these groups
- developing practice managers, receptionists and other non-clinical staff to support the NHSE Time for Care programme and 10 high impact changes, including signposting and correspondence management within general practice.

7.6.2.3 Achievements to Date

- Nearly 100% of the existing primary care healthcare assistant workforce has been trained in the Care Certificate across NWL.
- GP assistant training (Correspondence Management and Signposting) has been delivered via eight local pilots to over 200 existing members of non-clinical practice staff.
- Nine innovative, cross-boundary PIEs were funded in 2016/2017, including 'Improving Outcomes for Young Carers', 'Connecting Unplanned Care for Children', 'Dementia Care for Kilburn', 'The Harrow PACT (Planning and Caring Together) Project for Care Home Residents', 'Developing Allied Health Support Workers to Deliver Public Health Interventions Across NWL', 'Educational Programme for Domiciliary Care Providers and Unpaid Carers, Recovery and Wellbeing College in Practice, Connecting Care for Children and Perinatal Mental Health.
- Care Home Fellows have been appointed, achievements for which include a Care Home Clinical Senate (with membership including London Ambulance Service, primary and secondary care representatives, local authorities and care home managers), a number of

multiprofessional learning events have been run and all care homes within three boroughs have been individually visited and have engaged in the initiative.

- A move in general practice nursing to an outcome-based commissioning process with three individual programmes successfully commissioned for delivery in 2017/2018. These commissioned programmes represent a shift of teaching from the educational institution to the workplace and effective workplace-based learning and workplace-based assessment with `on-site` supervision from academic staff.
- Eight CEPNs (training hubs) have been established since 2014 and continue to commission education programmes and training to enable workforce transformation and growth to deliver the vision of GPFV and to secure the supply of the future workforce.

7.6.2.4 Current Priorities

- Increase the quality and accessibility of out of hours services through development of skills and training for all primary clinical staff including spirometry, anti-coagulation and mental health/dementia.
- Improve the management of patients in their last phase of life through collaborative workforce education and development between primary care, care homes, social care and family carers.
- Equip the primary care workforce to improve cancer screening, facilitating early diagnosis and enhancing treatment outcomes.
- Develop skills in general practice staff managing long term conditions and with patients to improve patient activation and self-management of their conditions.
- Achieve 100% compliance for Care Certificate training for healthcare support workers in general practice and development of an enhanced support worker programme to be delivered across primary care, care homes and social care.

7.6.2.5 Future Priorities

- Patient-centred workforce redesign – a focus on the skills and competencies required by the workforce in delivering patient-centred care, rather than the traditional role-based planning approach.
- Develop a talent-based approach to recruiting and developing the general practice workforce, in order that all staff have the competence, capability and confidence to fulfil their role.

7.6.3 Workforce Transformation Delivery Area 3 – Better Care for Older People

7.6.3.1 Context

The NWL STP highlights the need to achieve better outcomes and experiences for older people. In developing the next stages in improving the outcomes for older people, the objectives are to minimise the length of time older people spend as an inpatient, to ensure that no decision about long term care is made in an acute setting, and to support people to live at home, independently, for as long as possible.

There are a number of principles which underpin the approach across NWL which must be considered integral to any workforce offer. These principles are listed below:

- Care and support should be safely provided in the least intensive setting necessary.

- Care should be quick, safe and accessible to all.
- Care is focused around the individual, their needs and their care plans.
- Individuals will have needs that simultaneously exist across the system.
- Care is co-ordinated personalised, specialised and integrated with the person at the centre.
- Patients are equal partners in their care and take active ownership in managing their conditions with the support of their care professionals.

To achieve these objectives and principles requires a whole system response and interventions and improvements across the pathway of care. Any measure to reduce length of stay and promote independence must be a joint effort between health and social care taking into account the wide range of service providers who work across the sectors. These providers include acute, general practice, community nurses, nursing and residential homes, domiciliary home care, intermediate and rapid response providers working alongside voluntary sector and family carers.

The drivers for change under the quadruple aim headings to improve older persons care across NWL include:

- improving population health – to improve the quality of life and outcomes for those with long term and multiple conditions
- improving patient experience – especially for those in their own homes and care homes – access to GP, support from community health and social care staff. Also improving the patient experience in ‘last phase of life
- containing cost – reducing costs associated with unnecessary A&E visits, admissions and delayed discharges, mitigating the impact of rising demand from the rising over 65 year olds in the NWL population
- improving the working life of social care and healthcare professionals through creation of new roles and attractive career pathways, flexible work/life options including retaining experienced health professionals in their late career.

