From: Workforce Task and Finish Group

To: Health and Wellbeing Board, 25 May 2016

Subject: Workforce Task and Finish Group: Final Report and Recommendations

Classification: Unrestricted.

Summary:

The Workforce Task and Finish Group held a succession of meetings between October 2015 and March 2016. This paper summarises the findings of the Group, including the five priority areas that have been identified to take forward along with an outline of the indicative action plan. It also sets out how it is proposed that this work will be consolidated and operationalized along with the support available to achieve this.

Recommendations:

The Health and Wellbeing Board is asked to:

1. Agree that the Workforce Task and Finish Group has completed its work but that the work continue in the form of a working group of the Integration Pioneer Steering Group and align with the Workforce Action Board to meet the needs of the STP;

2. Agree that the priority work areas for the group are to be those identified by the Task and Finish Group:

- ***existing and emerging gaps***
- ***new models of care***
- ***productivity***
- ***recruitment and retention***
- ***cross-cutting – 'the Brand of Kent'***;

3. Support the principle that the developing action plan recognises both the importance of activities at the local and county-wide levels.

1. Introduction

(a) The HWB agreed to establish the Workforce Task and Finish Group because ***workforce has been identified as a priority area that needed addressing***. Similarly, it was recognised that it was not an issue that could be tackled by each organisation on its own, though there were actions that were being and could be

taken locally. During the period of the review, the announcement about the Sustainability and Transformation Plans (STPs) has been made and these will be discussed at the same meeting as this paper. The recommendations of this report are intended to be ***supportive of STP implementation***.

(b) The Group identified five priority areas early and pursued these in depth in later meetings, hearing from a range of guest speakers. It was also able to draw on the expertise found in the HE KSS Kent Workforce Summit. All participants found these stimulating and the discussions began to produce a series of clearly identifiable actions to take forward.

(c) There was also agreement in the Group that addressing the workforce challenge was so fundamental that care was needed to ensure that decisive outcomes were achieved. The importance of determining the right actions to take, with the right people or organisations tasked with progressing them, is as important as ensuring the actions are supported by the whole system, with the lessons learnt shared in a timely fashion.

(d) The work of the Workforce Task and Finish Group as established by the Board at its meeting of 20 May 2016 has now concluded with the production of this report. However, a positive momentum for shifting to a more joined up strategic approach to workforce issues across Kent and Medway has been created and it is important that this is not lost. For this reason, the Group is requesting that the work be allowed to continue in a more appropriate forum. An indicative action plan which will be the initial focus of the continuing work is included in this report.

(e) Different staff groups and types take longer to develop than others. The medical workforce we will have in five years' time is already in the process of being trained. Bands 1-4 staff have a much shorter lead in time but will not be able to perform all the functions of other staff groups. In order to properly frame any analysis of the gap between the staff we will have available across Kent and Medway in 3-5 years' time and the staff we will need, there needs to be a clear vision of what health and care services will look like at this time. This way, we can work on identifying how to close the gap.

(f) The ***Sustainability and Transformation Plans*** (STPs) provide this opportunity. The STPs are intended to be the first step in a ***shift from planning on the basis of an individual organisation to planning as a system.*** The Workforce Task and Finish Group main finding is the need to make the same shift in workforce planning. Continuing the work of Group will go a long way to enabling the workforce element of the STPs to be supported and advanced.

(g) In a guidance letter published on the STPs (16 February), it was explained that 'Health Education England has agreed that they will establish ***a local Workforce Advisory Board*** to coordinate and support the workforce requirements for each STP footprint.' Detail around what are now known as Workforce Action

Boards (WABs) began to come through subsequently. In Kent, a lot of valuable preparatory work has already been undertaken by the current Workforce Task and Finish Group and involving Health Education England.

