



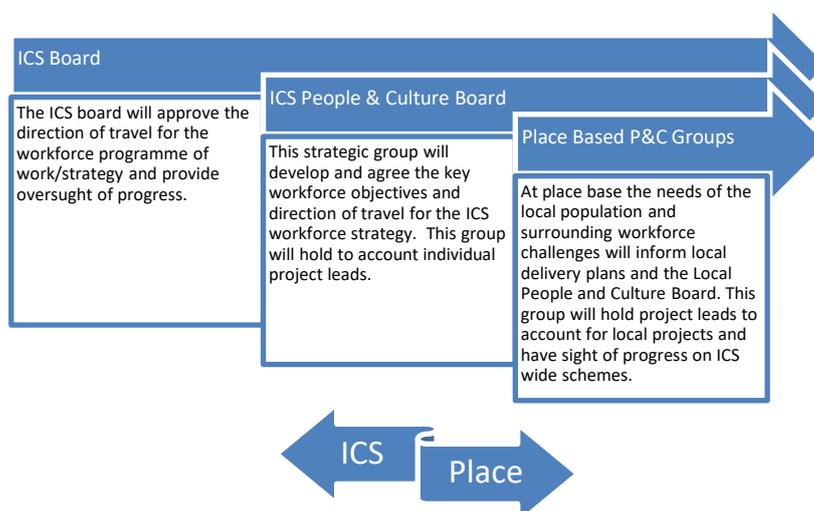
**GOVERNING BODY**

<b>Agenda Item No.</b>	<b>10</b>
<b>Reference No.</b>	<b>IESCCG 19-65</b>
<b>Date.</b>	<b>26 November 2019</b>

<b>Title</b>	<b>Integrated Care System (ICS) Workforce Update</b>	
<b>Lead Chief Officer</b>	Amanda Lyes, Chief Corporate Services Officer	
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<b>Purpose</b>	To provide the Governing Body with an update on ICS workforce.	
<b>Applicable CCG Clinical Priorities:</b>		
1.	To promote self care	
2.	To ensure high quality local services where possible	
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children and young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity and compassion and to choose their place of death where appropriate	
9.	To ensure that the CCG operates within agreed budgets	
<b>Action required by Governing Body:</b>		
To note the report.		

## 1. Integrated Care System (ICS) Workforce Update

- 1.1 Further to the update provided to the Governing Body on 12 July 2019, the Director of Workforce is now in post, initial work has been to outline the medium term plan over the next 5 years through the Strategic Plan process. Below are the key summaries from the workforce section of the 5 year strategic plan.
- 1.2 Many of the workforce solutions will cross cut most, or all five themes of the Interim People Plan, and all these themes are closely linked with the digital and estates elements of this strategic plan. We will adopt an integrated approach to workforce, working closely with performance and finance to make sure our workforce plans are realistic and meet the needs of our local population. The Director of Workforce will ensure workforce remains key alongside performance and finance.
- 1.3 To meet the growing demand for health and care services and deliver our ambitions, we will adopt an integrated approach to workforce with system partners. This will allow us to think differently and develop a collaborative workforce strategy, to achieve local ambitions and the aspirations set out in national policy. The triangulation of workforce, activity and finance, and the alignment with the digital and estates strategies are intrinsically linked to system integration.
- 1.4 **Our ambition for our population is to have an integrated workforce that delivers care at the right time; in the right way; in the right place; by the right person.** By addressing our workforce needs and implementing our workforce strategy we will contribute to the following outcomes for our population:
- Has a good start in life
  - Is able to live as healthy a life as possible
  - Has a good experience of ageing
  - Has a good experience at the end of their life
- 1.5 Our strategy needs to address our **greatest challenges** highlighted below:
- Recruitment and retention of our workforce, including a shift from agency dependency to a permanent workforce.
  - Health and wellbeing of our workforce led by good leadership.
  - Ensuring supply timelines of learners /students and are consistent quality of education.
  - Supporting clinical accountability and confidence in upskilling and developing new roles.
  - The need for a joined up approach and capacity to support learning in practice.
  - Level of system transformation and resources required to meet the aims in this Five Year System Strategic Plan.
- 1.6 The governance arrangements for the workforce programme are described below; it should be noted this is a 2 way flow of information.



## 2. Suffolk and North East Essex workforce profile shows

- The NHS has an ageing workforce – retirements can lead to a loss of experienced staff and clinical leadership where there is no clear succession planning.
- There are challenges in recruiting GPs – GPs are looking for portfolio approach to their careers, an acceptable and achievable workload and good leadership and culture within their practice leading to innovation.
- We have an inconsistent approach to organisational/leadership development.
- There are significant health and social care vacancies in some areas, including nursing, therapists, social workers and carers.
- We have insufficient supply, especially among adult, mental health and learning disabilities nurses, A&E doctors and GPs and in some areas of social care.
- We have been over-reliant on international recruitment and need to grow local talent.