7.6.3.2 Vision and Objectives

There are high ambitions for better outcomes for every older person living in NWL. The aspiration is that NWL should be a place where older people’s care continues to improve through achieving the outcomes specified which includes:

- developing a workforce that meets the growing demand for older people’s services, thereby ensuring that patients receive the right care, in the right setting
- creating a workforce that supports older people with a level of integration across organisational boundaries and between professionals who deliver different packages of care to people that need support, particularly in their own homes.

7.6.3.3 Achievements to Date

- Building engagement across local authority leaders across NWL in relation to key workforce priorities and challenges for health and social care through regular engagement with directors of adult social services and local authority commissioners.
- Initiating the older people’s care workforce group to inform the older people’s care workforce agenda resulting in the membership of the group to be extended building on initial success.

- Consulting upon and developing the high level DA3 workforce delivery plan for 2017/18.

7.6.3.4 Current Priorities

- Develop a multidisciplinary and integrated workforce to ensure the health and care system work together for older people – proactive and co-ordinated health and social care services supporting older people in their homes and in hospital:
 - Develop true multidisciplinary working, focussing on primary care, older people and mental health by piloting new ways of working across professional boundaries.
 - Transformation pilot to support 10 practices surrounding three care homes to improve multidisciplinary care and monthly care plan actions on 100 high risk patients by developing a multidisciplinary and integrated workforce in primary care hubs that transcends traditional organisation boundaries, and gives a renewed focus on patient needs. This pilot could impact up to 95 staff across health and social care.
 - New ways of working for existing staff across professional boundaries initially focusing on Crisis Response and Home First and the contributions that new roles can make (e.g. physician associates and trusted assessors).
 - Build on the learning from the pilots, further developing the capacity of two multidisciplinary teams as a further pilot to ensure that individuals who can return home can do this without unnecessary delays through the provision of bespoke training to individual teams as a standalone cohort.
- To improve healthcare and support for older people living in care homes – making sure older people living in care homes can rely on joined-up health and care services on-site, stopping unnecessary and worrying hospital visits:
 - Develop the workforce and wellbeing of NWL care homes and their communities through the delivery of a sustainable care home manager system leadership programme and the potential for the establishment of a Care Home Managers Forum for up to 140 targeted care home managers in NWL.
 - Deploy NWL care home training leads (clinical) to provide cross cutting training, such as to support implementation of the Sutton Vanguard and bespoke training and support. Training will be linked to clinical competencies; and/or around dementia and end of life care to the same targeted group of care homes ensuring health and care staff are aware of and respect people's wishes during their last phase of life.
- Support and develop the capacity and capability of family and unpaid carers:
 - Develop the capacity and confidence of unpaid carers across NWL through engagement building on the June/July 2017 Coaching for Carers sessions.
 - Carers conference to market test findings of a small scale pilot as well as showcase of initiatives across NWL.

7.6.3.5 Future Priorities

- Integrate health and social care roles in the community; developing a career framework for care at home roles:
 - Build on successes elsewhere for example, radiography, the development of a sustainable career pathway followed by training, initially for up to 100 staff, to assist

with the transformation of care delivered in people's homes across health and social care, aligned with a suite of competencies for the short, medium and long term care.

- Develop the workforce and wellbeing of NWL care homes and their communities:
 - Deliver a sustainable care home worker training programme to improve care home staff approach to person centred care and level of competencies related to key pathways.
 - Establish a NWL care home 'Passport Scheme' to ensure that care worker competencies are transferable across the sector.
- Apprenticeships for emerging roles and promotion of opportunities to under 24 year olds:
 - Explore the potential to develop a NWL apprentice provider for all primary care, community and social care apprenticeship training needs and promoting apprenticeships and career development pathways.

7.6.4 Workforce Transformation Delivery Area 4 – Improving Mental Health Services

7.6.4.1 Context

'Like Minded' is the key mental health strategy for NWL 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.

In addition, in July 2017, HEE published a report to support the delivery of the FYFV for mental health in England; 'Stepping Forward to 2020/21: the mental health workforce plan for England'. This report provides a framework and workforce model that enables STPs to develop local plans and actions.

Whilst this delivery area focuses solely on mental health, it is important to note that mental health also cuts across delivery areas one and two.