2. Context, risks and current situation

In both Health and Social Care there are significant workforce challenges. The figures below provide some examples of the context that the Health and Well-being board discussed from which the Workforce Task and Finish group was established:

- 10% of nursing posts (acute, community, primary care and mental health) in Kent are vacant.
- Of these vacant posts, 5% are filled by temporary staff, 2% by agency, and 3% remain unfilled.
- The hardest hit areas are Mental Health (20% vacant), Learning Disabilities (16%) and School Nursing (19%).
- There has been significant recruitment from overseas by NHS trusts in the last year, including from Portugal, Spain, Ireland, Italy, Philippines, and Poland. However there are now concerns that this supply is diminishing.
- Kent has a turnover rate of 27.7% for care workers in social care, slightly better than the national average but a high percentage (Skills for Care report, December 2015).
- Kent has a turnover rate of approximately 19% in care managers, slightly better than the average for the South East (Skills for Care report, December 2015).
- There are not enough school leavers to fill all the posts needed in Health and Social Care.
- GP recruitment and retention remains a challenge. The number of GPs aged 55 and over has doubled over the last 10 years and a BMA poll of 15,560 GPs in 2015 reported 34% intended to stop by 2020. 28% in the poll were seeking to reduce from full time working and 16% reported unmanageable levels of stress. A report into GP access to the Public Accounts Committee in March 2016 has shown a 3.5% rise in the number of consultations in primary care from 2004-05 to 2014-15 with only a 2% increase in staff over the same reporting period.
- Medical recruitment remains a challenge. Data from the annual Foundation F2 Career Destination Reports show an increase from 6.7% in 2013 to 9% in 2015 of doctors reporting they were planning to leave the UK for their next post and also a decline in the number of doctors planning to apply to GP and

Core Medical Training from 47.1% to 44.6%. To maintain GP workforce figures it is estimated 50% of all Foundation 2 doctors would need to enter GP specialty training. In General Practice Specialty Training there has been a 16.5% decrease in numbers of doctors applying from 2013-2015: whilst the number of programmes have increased and in 2014-15 overall 12% of training programmes were unfilled. HEE KSS has traditionally recruited fully in Round 1 this was not the case in 2015.

3. Key findings

(a) Ahead of the first meeting, a number of organisations represented on the Group completed a 'Key Themes' table that aimed at identifying areas of common concern and activity. One of the main lessons from this was the way ***short term planning has been heavily prioritised over the longer term***. Given the lead in time required for training professionals to new or developing roles, the need to approach workforce planning in a new way was clear from the beginning.

(b) Early discussions concentrated on identifying the following priority areas for further exploration:

- ***existing and emerging gaps***
- ***new models of care***
- ***productivity***
- ***recruitment and retention***
- ***cross-cutting – 'the Brand of Kent'***

(c) Relating to ***existing and emerging gaps***, the Group had presentations from HE KSS and from Social Care on the current workforce situation that helped identify key areas of concern. All other things being equal, there were some staff groups (such as adult nursing, to take just one example) where the supply would not meet the expected need.

(d) This connected with the discussion around ***New Models of Care*** and the drive towards more integration across the health and care sector. One of the challenges in workforce planning identified by the Group in relation to New Models of Care is the tension between needing to know what Models are being developed in order to develop the appropriately skilled staff. On the other hand, the choice of Models will be influenced by what workforce is available. This point applies more widely across the whole health and care sector and now needs to be seen in the broader context of the STPs.

(e) To resolve this, there needs to be a shift towards a ***focus on the skills required by a given workforce rather than how many of a particular staff group are needed***. The Group received a presentation on planned changes to the Public

Health Skills and Knowledge Framework being conducted by Public Health England[1]. There was a broad acceptance that the methodology used here could be used in areas other than for public health. For example, it could help identify overlapping skills between the social care and health workforce when looking to put together integrated teams or create the new job roles for the different New Care Models being developed across Kent.

(f) Another main area of focus was what could be learnt from other areas, in England and elsewhere. There was a lot of interest in the Group following a presentation on the workforce transformation work that had been carried out in ***Leeds***. Other models that had featured heavily in discussion or as part of other presentations that generated interested were ***the Buurtzorg model*** from the Netherlands, ***the Esther model*** from Sweden, along with integrated teams in Cornwall and work in London aimed at making the move between organisations streamlined.