## 3. Workforce Planning

- 3.1 Currently our data shows that for health, the workforce is the largest part of our expenditure at £586 million pounds, with clinical staff accounting for £317 million, Medical & Dental staff accounting for £157 million and support staff accounting for £113 million. Agency spend is a key issue. Our sickness absence rate as a system, range from 3.36% to 4%. A significant amount of work has been undertaken. Our vacancy rates is 7.8% compared to a regional average of 9.9%.
- 3.2 Overall as a system the expected growth in our workforce is 5.53% with year on year growth until 2024 of between 0.94 and 1.39% per year.
- 3.3 **Making Health and Care the best place to work** – Supporting innovation in recruitment and retention and truly understanding the drivers underpinning staff's choices. We want Suffolk and North East Essex to be the place of choice to work. To achieve this we will help employers to create attractive local employment offers, create one workforce by supporting staff mobility, provide an attractive recruitment offer and experience, strengthen retention, manage our talent and improve succession planning across the system.
- 3.4 **Improving NHS leadership culture** – Creating an environment where staff are actively and consistently listened to, communicated with and involved in decisions. To achieve this, the workforce needs to be engaged directly and through partnership with the trade unions.
- 3.5 Our system-wide Interim People Plan incorporates a 'Leadership Compact' which will specify which cultural values behaviours our leaders should display, creating consistent expectations that our leaders develop a positive, inclusive, equal and people centred culture. To enable many of our system wide ambitions it is critical there is trust in integration and sharing of our resources.
- 3.6 **Addressing workforce shortages** - Supporting staff to address workloads, which will positively help attract and retain staff across all areas. Initially we have focused on the challenges we face in nursing, which has the largest area of shortfall in health and care, but the schemes we are developing will be extended to other areas of the health and care workforce. Our schemes focus on recruitment, attraction and retention of staff, along with international recruitment.
- 3.7 **Delivering 21<sup>st</sup> century care** – Growing our overall workforce, introducing a more varied and richer skill mix, with additional reimbursed roles in primary care networks and different ways of working based around local population needs. Workforce planning must strengthen to help adapt to predict the future workforce required, changes in productivity and technology. This is of particular importance in primary care where we have 634 GPs and we are challenged in recruiting and retaining GPs. Planning must be undertaken in conjunction with performance, finance and the digital agenda. Learning and development will take a place based approach to meet the population's needs.

- 3.8 A new operating model for workforce** - The new operating model is 'one workforce'. There are three strands to achieving this ambition.
1. A transformed multi-disciplinary team, roles designed, transformed and focused on local needs. This approach provides a joined up team where roles move beyond traditional boundaries and focus on personalised care.
  2. A workforce that can move around the system with minimal disruption and cost. This focuses on offering our existing talent opportunities to develop within the system. We need to develop processes and resolve the challenges and barriers that exist, to enable this to happen.
  3. Bringing together workforce planning with population health management. In order to plan our workforce effectively we need single workforce data available capable of being interrogated and analysed through different lenses. We will establish a system-wide, shared and transparent approach to workforce planning to facilitate innovative outputs that meet local needs and support recruitment, retention and new ways of working.

#### **4. Where we are and future actions**

- 4.1 Three placed based people and culture groups are established, each of which have held workshops to understand the strategic people plan and develop how this relates to each locality and priorities for each locality area based around the local workforce issues and the local place based requirements and transformation.
- 4.2 Over the next few weeks in partnership with our ICS People and Culture Board, we will be developing our operating plan, which will set out the phasing of our workforce schemes the delivery plan and timeframe. We have identified three clear and immediate priorities for the ICS workforce programme.
1. One workforce
  2. The supply of workforce including the workforce academy
  3. Agency spend and the shift to permanent employment
- 4.3 Whilst these are three significant programmes of work it is imperative they are developed and implemented over the initial years of the 5 year strategic plan. This will ensure we are responding to the requirements of both the workforce and organisations within the ICS to develop one workforce and respond to the transformational need and demand for workforce.
- 4.4 The supply of workforce especially where we are looking to the current school generation, as our supply, requires immediate action to be able to begin to see the impact within the timeframes of this plan, as this is a long term strategy with a time lag in coming to fruition.
- 4.5 Currently agency spend is significant, this is important from a financial perspective, but the impact to the quality of care and the wider workforce of encouraging this workforce into permanent employment is very significant. If the workforce can be transferred to a permanent basis workloads will decrease, the temporary workforce will benefit from all the interventions available to the permanent workforce; to do this we must develop an attractive offer of employment, working as one workforce offers many of these opportunities.

We will bring quarterly updates and the delivery plan as it is developed.

#### **5. Recommendation**

- 5.1 The Governing Body is recommended to note the report.