- 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 mental health FYFV 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 (Improve Access to Psychological Therapies.) 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.

7.6.4.2 Vision and Objectives

To support the implementation of the STP mental health deliverables by providing the relevant workforce support through workforce planning and interventions as appropriate.

There are high ambitions for better mental health and wellbeing for every person living in NWL. The aspiration is that NWL 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.

7.6.4.3 Achievements to Date

- HEE publication of Stepping forward to 2020/21: The mental health workforce plan for England July 2017. HEE will be working to support the Like Minded Programme to work in partnership with HEE, NHSE and NHSI, service providers and commissioners to support delivery of the plan. Workforce delivery plans will be agreed by the end of December 2017.
- Development of a London-wide Transforming Care Partnerships workforce strategy (Learning Disabilities).
- Agreement from Central and North West London NHS Foundation Trust and West London Mental Health Trust to embark on a collaborative project to review pay rates and develop a coherent pay strategy.

7.6.4.4 Current Priorities

- Improve access to psychological therapies through supporting delivery of workforce interventions to meet national targets and increasing psychological wellbeing practitioners (PWP) and high intensity therapists (HIT).
- Up-skill existing IAPT workforce to ensure at least 25% of people needing to access psychological therapies are able to do so.
- Provide workforce expertise and support to the implementation of the Serious and Long Term Mental Health Needs (SLTMHN) model of care – to shift the focus of care out of acute and into the community.

- Support the NWL mental health trusts (Central and North West London NHS Foundation Trust and West London Mental Health NHS Trust) to deliver collaborative workforce projects around recruitment, retention and education and training (to be scoped and priorities to be agreed).
- Support the delivery of the 2020 Dementia Challenge by ensuring that tier 1 tools and training opportunities on dementia are available to all new and existing NHS staff and that that more in-depth dementia training (tiers 2 and 3) is rolled out to NHS expert leaders and staff working with people with dementia. Tier 1 tools and training available to all staff by the end of 2018 and tier 2 and 3 training currently being rolled out.

7.6.4.5 Future Priorities

- Increase mental health awareness and capability in primary care by ensuring adequate training and support for primary care staff to be able to confidently identify and/or signpost patients with mental health needs to the appropriate service.
- Support the delivery of the Transforming Care Partnerships programme through helping to identify leads and networks, supporting recruitment initiatives and supporting the development of NWL Learning Disability Workforce Plan.
- Support the delivery of 'Care Without Tiers' model of care in terms of the training and development needs of the child and adolescent mental health service (CAMHS) workforce.
- Support the Like Minded programme to work in partnership with HEE to deliver and implement 'Stepping forward to 2020/21: the mental health workforce plan for England July 2017' and ensure that the Mental Health and Wellbeing Transformation Board links in with the wider London Mental Health Transformation Board.

7.6.5 Workforce Transformation Delivery Area 5 –Safe, High Quality, Sustainable Hospital Services

7.6.5.1 Context

In 2013 NWL approved Shaping a Healthier Future. The key feature of this plan was an interconnected model of care in which:

- most clinical activity takes place in the community, enabled by out of hospital hubs where health and social care services are co-located and primary care is delivered at scale
- acute services are reconfigured to ensure better quality care and clinical sustainability, while also achieving financial sustainability. This is principally achieved by concentrating valuable clinical capability across fewer sites.

To support this plan NWL is a First Wave Delivery Site for seven-day services, focussed on the implementation of four priority standards:

- Time to first consultant review.
- Access to diagnostics.
- Access to consultant directed interventions.
- Daily consultant reviews.

There is also a focus on driving up productivity of hospital services in NWL, looking particularly at areas where collaboration between trusts is needed to achieve savings. Areas of focus include orthopaedics, outpatient appointments, procurement, corporate services, staffing and HR.

7.6.5.2 Vision and Objectives

- Ensuring the workforce is in the right place to deliver safe, high quality sustainable acute services – improvements in the quality and sustainability of acute services are central to the STP and therefore there is a need to ensure the right number of staff within the operational model that is being developed to support patients in NWL.
- Workforce capacity and capability enable delivery of consistent services seven days a week – as a pilot site for delivery of the seven-day standards, the right workforce models need to be developed in order to support seven-day working and to support staff to work in new ways.
- Reduce the demand for agency staff – agency spend has been a significant contributor to trust deficits in recent years and there is a clear opportunity to support improvements in quality and reduction in agency staff spend.
- High quality, modern and cost-effective corporate services – there are opportunities to introduce improvements in the processes and infrastructure of functions including procurement, occupational health, finance and HR.