(g) Given that both health and social care are facing significant financial challenges currently and will continue to do so over the next few years, and combined with the predicted gap between supply and demand for certain, one response is to consider how to achieve more with what we have. The Group were given a presentation on a piece of work on ***productivity*** using a systems dynamics approach which stimulated a discussion on how to make future demand modelling as robust as possible[2].

(h) The Group received feedback from a very successful East Kent Education Event and have heard that a similar one is being arranged in West Kent. Separately, HE KSS made available the resource of the next available quarterly Kent Workforce Summit. The timing was fortunate, and the Summit of 13 November was devoted to producing recommendations on ***recruitment, retention and 'the brand of Kent.'***

(i) One main theme in this area was the need to establish a more ***comprehensive career pathway*** setting out how working in one area can lead to progressing to a different and potentially more challenging area of work after a period of time. This applied across health and social care. Bands 1-4 were a particular priority here, these staff groups being seen as central to the longer term sustainability of the health and care workforce and the integration of the two services. There is also a shorter lead in time for Bands 1-4 staff groups compared to some others, which may be a consideration. A presentation on the HE KSS Career Progression Programme looking at this was well-regarded by the Group[3].

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[1] Presented by Claire Cotter (Programme Manager, Workforce Development, Public Health England)

[2] Presentation given by Dr Mark Joy (Senior Lecturer School of Health Sciences, Faculty of Health & Medical Sciences, Surrey University)

[3] Given by Mike Bailey (Careers Progression Programme Manager, Health Education England working across Kent, Surrey and Sussex)

(j) The broader public health dimension was also discussed. The role of ***prevention*** and programmes like ***Making Every Contact Count*** were recognised as having a large part to play in making the system more sustainable. This connects with productivity in that resources spent on particular conditions would be released for other activities, but is also tied in with new models of care and delivering services in a different way.

(k) Another area considered was that of ***cultural barriers*** between health and social care, and between different areas within each sector (such as acute and primary care). There needs to be a greater awareness of how the world looks from the different perspectives, with measures taken to overcome this at sufficient scale to prepare the way for truly integrated teams.

4. A Workforce Framework for Health and Care

(a) Running through the work of the Group was the idea that there is a need to shift from planning as organisations to adopting a coordinated system wide approach. It was suggested that this could perhaps be organised in a similar format to the Surrey Health and Social Care Careers Collaborative (which formed part of the Bands 1-4 presentation, see Appendix 1). As will be discussed below, the exact shape needs to take into account broader policy changes in health and care.

(b) There is a lot of valuable work going on around workforce across Kent and Medway and this will continue. There is a workforce strand, for example, of the East Kent Strategy Board. The role of the proposed committee will be in part to disseminate knowledge of this, and similar, work and support it where possible. This will lead to a more efficient approach as work beginning in one area that has already been trialled somewhere else will be able to build on what has been done.

(c) There will also be work that is more usefully planned on a County-wide basis. This will include work that could help address the workforce challenges across Kent but which would need piloting or trialling in a particular geographical area or for a particular pathway of care. As set out in section 5 below, the Group could help identify the best fit for a trial or pilot.

(d) These different approaches need to continue alongside each other. There is no magic solution to the workforce challenge but the many actions that we can take need to be as effective as possible.

(e) In order to take the action plan forward, there has been discussion about how to carry on the work of the Group. The Workforce Task and Finish Group was established originally as a time-limited undertaking, but there was a shared desire not to lose the momentum created by the Group and follow up on the recommendations. In addition, the Group heard about the NHS England Pioneer

workforce support offer which is being developed[4]. It makes sense to bring this strand of work together with other workforce activities. Therefore, the recommendation of the Task and Finish Group is that it becomes a working group or committee of the Integration Pioneer Steering Group. It was felt the Integration Pioneer Steering Group was a pre-existing structure that would be well placed to continue the work. As a sub-committee itself of the HWB, the continuing work of this group around workforce would remain accountable to the Board.

(f) Following the Comprehensive Spending Review, the role and remit of Health Education England is in the process of change. If Kent and Medway wish to make a step-change towards a more strategic approach to workforce planning across health, social care and public health, there could be a way to align the changes to support each other. This idea has been given impetus by the announcement in the STP guidance that Health Education England will establish a local Workforce Action Board to support the workforce requirements of each STP footprint.

(g) The Kent HWB has already established strong links with the local team of Health Education England (covering Kent, Surrey and Sussex) and the Task and Finish Group has already carried out much of the preliminary work that other areas of the country will need to do prior to being able to fully capitalise on the support of the WAB. This provides an opportunity to make real progress in the workforce elements of the STPs.

(h) The prime intention behind establishing a workforce committee of the IPSG is to enable a clearer operational focus, with any relevant changes of membership and support. The role of the WAB and how it fits with other parts of the system has become clearer. To avoid duplication of effort and maintain this focus, the WAB and the committee proposed in this report could be one and the same. Because this will build on the work already undertaken in Kent, it may be that arrangements in Kent and Medway are different from those in other footprints across Kent, Surrey and Sussex.

(g) The local team of Health Education England are making available a £200,000 fund to support the further consolidation of the progress made by the Task and Finish Group and build on the positive relationship established with the Kent Health and Wellbeing Board. This fund is in addition to the regular work of Health Education England and the prime intention is to operationalize the emerging action plan as well as ensure workforce development is promoted across Kent in a strategic manner. Applications for funds will be welcomed from the successor group to the HWB Workforce Task and Finish Group/Workforce Action Board as well as from any commissioner or provider of health or social care services, or from an organisation involved in the education or training of the health and care workforce. This fund will be for the 2016/17 financial year and further details will be circulated shortly. It will be

[4] The Group heard from Hemlata Fletcher (Development Manager, Integrated Care Pioneer Support Team,New Models of Care Programme, NHS England)

jointly administered by the local team of Health Education England and the Strategy, Policy and Assurance Division at KCC.

5. Indicative Action Plan.

(a) The Task and Finish Group would not have been established last year without a consensus that workforce was an issue that required a system wide approach. This was, and remains, the case. The STPs are valuable in reinforcing the idea of place based planning across the system, of which workforce is a part. Action needs to be taken alongside the development of the STPs and steps taken to improve the workforce situation before they formally commence in October.

(b) To this end, the Task and Finish Group has begun to develop an indicative action plan. However, the Group was never intended to be the workforce planner for the wider Kent health and care economy. It had a strategic focus but following this report there needs to be a decisive shift of focus to the level of operational detail. As set out above, this is the main reason behind the recommendation to continue the work under the IPSG.

(c) This section of the report does not intend to prejudge any of the deliberations and decisions by the successor group but does indicate the direction of travel that the discussions have pointed in.

(d) As the context section sets out, there is a shortfall between workforce supply and demand. Several of the suggested actions below are short term and/or tactical, like undertaking education events, or much of the work around Bands 1-4. While these will help, they will not completely close the gap, and will address different parts of the workforce. Being a national issue as well as a local one, there will ultimately be a limit to how much of the overall gap can be closed but there are actions that will address part of the gap. Were the system as a whole able to take a strategic approach to workforce activity it could be possible to aggregate up the impact of individual actions to gauge how much of the gap remains. One approach would be to do this against the aggregate workforce plans of the providers.

(e) The STPs are intended to show how the Five Year Forward View will be delivered and therefore what the shape of service delivery will be like in the medium and longer term. From this point, we can collectively work backwards and map what actions need to be taken to reach this point, taking into account what is already being done.

(f) Although the examples in the action plan below (paragraph i) are quite specific, the Group did discuss in broader terms what the direction of travel could be for finding workforce solutions. For example:

- Assigning the quick wins to the right person or organisation(s) to action as soon as possible;

- Concentrate on the workforce needs of a particular pathway, for example COPD;
- The workforce requirements of an emerging new model of care;
- Addressing a priority residual gap identified from a mapping exercise.