7.6.5.3 Achievements to Date

- A new consultant-led model of paediatric care has been implemented at Hillingdon Hospitals NHS Foundation Trust.
- Innovative community-based training opportunities have been developed for paediatric services based at Ealing hospital.
- For the seven-day service early adopter programme, pilots have been supported to provide therapies seven days a week. This has shown improvements in clinical outcomes and been popular with staff.

7.6.5.4 Current Priorities

- Development of business cases for local hospitals – business cases for local hospitals need to align to the wider objectives around workforce and also take account of the shift in activity from in-patient to care closer to home.
- A decrease in radiographer vacancy rates – vacancy rates for radiographers are a challenge for implementing seven-day access to scans.
- Introduce agency caps to reduce agency spend for medical locums – NWL has introduced capped rates for nursing agency shifts and a collaborative approach is needed for doing the same for medical shifts.
- A review of occupational health services and development of new occupational health processes – there are particular opportunities to deliver improvements in occupational health services which will reduce the time taken to recruit and sickness absence rates.

7.6.5.5 Future Priorities

- Implementation of a workforce model to the NWL radiology network – NWL has received funding to develop a network for radiology. The STP will work with the programme to make sure the full benefits are realised to support the radiology workforce and increase capacity to deliver seven-day service standards.

- Support mobilisation of out of hospital hubs and the development of local hospitals – there will be significant changes for the workforce (such as, redeployment, recruitment, development and training).in order to move to operational working of out of hospital hubs.
- Support multidisciplinary team effectiveness in the emerging primary care hubs – support the emerging primary care hubs to develop a multidisciplinary workforce; working with trusts to deliver out of hospital care at greater scale.

8 Workforce Theme 4: Talent, Leadership and Organisational Development

8.1 Context

Wide-scale transformation requires 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. 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 the need to develop a consistency of approach now so that all organisations are able to work effectively as joint working increases. To do this a sector-wide consensus about the kind of culture required across health and care needs to be developed.

Work is being undertaken with the London Leadership Academy to align the STP leadership and organisational development work with other national initiatives. There is also work underway to develop a regional talent board to manage talent across NWL.

In addition, HEE makes leadership development programmes, tools and resources available through:

- Skills for Care
- Skills for Health
- Skills Platform (Skills for Health’s training market place for the health sector)
- Royal College of Nursing (RCN).

Work is also taking place with the national Leadership Academy to develop a cohort of leaders through the Nye Bevan programme, which is being closely aligned with the delivery of the STP.

Finally, the Change Academy is the leadership and organisational development arm of workforce transformation. The Change Academy is supporting health and social care staff to develop and apply practical skills and knowledge to deliver place-based, integrated care throughout NWL, to enable new models of care and the ambitions set out in the STP to become a reality. The Change Academy is fully funded by HEE NWL.

8.2 Vision and Objectives

Phase two of the Change Academy will deliver support to enable the system to be in a better position to manage and lead through the anticipated changes that working towards delivering

accountable care will bring. Outcomes have been agreed during the design phase with the STP's delivery partners and key stakeholders and include the following:

- Supporting development towards accountable care working and general practice development. Developing skills in understanding population needs, structuring the finance conversation, business-related skills for practice managers, 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, local authorities and voluntary sectors. Maximising involvement from citizens, carers and the 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.

8.3 Achievements to Date

Fourteen local transformation projects, led by integrated multidisciplinary teams, are currently accessing dedicated support through the Change Academy to accelerate their delivery.

Transformation projects align with our STP delivery areas and include renal and diabetes services, mental health transformation in crisis care, dementia and learning disabilities, accountable care development with a focus on children's services, and locality-based primary care.

- Nine multidisciplinary, integrated teams are now halfway through accessing support from the High Performing Care and Leading Transformation programmes, which will help give them the skills, knowledge and behaviours to accelerate their local transformation projects. Teams are using the support to review, refine and strengthen their project aims and delivery.
- Five integrated teams have completed their Commissioning for Outcomes and Integration programme and are accessing follow-on support to apply the learning from the workshops to their own accountable care journeys, to influence the future commissioning services.
- The Commissioning for Outcomes and Integration programme has been evaluated and a strong response has been received for cohort two, which commenced in September 2017. The Change Coach model has been a real driver in the High Performing Care programme, a change coach development programme is currently being designed to build on this model and create more sustainable change capability in the system.