(g) There is currently, and will continue to be, work addressing some of the workforce challenges being lead at a national level, like the 10-point plan for GPs. Other work will focus on factors around supply and demand specific to Kent, or where Kent is an outlier compared to other areas.

(h) The action plan below is indicative only but gives an idea of the kind of work that could be progressed under the five priority areas (there are overlaps between some of them).

(i) Indicative Action Plan:

- ***Existing and emerging gaps***
    - Research into retention. a. Analysis of exit interviews from providers to understand the reasons staff leave; b. Analysis of staff (number and type) moving between Kent and Medway based organisations compared to leaving Kent and Medway.
    - Development of a Workforce Framework for Health and Social Care.

- ***New models of care***
    - Programme of events, experience and training to overcome cultural barriers between different areas of work.
    - Pilot programme to adapt methodology of new Public Health Skills and Knowledge Framework.
    - Further exploration of lessons to be learned from Leeds Workforce Transformation.
    - Pilot programme to test the Buurtzorg Model within Kent.
    - Pilot programme to test the Esther Model within Kent.

- ***Productivity***
    - Pilot programme to test workforce productivity modelling with a focus on improving efficiency.
    - Follow through from the LGA/Newton Europe front end WHH work, and consider what it would mean if some of the clinical and professional requirements were shifted: a. Use Community Physicians instead of hospital in-patient consultants; b. In order to use the GP professional capacity to the full, increase Nurse Specialists' capacity; and c. In order to increase nursing capacity, look at which tasks could be delegated to HCAs and Care workers.

- ***recruitment and retention***

    - Utilising skills of a. Health and Social Care Pre-Employment Programme Co-ordinator; b. Apprentice Health Ambassador.
    - Careers events in West and East Kent.
    - Production of definitive guidance on legal position for work experience placements.
    - Bands 1-4 career progression. Development of idea of Surrey Hubs adapted for Kent.
    - Professional Care Register: Care certificate for the social care sector workforce.

- ***cross-cutting – 'the Brand of Kent'***
    - Joint health and social care presence in schools promoting health and social care careers.
    - Development of one central online workforce hub.

(j) The emphasis above is on recommendations that can be taken forward locally and regionally. This does not preclude national policy or system issues being tackled in the most appropriate way.

(k) In all cases, care will be needed to correctly identify the right people or organisation(s) to take work forward to ensure that the work of the Group was consolidated and concrete achievements made. This is likely to be an early priority for the proposed working group.

6. Recommendations

Members of the Health and Wellbeing Board are asked to:

1. Agree that the Workforce Task and Finish Group has completed its work but that the work continue as a working group of the Integration Pioneer Steering Group and align with the Workforce Action Board to meet the needs of the STP;

2. Agree that the priority work areas for the group are to be those identified by the Task and Finish Group:

- ***existing and emerging gaps***
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- ***productivity***
- ***recruitment and retention***
- ***cross-cutting – 'the Brand of Kent'***

3. Support the principle that the developing action plan recognises both the importance of activities at the local and county-wide levels.

Background Documents

None.

Contact Details

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Appendix 1

Surrey Health & Social Care Careers Collaborative

'Through partnership working to meet the workforce challenges of the health and social care sectors in Surrey'