8.4 Current Priorities

Change Academy is currently in its second phase and is aligned to meeting the needs of the population through delivery of the STP priorities. Programmes are designed to empower and support the entire workforce including social care, unpaid workforce (carers) and citizens. It aims to create a behavioural shift within the leadership and teams in NWL so that once outcomes are agreed, authority and accountability is devolved to the frontline multidisciplinary teams who may be

addressing unwarranted variation in primary care or across pathways or just delivering evidence-based care.

The programmes will support participants to develop skills and behaviours that will foster innovation and support more flexible and collaborative working across organisational boundaries to meet the needs of the population in a sustainable way. This will include greater collaboration and co-production of solutions for complex needs, to embed integrated health and social care.

By embedding and sharing the learning, the Change Academy's benefits will be shared more widely throughout the system.

There are three flagship programmes in phase two:

- High Performing Care Programme.
- Leading Transformation Programme.
- Commissioning for Outcomes and Integration Programme.

High Performing Care and Leading Transformation Programmes Overview

The High Performing Care and Leading Transformation programmes are intrinsically linked and offer a hands-on, intensive experience that will equip participants with the skills, expertise and approaches they need to tackle the most complex transformation challenges faced today.

The High Performing Care programme delivers support to project teams to accelerate the delivery of change in response to real challenges, based on data-driven evidence. The Leading Transformation programme is targeted at the sponsors of the High Performing Care teams.

We are supporting nine high performing teams to deliver their transformation project. Teams are comprised of health and social care staff, and citizens/service users. Each team has at least one sponsor to endorse and support the project, who will also access Change Academy support through the Leading Transformation programme.

The skills and behaviours developed through the Change Acceleration Programme and by working with a dedicated Change Coach will be applied practically, to support the implementation of care pathways and services. Support will be delivered through action learning sets, team coaching, webinars and co-production sessions and events to share and learn from others.

Commissioning for Outcomes and Integration Programme Overview

This programme is currently underway for cohort one with five teams, and is open to applications for its second cohort at the time of writing. The NWL STP is clear that moving towards accountable care ways of working is one of the top strategic goals. A critical step towards that goal is single commissioning. The Commissioning for Outcomes and Integration programme supports health and social care teams to develop the skillsets to commission for outcomes and value, on their accountable care trajectory to get to grips with the new ways of working and provide support and input around how to tackle real issues that arise when delivering single commissioning. This will require a collective dialogue with citizens, managers and clinicians, based on public health data.

The programme will support two cohorts from across health and social care to:

- address the changing landscape of healthcare commissioning (including workshops on health system changes, population needs, resource utilisation and limits of current contracting models)

- illustrate the need to move from services to outcomes and approaches to define new outcome metrics and analyse these metrics to monitor population health performance (workshop on defining outcomes and analysing data for commissioning)
- implement a value-based approach, which includes workshops on issues such as designing payment systems, engaging clinicians in pathway design and negotiating and managing relationships.

These work packages will be complemented by coaching, peer support and networking, facilitated by a dedicated eLearning platform, and will be evaluated to assess achievement of the desired outcomes, in order to improve the delivery of future programmes.

Engagement is underway to develop a regional talent board to identify and develop a succession pipeline across NWL to retain and invest in staff.

8.5 Future Priorities

Phase two of the Change Academy is currently half way through delivery of its three programmes and has had very positive feedback through its baseline and midpoint evaluations, which will support the case for phase three support. The vision is to develop champions and leaders who will cascade the learning and foster change locally. We have emphasised the importance of sustainability and sharing the learning and skills throughout each of the Change Academy programmes.

Stakeholder engagement is currently underway to scope a talent board for NWL as part of a strategic talent management initiative to develop and retain individuals identified through talent reviews. This model could support succession planning as well as retention where there is high turnover, recruitment challenges and high reliance on interim staff. Feedback from the engagement to date with NWL Directors of Nursing Network, NWL HR Directors Network and WTAC has been very positive and, in partnership with the Leadership Academy, work is taking place to develop a more detailed proposal.

9 Related HEE Work Streams

HEE is responsible for other education and workforce activities which make up the 'business as usual' workload for much of the team. These activities are inextricably linked to the workforce transformation agenda.