PRIORITISATION

Identification, through hub, of workforce issue/need

Link into national, regional and local agendas

Labour market analysis

Establishment of Workforce 'Hotspot' Taskforce Meetings

PLANNING

Innovative solutions

Linked to workforce planning

Involvement of all relevant parties

Clarifying measurable outcomes

Tailored interventions

Building on best pratice

Identify roles and responsibilities

RESOURCING

Realistic costing of plan

Securing resource contribution from partner agencies

Identification of and bidding for relevant funding including ESF

Securing economies of scale

Link with HEI and FE

ENGAGEMENT

All partners in hub

Schools and colleges

NEETs

Career Advice Workshops

School & College Curriculum projects

Further development of health ambassador networks

Taster days

Pilots

PROCESSES

Robust transferable processes and procedures

Regional strategy development linked to national mandate and strategies

Outcomes based activity

Ensuring portability

Care Certificate

PRACTICE

Employment hub model

Employability schemes developed with JCP

Work experience

Traineeships

Pre-employment programmes

Apprenticeships

Apprenticeship Training Agency

Bank work or employment

PROGRESSION

Progress into employment

Career pathways

Vocational and academic routes

Assistant Practitioner

HCA development

Clinical and non-clinical roles

Succession planning and talent management

Access qualifications

MEASUREMENT

Robust monitoring and evaluation

Measuring outcomes

Data analysis

Assessment of return on investment

Wider implementation from pilots

Appendix 2 – The Work of the Group

(a) On 20 May 2015, the Board agreed to establish a task and finish group to look specifically at strategic workforce issues across the County. Workforce had been identified by the Board as one of the main barriers to implementing the necessary changes to the health and care system to make it both sustainable and deliver improvements to the quality and effectiveness of care. On the other hand, it was recognised that if the right actions could be identified, workforce could be changed to a major enabler.

(b) The original Membership of the Group as agreed is set out below:

- Susan Acott (CEO DGH) / Andy Brown (HR Director, DGH)
- Roberta Barker (Director of Workforce, MFT)
- Amanda Beer (Corporate Director Engagement, Organisation Design and Development, Kent County Council)
- Paul Bentley (Director of Workforce and Communications, MTW)
- Bob Bowes (Clinical Chair, NHS West Kent CCG)
- Chris Bown (CEO EKHUFT) / Sandra Le Blanc (HR Director, EKHUFT)
- Alison Burchell (Chief Operating Officer, Medway CCG)
- Hazel Carpenter (Accountable Officer, Thanet CCG)
- Helen Cunningham (Human Resources and Organisational Development Director, Medway Community Healthcare)
- Patricia Davies (Accountable Officer, DGS CCG and Swale CCG)
- Bethan Haskins (Chief Nurse, Ashford CCG and Canterbury and Coastal CCG)
- Tristan Godfrey (Policy and Relationships Adviser, KCC)
- Roger Gough (Chairman, Kent HWB)
- Steve Inett (Chief Executive, Healthwatch Kent) / Andrew Heyes
- Andrew Ireland (Corporate Director for Social Care, Health and Wellbeing)
- Paul Jones (Interim Director of Human Resources, KMPT)
- Nicky Lucey (Director of Nursing and Quality, KCHFT) / Margaret Daly (Deputy Director of HR and OD)
- Sarah Macdonald (Director of Commissioning, NHS England)
- Francesca Okosi (Director of Workforce Transformation, SECAmb)
- Mike Parks (Medical Secretary, Kent LMC) / Liz Mears (Clerk, Kent LMC)
- Andrew Scott-Clark (Director of Public Health, Kent County Council)
- Philippa Spicer (Managing Director, HE KSS)
- Robert Stewart (Chair, Integration Pioneer Steering Group)
- Ian Sutherland (Deputy Director, Children and Adults, Medway Council)
- Anne Tidmarsh – (Director Older People and Physical Disability, Kent County Council)

(c) In practice, there were changes to the individuals representing different organisations and a flexible approach to representation was adopted. In addition, it was agreed at an early meeting to extend an invitation to Ann Taylor from the Kent Integrated Care Alliance, who duly took part. Francesca Okosi (Director of Workforce Transformation, SECAmb) was elected as Chairman, and Anne Tidmarsh (Director

Older People and Physical Disability, KCC) as Vice-Chairman. Support was provided by officers from HE KSS and KCC.

(d) The Group originally arranged to meet six times between 13 October 2015 and 14 January 2016. However, it was agreed at the 6 January meeting that it was important to spend time getting right the shape of the final report and recommendations. A seventh meeting was arranged for 8 March 2016 to discuss the final report and recommendations.