9.1 Workforce Development

HEE NWL has worked to minimise the impact of the requirement to reduce workforce development funding for trusts. To protect trusts from the impact of this reduction, they have been supported by additional strategic investment funding. The indirect funding stream paid directly to universities has been 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 healthcare staff to work in the community. Both preregistration and postgraduate education with a community focus to support nurses and Allied Health Professionals (AHPs) to work in the community will be undertaken.

Finally, HEE NWL has significantly invested in the development of the primary care workforce through interprofessional training hubs (CEPNs). Primary care is on the verge of unprecedented organisational change in response to new models of commissioning and delivering services that

are focused on improved patient outcomes; specifically moves to capitated budgets and forging new relationships with commissioners and other health and social care providers (e.g. accountable care organisations). The recruitment, retention and development of GPs and general practice nurses are key priorities and will need to be augmented by programmes to recruit, develop and integrate other professional and non-registered workforce roles into general practice.

The key objectives/deliverables for this work stream are set out below.

- Acute workforce development:
 - Strategic investment in workforce development funding for trusts.
 - Support apprenticeships.
 - Develop the bands 1-4/support workforce.
 - Strategic investment in workforce development funding.
 - Support on-going implementation of the apprenticeship levy.
 - Strategic investment in workforce development funding.
- Primary care workforce development:
 - Work with CEPNs and the emerging interprofessional hubs to develop their skills and capacity to identify the future workforce education and development priorities and procure/provide the relevant programmes.
 - Develop a workplace-based learning approach.
 - Increase placement capacity and number of active nurse mentors to provide sufficient capacity to train the future nursing workforce in general practice and community health.
 - Develop the bands 1-4 support workforce; clinical and non-clinical.
 - Support the development of new workforce models and the integration of new roles into general practice.
 - Strategic investment in workforce development funding.

9.2 Non-Medical Undergraduate and Postgraduate Education

Following the Chancellor's Spending Review (CSR) in December 2015, HEE ceased to be responsible for identifying commissioning volumes for the majority of non-medical undergraduate training programmes for students starting in September 2017. HEE is however responsible for ensuring high quality placements for all students and providing the funding through placement tariff to provider organisations. There remains a number of programmes commissioned by HEE, including postgraduate education.

HEE continues to maintain strong working relationships with higher education providers to monitor contracts, curriculum and to ensure high quality training for the workforce. HEE also takes an active role in monitoring student uptake on courses post-CSR to identify and take action to address poor student numbers which will effect workforce supply in particular professions in the future.

9.3 Undergraduate Medical Education

HEE NWL invests significant funds each year to support the placement of undergraduate medical students from Imperial College. These Service Increment for Training (SIFT) monies support the training as well as the infrastructure costs for undergraduate medical education. HEE NWL is

working with Imperial College to shift the emphasis of hospital-based training to community settings where possible, to reflect the changes in service delivery and the working patterns of future doctors.

9.4 Postgraduate Medical Education

HEE NWL's biggest investment each year is to postgraduate medical training to support the cost of trainees and their training. Postgraduate medical trainees, in the different specialties and career grades, provide significant service input into the 24/7 rota during training as well as supplying the future consultant and GP workforce.

HEE NWL is a popular area to train and its postgraduate medical training programmes generally fill. HEE NWL is involved in the national GP expansion programme and training programme and posts have been reconfigured to meet GP curriculum requirements. For 2017/18 work continues to meet expansion targets in GP and clinical radiology and other areas as set out in the HEE Mandate.

Alongside meeting national targets, work is undertaken to maximise training opportunities and meet service needs for local priority areas including emergency medicine and urgent care services.

9.5 Other Programmes

A number of other approaches are underway and require workforce transformation activity to realise activity, these include:

- establishment of a multi-professional NWL Simulation Leadership Network in order to inform and drive the effective development and delivery of simulation to support multidisciplinary teams and better quality and safety outcomes for patients
- provision of the project resource and expertise required to deliver collaborative projects such as supporting the Cancer Vanguard or development of Accountable Care Partnerships.
- on-going strategic investment programmes across all care settings to support the workforce transformation activity required to deliver the STP.

10 Future Updates of this Strategy and Further Information

This strategy is a live document so as to remain responsive to the changing service landscape in NWL. It will be overseen by the WTDB and refreshed annually in order to ensure it continues to meet the needs of the STP in NWL.

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